

AN EMPIRICAL TEST OF A MODEL OF THE IMPACT OF ATTACHMENT STYLE
ON DEPRESSIVE SYMPTOMS, CONFLICT RESOLUTION, AND MARITAL
QUALITY

DISSERTATION

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By

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ABSTRACT

Attachment theory has been used to explain various phenomena in adult relationships. It has been found to influence conflict resolution style, depressive symptoms, and marital quality. Many studies have explored the relationships between these variables. Most of these studies look at these variables in isolation. The present study represents the first attempt to empirically validate a model of the combined relationship of attachment on depressive symptoms, conflict resolution style, and marital quality using Structural Equation Modeling (SEM). Data from 65 married couples were used to test the fit of the model to the data. A moderate fit was found, and results from previous studies were supported. Implications for clinicians and future research are discussed.

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CHAPTER 1

INTRODUCTION

Many researchers have criticized the field of Marriage and Family Therapy (MFT) for the lack of empirical research that could be used to help marriage and family therapists working with couples and families (e.g. Pinsof & Wynne, 1995; Pinsof & Wynne, 2000). It has been noted, however, that attachment theory could be a useful way to approach adult intimate relationships, and over the past 15 years there has been a proliferation of research on the utility of attachment theory in explaining phenomena related to adult relationships. Many studies have tested attachment related concepts in adult relationships, and most of the propositions posited by Bowlby in the late 60's have been supported by this research (e.g. Ainsworth, 1989; Bartholomew, 1990; Carver, 1997; Collins & Read, 1990; Feeney, 1999a; Mitteness & Nesselroade, 1987; Pietromonaco & Barrett, 1997; Weider, 1993). In addition, Emotionally Focused Couples Therapy (EFCT) was developed based on concepts taken from attachment theory (Johnson, 1996), and has become one of the most empirically validated therapy approaches for creating positive outcomes in distressed couples (Gottman & Notarius, 2000).

Unfortunately, researchers have not yet attempted to synthesize the vast amount of research on attachment and adult relationships. Many studies have provided ample evidence for the relationship between attachment concepts and adult relationships in

terms of quality, conflict resolution, and depression, all of which follow along theoretically predicted pathways. The proposed study represents a first attempt to synthesize these findings into a test of an overall model of the relationship between marital satisfaction, conflict resolution, depression, and attachment in adult relationships, in order to aid MFT's in their work with distressed couples.

Historical Context of Attachment Theory

In general, attachment theory explains how internalized models of relationships affect interpersonal relationship outcomes, as well as how interpersonal processes affect social and cognitive development (Cook, 2000). As children develop, they experience the world of relationships around them, gaining an understanding of that world and their place in it. The ultimate hypothesized function of attachment is protection (Hazan & Zeifman, 1999), in that the child needs a secure base from which to explore the environment. Bowlby (1973) theorized that models of attachment are constructed throughout the lifespan. They are most susceptible to change, however, before adulthood and are greatly influenced by the stability of the environment in which the child is raised.

According to Bowlby (1969/1982), attachment processes are biologically based. In accordance with evolutionary theory, attachment behaviors, which promote security, served the function of increasing the chances of survival for human infants (Cassidy, 1999). According to Cassidy, attachment behaviors result directly from stimuli in the environment and the internal responses or internal states of the infant. Thus, attachment behavior refers to a repertoire of behaviors, and not a single response. In addition, attachment is related to other internal responses, including exploratory behaviors, fear reactions, sociability, and caregiving.

Another crucial aspect of attachment theory is the relationship between the early attachment experiences of the child and later relationship experiences as an adult. According to most attachment researchers, the attachment bonds that developed as a reaction to events during childhood will impact relationships with significant others throughout the lifespan (Heatherington, 1999). Attachment patterns are usually conceptualized as being trait-like and are seen as constructs of relationships; they not only result from biases of the individual (shaped by early attachment experiences) but also the actions of others (Hazan & Shaver, 1994). Thus, according to Hazan and Shaver, a model of relationships is carried into multiple relationships where it can be reinforced, challenged, modified, and specified

Attachment “Styles”

One of the more common concepts associated with attachment theory is the idea of “attachment styles.” According to attachment theorists, attachment styles are the direct result of attachment bonds between individuals and their attachment figures (Ainsworth, Blehar, Waters, & Wall, 1978). Attachment bonds, therefore, are affectional ties between individuals (Cassidy, 1999). Attachment styles are mental representations, that is, experience based beliefs, expectations, emotions, and action tendencies which are especially affected by primary attachment relationships (Hazan & Shaver, 1994).

Attachment styles are used to describe individual reactions to a perceived threat to the individual, and are generally described as being “secure” or “insecure.” “Secure” or “insecure” attachment styles refer to an individual’s perception of the availability of the attachment figure in times of stress, need, or fear, and how the individual responds to those perceptions (Weinfield, Sroufe, Egeland, & Carlson, 1999). Ainsworth et al.

(1978) described three specific “types” of infant attachment responses to the “loss” and “return” of the primary attachment figure during the strange situation experiment. Her categories included “secure,” indicating that the infant generally responded to the return of the primary attachment figure with some clinging behavior but shortly thereafter continued exploring or playing. A “dismissing” attachment style was assigned to those infants who more or less ignored the return of the primary attachment figure. Finally, “anxious/ambivalent” infants generally reacted to the return of the attachment figure with intense anger or clinging behaviors, often not responding to soothing until some time had passed.

It has been noted, however, that attachment theory is not just applicable to relationships between infant and caregiver (Hazan & Zeifman, 1999). Thus, it was from this early research on infants that research on adults, especially research on adult attachment relationships, was conceptualized. Bowlby (1969/1982) proposed that although attachment styles can change, they are relatively stable throughout life. In one study, researchers noted, “systematic and conceptually meaningful relations exists between attachment styles and enduring personality characteristics not only in young adulthood but across the whole adult life span” (Deihl, Elnick, Bourbeau, & Labouvie-Vief, 1998 p.1665). It has been estimated that 60% of adults in the United States would be classified as secure, about 25% would be classified as anxious/ambivalent, and about 15% would be classified as avoidant (Mickelson, Kessler, & Shaver, 1997).

As with research on infants, for adults there are different experiences within each attachment style, with some gender differences, although these gender differences are not prominent (Searle & Meara, 1999). For adults, the “quality” of attachment is based on

the expectations of the availability and responsiveness of the attachment figure, which in turn guides behavior and perceptions in relationships (Feeney, 1999b). It is evident that there are consistent styles of affect regulation within each attachment style, and each style is systematically different from any other (Fuendeling, 1998). In addition, there is support for the influence of attachment style in terms of behavior towards others on a variety of personality measures (Deihl et al., 1998). Attachment style has also been shown to be related to behavior in social situations (Cole & Leets, 1999), as well as with several demographic variables, including race, age, and income in studies of adults (Mickelson et al., 1997).

Research on Adult Relationships

Attachment is a robust way to conceptualized adult relationships. Hazan and Shaver (1987) were among the first researchers to conceptualize love between adults as an attachment relationship. Their early research triggered a multitude of studies on the relationship between adult love relationships, usually marriages, and attachment. Not only have there been numerous findings linking attachment style and variations in affect regulation in interpersonal relationships (Lopez, 1995), but attachment style has also been shown to be predictive of different levels of trust between partners (Mikulincer, 1998a). Researchers have also noted a relationship between attachment style and stress and anxiety management (Meyers, 1998), as well as an association between sexual desires and behaviors depending on attachment style (Stephan & Bachman, 1999).

Attachment theory also has been utilized in research on adult psychological problems. Adult attachment has been related to several adult psychological problems and personality traits (Mickelson et al., 1997). Researchers have found a significant

relationship between attachment style and 12 personality disorders, and both attachment and personality disorders were related to family of origin issues (Brennan & Shaver, 1998). As a result of studies on the link between attachment and psychological problems, it has been hypothesized that psychological problems result from an internalization of adverse attachment experiences, especially in terms of security and self-reliance (Sable, 1997), which are the hallmarks of attachment.

When examining adult relationships, researchers tend to look at interactional patterns within the relationship. One common way to accomplish this is to determine how couples solve problems, or their conflict resolution skills or styles. For example, in one study, negative affect during conflict predicted divorce in the first seven years of a marriage, while lack of positive affect was predictive of divorce later in a marriage (Gottman & Levenson, 2000).

Gottman and Levenson (2000) also noted that relationship interactional patterns were related to a broad number of potential problems in individuals. One of the most heavily researched individual problems in relationships has been depression. Researchers have continued to find a direct and positive correlation between depressive symptoms in spouses and interaction behaviors within the couple relationship (see Gottman & Notarius, 2000). Depressive symptoms and marital satisfaction were also found to predict conflict-resolution strategies (Marchand & Hock, 2000).

Researchers of adult relationships have also focused on relationship satisfaction. In one study, negative conflict resolution style was negatively related to relationship satisfaction and relationship duration (Cramer, 2000). In a recent decade review of the research on marital satisfaction, Bradbury, Fincham, and Beach (2000) reported that

longitudinal studies have found theoretically predicted relationships between marital satisfaction and attachment styles. According to these authors, the results “...provide strong, conceptually guided evidence for how an overarching framework can integrate individual-level variables and interpersonal processes to clarify determinants of marital satisfaction”(p.971).

While there have been numerous studies linking attachment and various individual phenomena, including marriage satisfaction (e.g. Collins & Read, 1990; Davila, Karney, & Bradbury, 1999; Feeney, 1999b; Simpson, 1990), conflict resolution (e.g. Feeney, 1999b; Lopez et al., 1997; Pollina & Snell, 1999; Zuroff & Duncan, 1999), and depression (Johnson, 1997; Murphy & Bates, 1997; Pearson, Cowan, Cowan, & Cohn, 1993; Styron & Janoff-Bulman, 1997), there has not been a study modeling the relationship between these 4 important concepts.

Thus, we do not know how these factors may be related. In research on intimate relationships, most researchers have focused on how satisfied couples are with their relationship, how couples manage conflict in the relationship, and whether depressive symptoms play a role in the relationship. Again, these concepts were related in various studies of adult relationships (e.g. Byrne & Carr, 2000; Fowers, Montel, & Olson, 1996; Gottman & Levenson, 2000; Marchand & Hock, 2000; McLeod & Eckberg, 1993). The present study represents the first attempt to use Structural Equation Modeling to examine relationships between all of these variables.

Research Objectives and Hypotheses

Given the evidence, attachment theory has played a major role in understanding adult relationships. This research project aims to add to the literature by meeting the following research objectives:

Objective 1

The first objective of this study was to examine the theoretically predicted links between attachment style and depressive symptoms, conflict resolution, and marital quality. There were three hypotheses for this objective:

1. Relationships where both partners have a secure attachment style will have the highest levels of marital quality, lowest levels of depressive symptoms, and most beneficial conflict resolution styles when compared to relationships where both partners have insecure attachment styles, or relationships where one partner has an insecure attachment style and the other has a secure attachment style.
2. Relationships in which one partner has a secure attachment style and the other partner has an insecure attachment style will be characterized by the lowest levels of marital quality.
3. Relationships in which both partners are characterized by insecure attachment styles will have the highest levels of depressive symptoms and least effective conflict resolution styles.

Objective 2

The second objective of this study was to determine the differences between two distinct populations (i.e. high or low levels of distress experienced in their marriage based on self-report) in the four areas of interest, namely attachment style, depressive symptoms, conflict resolution style, and marital quality. If attachment is to be forwarded as being useful for conceptualizing adult relationships, there should be differences in attachment style between distressed participants and non-distressed participants. In addition, if depressive symptoms, conflict resolution, and marital quality impact attachment in important ways, clinicians should be aware of how they impact distressed couples in these areas as well. Thus, this objective consisted of 4 hypotheses:

1. The overall rates of insecure attachment will differ by the participants being measured, with the distressed participants showing the highest levels of insecure attachment styles.
2. The distressed participants will have a significantly greater amount of depressive symptoms than the non-distressed participants.
3. The distressed participants will differ significantly in terms of conflict resolution strategies.
4. The distressed participants will have significantly lower marital quality than the non-distressed participants.

Objective 3

The third objective was to determine how well the theorized model of the relationships between attachment style and conflict resolution, depressive symptoms, and

marital quality fit data collected to measure these areas (Figure 1.1). This objective consisted of one hypothesis.

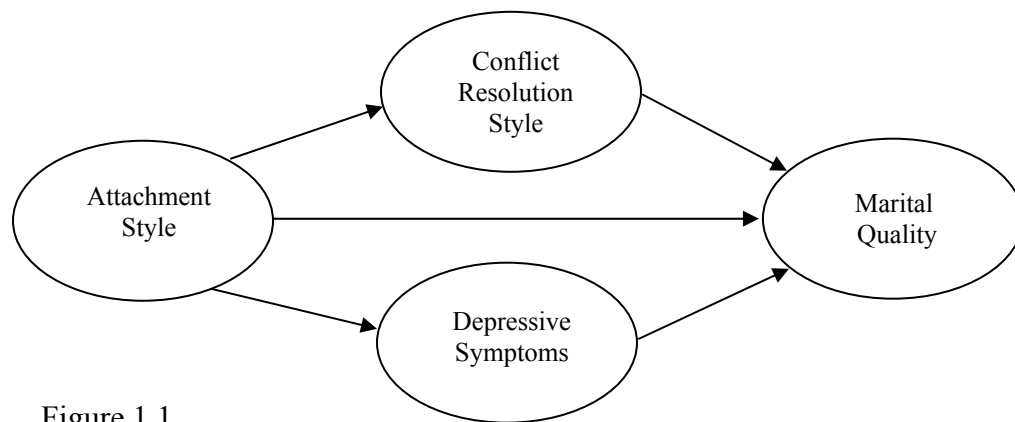


Figure 1.1

5. There will be a strong fit of the proposed model of the relationship between attachment style, conflict resolution, depressive symptoms, and marital quality and the data collected on these variables.

CHAPTER 2

LITERATURE REVIEW

While the divorce rate in the United States has stabilized over the past few years, it still ranks as one of the highest in all developed nations. As a result, it is important for researchers to have a clearer understanding of the processes that contribute to relationship dissolution. Attachment theory provides a cohesive and expansive literature on the processes involved in interpersonal relationships, and how these processes are impacted by marital quality, conflict resolution, and depression.

Attachment Theory

Overall Concepts

Attachment theory describes how internalized models of relationships are developed throughout the lifespan, and how they impact interpersonal relationship outcomes, as well as how interpersonal processes affect social and cognitive development (Cook, 2000). As children develop, they experience the world through the relationships around them, gaining an understanding of that world and their place in it. Attachment is impacted by both internal and external factors throughout the life course, but is most susceptible to change before adulthood and is greatly influenced by the stability of the environment in which a child is raised (Bowlby, 1973).

Bowlby (1973) posited three main tenants of attachment theory:

1. Individuals who believe that an attachment figure is accessible whenever needed will be less likely to have intense fear or anxiety in the absence of that attachment figure.
2. A secure attachment is developed throughout the childhood years, and is based on the interaction between the child and the primary attachment figure. Once developed, the ideas pertaining to the availability of the attachment figure are generally set, but not rigid or unable to be changed.
3. The attachment strategies of the individual developed during these years are an indication of the experiences of the child during those years.

According to Bowlby (1969/1982), attachment processes are biologically based, and the ultimate hypothesized function of attachment is protection (Hazan & Zeifman, 1999), in that the individual needs a secure base from which to explore the environment. In accordance with evolutionary theory, attachment behaviors, which promote security, serve the function of increasing the chances of survival for human infants (Cassidy, 1999). These behaviors allow humans to connect with other humans in a “permanent” sort of way. In general, attachment theory is based around the notion of “proximity seeking,” which refers to the need of a child to have a secure base from which to explore the world (Cassidy, 1990). If the child is unsure that the secure base of the primary attachment figure will be there when needed (e.g. in times of stress), the child must spend energy developing strategies to ensure that the attachment figure will be there when needed. Thus, a child who spends energy on trying to develop strategies to remain secure cannot use that energy to explore the world.

Attachment behaviors result directly from stimuli in the environment and the internal responses or internal states of the individual (Cassidy, 1999). Thus, attachment

behavior refers to a repertoire of behaviors, and not a single response. In addition, attachment is related to other internal responses of individuals, including exploratory behaviors, fear reactions, sociability, and caregiving.

Four features generally describe attachment needs: proximity maintenance, separation distress, safe haven, and having a secure base (Hazan & Zeifman, 1999). Proximity maintenance describes the need to maintain a sense of closeness with the attachment figure, which has been interpreted to mean both physical closeness (in infants) and emotional closeness (in adults). Infants and adults become attached to that person who provides care consistently and aides in times of distress (Hazan & Shaver, 1994). Separation distress refers to the experience of having a significant person become distant, both physically and emotionally, while having a safe haven refers to the feeling of comfort and stability with a significant other, maximizing their potential for comfort and personal growth (Johnson & Whiffen, 1999). The idea of having a secure base is also critical, in that having a secure base allows more bold exploration of the world, with the knowledge that in stressful or scary situations, one can return to that significant person for comfort and safety (Cicchetti, Cummings, Greenberg, & Marvin, 1990).

The attachment system is not just made up of the individual, but other significant people in the individual's life as well. Thus, when thinking about attachment, the behavior of the attachment figure is also important to consider, as attachment behavior is guided by dispositional and contextual factors (Hazan & Shaver, 1994). Empirical evidence supports the notion of attachment as containing elements of self and others as fundamental aspects of the attachment system (Diehl, Elnick, Bourbeau, & Labouvie-

Vief, 1998). Findings indicate that individuals have a model of self as a member of a group, which is an indicator of self-esteem and identity (Smith, Murphy, & Coats, 1999).

Attachment behaviors are trait-like, in that the behaviors individual's exhibit are generally idiosyncratic. Attachment does not refer to a specific behavior, but rather a series of behaviors in given situations. According to Caspi and Bem (1990), there are three interaction types that impact trait stability: reactive interactions, in which mental representation of self and others determine much of what people attend to and how it is interpreted, evocative interactions, in which people evoke different responses from their environment, and proactive interactions, in which individuals select and can create their own environments. Thinking of attachments as traits is critical to the understanding of attachment theory, especially in terms of Internal Working Models, because the focus is on interactions.

Internal Working Models (IWM)

Attachment theory assumes that experiences of attachment security in infancy and childhood are turned into mental representations of the self and of others (Lopez, 1995), and in turn, these mental representations, "guide behavior, suggesting what and how things be done" (Collins & Read, 1990, p. 661). The Internal Working Model (IWM) refers to cognitive constructs developed by the individual that relate to the availability of the attachment object, usually the primary attachment figure. In effect, the IWM is a representation of the world and shapes the individual's cognitive, emotional, and behavioral responses to others (Collins & Read, 1994). In this case, however, the processes are started during infancy, so the primary care taker is the key attachment object, or "primary attachment figure." The IWM is primarily developed in relation to

the availability of the primary attachment figure, and different strategies to engage the attachment figure are developed by the infant as a result of the predictability of the attachment figure's behavior (Berman, Marcus, & Berman, 1994; Cassidy, 1990). IWM's also develop in relation to the sense of self in the infant. The infant can come to view its role and worth in the world by the interactions with and availability of the primary attachment figure. This does not imply, however, that attachment IWM's require a specific behavior. On the contrary, the IWM consists of strategies for engaging attachment behaviors or a set of behaviors (Hazan & Shaver, 1994). Over time, however, the IWM produces automatic responses to threats to the attachment system (Cassidy, 1990).

The IWM can process information both chronically and contextually (Mikulincer & Arad, 1999). Thus, IWM's are based on individual perceptions of experiences and not just how the attachment figure responds once but when, where, and how consistently (Hazan & Shaver, 1994). Bowlby conceptualized this as a three-step process. The first phase of development, from birth to 2 months, can be called the phase of "Indiscriminate Attachment," when the child does not seem to prefer one attachment figure over another. In the second stage, however, referred to as the phase of "Discriminate Social Response," the infant begins to establish and react to a primary caretaker, generally the mother. The baby will prefer to be with that person, especially in times of stress. In the third stage, from 7 to 24 months, the child actively initiates proximity seeking with the primary attachment figure, meaning that the child is beginning to develop strategies for engaging the primary attachment figure. This is the beginning of the development of the IWM, in that the child is beginning to develop a cognitive schema for the primary attachment

figures behavior. After age 2, the child is often seen as having “goal directed” behavior, in that the child has an active working model, based on the predictability of the primary attachment figure, which guides the child’s actions in terms of attachment behavior. If the child has an attachment figure who has been inconsistent in terms of attachment behaviors, the child has to develop a wider range of indications as to when the attachment figure will be available (Berman et al., 1994), meaning that a wider range of behaviors by the primary attachment figure will provoke the proximity seeking response from an insecure child. In comparison, a child with a more secure attachment will have a smaller group of behaviors in the primary attachment figure that would activate the attachment system. Thus, the secure child does not have to be as vigilant of possible threats to attachment.

From this perspective, the IWM is developed by the time the child is age 2, but the model is continually being updated as the child goes through development and meets new people and develops other attachment relationships. Of course, the IWM is based on the relationship with the primary attachment figure, and can determine the behaviors that can either modify or support the IWM. The IWM is not permanent, but as the child reaches adolescence, it becomes very stable (Hazan & Shaver, 1994). This is a very useful concept for thinking about attachment in adult relationships in that there has to be the possibility that the IWM can be changed. In addition, a person who has an insecure attachment style can update their IWM to reduce the attachment activating behaviors in the attachment figure and allow the person to have a more secure attachment style.

IWM’s are conceptualized to have 4 components, including memories of attachment related experiences, beliefs, attitudes, and expectations of self and others in

relation to attachment, attachment related goals and needs, and strategies for achieving these goals (Collins & Read, 1994). These components develop over a period of time, and result in the individual having a repertoire of attachment behaviors, which are meant to increase proximity and perceived safety with the attachment figure. Attachment security is relationship specific and a reciprocal process, and partner characteristics impact felt security, which suggests that IWM's are greatly impacted by interpersonal relationships (Cook, 2000). As such, relationship experiences impact the IWM, which contributes to the phenomenon of individuals tending to select environments and relationships that fit their beliefs about themselves and others, and thus may be self perpetuating, often leading to an interpretation of events which supports the existing IWM (Feeney, 1999b).

This idea is critical for thinking about adult relationships, in that the partner is assumed to become the primary attachment figure in order for the relationship to work. If it is true that the IWM guides experiences in close relationships and are strongly influenced by relationship experiences (Feeney, 1999b), then partner characteristics are important in determining the kind attachment bond that forms in a relationship. The IWM of the individual assimilates partner characteristics to fit a model of relationships, but IWM also changes to accommodate characteristics of the partner (Cook, 2000).

There is an overall IWM that is applied to all attachment relationships, as well as different IWM's for specific attachment relationships. In other words, there are unique behaviors for a particular relationship, as well as an overall set of behaviors seen in all attachment relationships (Cook, 2000). According to Feeney (1999b), IWM's are hierarchically arranged, going from more generalized models at the top of the hierarchy,

to models for specific relationships at the bottom of the hierarchy, meaning that models at higher levels of the hierarchy apply to more people but are less predictive of behaviors in any particular situation. Thus, people have general models of relationships (IWM's), which are applied across relationships and are influenced by the behaviors of partners and the consistency of behaviors elicited from others (Cook, 2000), and have been shown to be most predictive of psychological adjustment (Cozzarelli, Hoekstra, & Bylsma, 2000).

The idea of the IWM is critical when applying attachment concepts to adult relationships. According to Berman et al. (1994), there are two kinds of attachment activators- primary and secondary. Primary activators are used when the person of interest is allowed to access the IWM for the first time. Until the IWM is accessed, there is no need for the attachment behaviors to be activated as there is no attachment bond. Once this bond has been accessed, or the primary activator has been accessed, the object can activate the person's secondary activators, which are the responses to loss of security or to a secure base. In a couple, then, both partners are assumed to have triggered the other's primary activator. This happens only once. After that, all reactions to behavior are fed through the IWM, and the secondary activators are used. This difference is important in that the secondary activators are what drives the attachment behaviors of the individual. A person with a secure attachment style will have a smaller number of behaviors in the secondary activator which will provoke a response from the IWM, while a more insecure person will have secondary activators which perceive a larger number of behaviors as a threat to attachment, thus activating the attachment IWM and associated attachment behaviors.

Simpson, Rholes, and Phillips (1996) believed that there were three situations that usually activated the attachment system: fear, competition, and/or crisis. Each situation will cause the individual to try and return to a secure base, and if the individual is in a relationship with an insecure attachment, will have to resort to the behaviors called for by the IWM to increase attachment responses in the other person. If the person seeking comfort or security does not get responses that indicate to them that they are secure, their attachment seeking behavior will increase, and the secondary activators will remain in use until the system gets what it needs (Berman et al., 1994). This is important in adult relationships when thinking about how couples develop patterns of behavior. Not only is their IWM activated, so is their partners' as the stress of conflict causes the individual to seek comfort in the primary attachment figure, usually the spouse. If the partner does not get the needed security, their IWM will continue to be activated, and the couple spirals into a never-ending cycle of unmet needs and feelings of insecurity.

As was stated earlier, attachment refers to a set of behaviors in a given situation rather than one or two specific behaviors. Researchers have found support for IWM's guiding behavior in attachment relationships, as well as empirical support for the idea of an IWM as a cognitive-component view of self, where regulation occurs outside of a person's awareness (Mikulincer, 1998b). For example, in one study jealous individuals with negative models of others had less intense fear experiences, were less likely to use relationship maintaining behaviors, and used more denial and avoidance strategies (Guerrero, 1998).

IWM's are not static constructs, but are updated by effects of external influences. Some attachment theorists have noted that insecure attachments generally indicate that

the IWM not being updated as a result of external events (Cook, 2000). When applying attachment theory to adult relationships, the ability to change or modify IWM's has ramifications for the utility of attachment concepts.

Researchers have investigated the idea that much of one's attachment orientation, or style, in adulthood is a direct result of experiences during childhood. Individuals who grew up in families with high levels of interparental conflict, or rejecting or overprotective parents were more likely to report difficulties with jealousy and fear of abandonment in their current relationship (Hayashi & Strickland, 1998). Researchers have also found a relation between perceived family environment and attachment style in young adult children, and reported that parent and young adult child attachment styles were closely associated, especially along gender lines (Mikulincer & Florian, 1999). It has also been noted that accepting parents who encourage independence in their children had young adult children who were more likely to report feeling secure in their current love relationship (Hayashi & Strickland, 1998). Individuals with more insecure attachment styles have been found to have less positive models of parenthood and parent-child interactions, indicating that working models of parenthood and parent-child relationships form well before marriage and the birth of children, and these models are directly influenced by attachment style (Rholes, Simpson, Blakely, Lanigan, & Allen, 1997).

Attachment styles

One common concept associated with attachment theory is the idea of "attachment styles." According to attachment theorists, attachment styles are the direct result of attachment bonds between individuals and their attachment figures (Ainsworth

et al., 1978). Attachment bonds, therefore, are affectional ties between individuals (Cassidy, 1999). As discussed earlier, attachment styles are mental representations that are impacted by primary attachment relationships (Hazan & Shaver, 1994). Attachment styles are important for social and personality development in early life and are related to individual differences later in the life cycle (Deihl et al., 1998). Attachment styles are flexible and often influenced by affect regulation strategies and goals (IWM) of the individual (Mikulincer, Orbach, & Iavnieli, 1998). One's attachment style also impacts the "...accessibility and affective quality of trust-related memories, appraisal of trust-related experiences, the interaction goals related to the sense of trust, and the strategies used in coping with trust violation events" (Mikulincer, 1998b, p.1219). Attachment styles impact one's emotional reaction to a variety of stressful events, including death, interpersonal losses, and personal failures (Mikulincer & Florian, 1998). Attachment style may also contribute to perceptions of conflict in relationships (Pietromonaco & Barrett, 1997).

Attachment styles are used to describe individual reactions to a perceived threat to the attachment system of the individual, and are generally described as being "secure" or "insecure." "Secure" or "insecure" attachment styles refer to an individual's perception of the availability of the attachment figure in times of stress, need, or fear, and how the individual responds to those perceptions (Weinfield et al., 1999). Attachment styles are associated with the different qualitative nature of relationships, in that securely attached individuals are usually in relationships characterized by higher levels of independence, trust, commitment, and satisfaction, while insecurely attached individuals are typically in relationships with opposite traits (Simpson, 1990).

Ainsworth et al. (1978) developed a classification of attachment styles for infants based on the Strange Situation, in which an infant's behavior is observed in relation to the exit of and reunion with the primary attachment figure. Infants are classified as having an "A" (avoidant) response, a "B" (secure) response, or "C" (anxious) response. A later classification of "D" (disorganized) was added for infants that consistently displayed behaviors in more than one category. These classifications occur on a continuum from C to B to A, and have general associated behaviors. For example, an avoidant baby will generally not acknowledge the parent upon return, or will actively distance from the parent, while a secure baby will generally acknowledge the parent but not necessarily stop what they are doing to reconnect with the parent. The child may even go over to the parent briefly and then return to what they were doing. An avoidant baby, however, will protest the most when the parent leaves, and will be the hardest to console once the parent gets back. This child may try to act as if not to care that the parent is back, but anger or fear is noticeable. It should be noted, as stated earlier, that the classifications are based on a set of behaviors, and not one or two isolated responses.

This classification system is used for adults as well, although there are some different conceptualizations of the different attachment types. Hazan and Shaver (1987) used Ainsworth's three attachment categories (i.e. secure, anxious/ambivalent, and avoidant) in their original conceptualization of adult attachment styles. Subsequent researchers, however, have used other categorical styles for classifying attachment.

Measurement issues

Different measures of individual attachment are based on different concepts and underlying dimensions (Hazan & Shaver, 1994). As a result, there have been two main

paths of research involving attachment. The first is based on the idea that attachment behaviors of adults are linked to their current representation of their relationship with parents, which influences their parenting, which in turn, influences their children. This type of research focuses on revealing the dynamics of the IWM by how a person talks about childhood relationships, and attachment is seen as a mostly unconscious phenomenon (Bartholomew & Shaver, 1998). The most commonly used instrument for this type of research is the Adult Attachment Interview (AAI), which was developed by George, Kaplan, and Main (1985). As its name implies, the AAI is a structured interview between the subject and a trained interviewer. The participant is asked a series of questions intended to assess the overall IWM of the subjects in terms of their own childhood experiences. Issues such as the participants' view of their parents, descriptions of early attachment relationships and experiences, and the participants' current interpretation of those events are included in the interview (Cicchetti et al., 1990). Interviews are then transcribed and rated based on the consistency of the responses, as well how the participant responds to the questions. Participants are given a single attachment classification, which is based on Ainsworth's three original classifications, and these styles are seen as being equivalent to and predictive of the infant categories as defined by Ainsworth (Main & Hesse, 1990). The AAI attempts to "shock" the unconscious into revealing the attachment style of the individual being interviewed.

The second type of research views attachment in terms of adjustment and interpersonal relationships. The focus, however, remains on current feelings and behaviors in close relationships, which means that these researchers see attachment as something that can be measured through the consciousness of the individual being

questioned (Bartholomew & Shaver, 1998). Researchers from this school generally use self-report measures in their research. While self-report measures may be hindered by issues of subject response bias, and tend to rely on client insight and honesty, they don't require in-depth knowledge or self-understanding of feelings or behaviors in order to answer the questions completely (Brennan, Clark, & Shaver, 1998). As one group of researchers noted, "Beliefs assessed with self-report adult attachment measures are useful, reliable indicators of people's consciously accessible ideas about relationship security" (Davila et al., 1999, p.799).

Researchers in this second group originally conceptualized attachment as categorical variables based on Hazan and Shaver's (1987) three-item forced-choice measure of adult attachment. Now, most attachment researchers in this group see attachment as a continuous variable in relation to two functions- avoidance and anxiety, and, as a result, attachment style can be mapped using types in two-dimensional space (Brennan et al., 1998). Thus, most self-report attachment measures, in some way, determine attachment style based on the individual's responses in terms of avoidance and anxiety.

The dimensional approach is generally seen as the most promising for measuring attachment (Hazan & Shaver, 1994). Researchers have argued that it enables more precision, better facilitates comparisons between measures and with a combination of measures, and because dimensional scores may reveal small changes in attachment that may be missed by categorical measures, although they still may have difficulty with discriminating between highly secure individuals (Fraley, Waller, & Brennan, 2000).

Researchers have created different self-report measures of attachment based on the two-dimensional model of attachment. Most self-report measures used currently were derived from Hazan and Shaver's (1987) original forced-choice survey, which was based on Ainsworth's attachment styles for infants. Brennan et al. (1998) argue that Ainsworth's original attachment styles would fit this two-dimensional model. As a result, there is a convergence in the different measures of adult attachment. In addition, Hazan and Shaver's questionnaire, the AAI, and other measures do converge when parallel conceptualizations of attachment patterns are assessed, which provides support for a single representational system or set of core tendencies in relationships (IWM) which influence responses on attachment measures (Bartholomew & Shaver, 1998). In fact, according to Bartholomew and Shaver, while measures of attachment may differ in terms of domain, method, and even dimensional and categorical systems, they tend to converge, especially when there is high reliability and statistical power. It has also been noted that the two types of attachment measures overlap in many areas, but especially in terms of comfort depending on attachment figures, and comfort with being attachment figures for others (Shaver, Belsky, & Brennan, 2000).

Again, it is important to remember that, "Adult attachment includes thoughts, feelings, and behaviors, all of which should be measured" (Hazan & Shaver, 1994, p.75). Thus, the best way to assess attachment IWM's would be through multiple measurement methods. The AAI focuses on one's state of mind regarding attachment, while self-report measures focus on features of romantic relationships (Shaver et al., 2000).

When classifying attachment styles, the most basic distinction is between "secure" and "insecure" attachment styles. Regardless of the classification system, a

secure attachment style is a category unto itself, while insecure attachment is broken into sub-categories. In the tradition of the AAI, the insecure categories are “preoccupied,” “dismissing,” and “unresolved,” while Hazan and Shaver used Ainsworth’s original categories for infants of “avoidant” and “anxious/ambivalent” for their classification of insecure attachment.

Today, one of the most common ways to classify adult attachment style using self-report measures is based on 4 styles, which are a result of the interaction of 2 factors, namely self-image and the perception of others (Bartholomew, 1997). The styles are “secure,” “preoccupied,” “fearful,” and “dismissing.” Bartholomew reported that the insecure classification of “preoccupied” is conceptually the same as the AAI’s “preoccupied” and Hazan and Shaver’s “anxious/ambivalent,” and the “fearful” insecure adult attachment is similar to the “avoidant” classification of Hazan and Shaver. Finally, the “dismissing” insecure attachment in Bartholomew’s schema is similar to the “dismissing” category of the AAI. Given this, Bartholomew’s classification system was used in this study.

Regardless of the classification system, all attachment styles have the primary goal of attaining intimacy (Mikulincer, 1998b), and differences in attachment styles are conceptualized in terms of emotional expression, attention towards the attachment figure, and intensity of emotional reactivity (Searle & Meara, 1999). As Fuendeling (1998) noted, affect regulation is specific to each attachment style, especially in terms of attention management, appraisal style, and interactions with others. Researchers have found that the 4 category model of attachment is better able to capture the complexity and

range of attachment related problems in adulthood, and is more sensitive and reactive to the wide range of attachment difficulties in adulthood (Bartholomew, 1997).

Secure adult attachment

A secure attachment is generally seen as the combination of positive model of self and others (Bartholomew & Shaver, 1998). As a result, adults with a secure attachment style generally have better psychological and cognitive functioning, more satisfying personal relationships, and a perception of a stronger family base than insecurely attached adults. For example, in one study secure adults were rated as more self-confident, scored higher in social functioning and psychological well-being, as well as had higher scores on expressive personality measures (Diehl et al., 1998). Individuals with secure attachments also tend to be more committed and focused on companion aspects of relationships, show more desire for continued relationship strength, and search less for alternative relationships (Pistole & Vocaturo, 1999). These individuals were generally more comfortable with autonomy and intimacy, and more expressive in relations with their significant others (Searle & Meara, 1999). Securely attached individuals were also better at accurately estimating the degree of similarity between self and others (Mikulincer et al., 1998). In addition, secure individuals generally exhibited more nonverbal closeness than avoidant (fearful/dismissing) styles, and their interpretations of the nonverbal behaviors of others influenced perceptions of closeness (Tucker & Anders, 1998).

Higher reported levels of secure attachment are associated with positive reports of family of origin and current family satisfaction (Deihl et al., 1998). In addition, secure individuals perceived more support from family and friends and were more likely to search out support from family and friends in times of stress, which was mediated by the

secure individual's perception of support (Ognibene & Collins, 1998). Secure adults ratings of their parents were characterized by higher levels of differentiation, more elaboration, and greater levels of benevolence and non-punitiveness (Levy, Blatt, & Shaver, 1998).

In interpersonal relationships, secure adults perceived more emotional and instrumental support from others (father, mother, same-sex friend, opposite-sex friend, romantic partner), and were more likely to search for support from these people in times of stress (Florian, Mikulincer, & Bucholtz, 1995). Secure adults rated their partners more positively regardless of marital status (Young & Acitelli, 1998). Secure attachment was related to more cognitive openness (changes in the perception of the partner when given information contrary to expectations) and better recall of information that differed from cognitive expectations, especially when the information was viewed as positive (Mikulincer & Arad, 1999). Secure adults were more trustful of their partners, had a better ability to recall episodes indicating positive trust, reported higher numbers of positive trust related episodes, and had better coping strategies for trust violations by partners (Mikulincer, 1998b). Secure attachment style was also generally associated with more nonverbal closeness in interpersonal relationships (Tucker & Anders, 1998).

Insecure Attachment Styles

While there are 3 sub-categories of insecure attachment behaviors, researchers have noted some overall detrimental behaviors. For example, insecure adult attachment styles were found to be associated with dysfunctional attitudes, which decreased self-esteem, which, in turn, were related to an increase in depressive symptoms over time (Roberts, Gotlib, & Kassel, 1996). An insecure person's distortion of the degree of

similarity between self and others resulted from faulty representations of self and others (Mikulincer et al., 1998).

Preoccupied

In general, adults with a preoccupied attachment style have a negative model of self and positive model of others (Bartholomew & Shaver, 1998), and describe parents ambivalently as being more punitive and more benevolent (Levy et al., 1998). As a result, these individuals often approach relationships with the goal of security attainment (Mikulincer, 1998b). In other words, preoccupied individuals often use close relationships as a “test” of their own worthiness as people, constantly looking to others to validate them and make them feel good about themselves. Adults with a preoccupied attachment style are often seen as needing more levels of closeness in relationships than adults with a secure attachment style. Research has supported this assumption, in that having a negative self-view was related to attempts to get compassion and affection from others and being preoccupied with relationships (Mikulincer, 1998a; Searle & Meara, 1999).

Adults with a preoccupied attachment style are more committed and focused on the companion aspect of relationship, have more desire for continued relationship strength, and engage in less searching for alternative relationships (Pistole & Vocaturo, 1999). In addition, preoccupied individuals are often more sensitive to negative thoughts and feelings of partner, and were often hyper-vigilant, showing more surveillance behaviors with partners (Guerrero, 1998). Simpson et al. (1999) also reported that individuals with a preoccupied attachment style were generally more accurate in predicting the feelings of their partner in a relationship threatening situation, but were

less confident in themselves and their partners to overcome difficulties, which predicted more relationship distress compared to securely attached adults.

In times of stress, preoccupied adults tend to use more emotion focused coping strategies, and feel less capable compared to securely attached individuals (Mikulincer & Florian, 1995). While they often look for support in times of stress, preoccupied adults use more escape or avoidance strategies to elicit support from significant others (Ognibene & Collins, 1998). Preoccupied adults also tend to be more intent and expressive in general and have a greater focus on feelings (Searle & Meara, 1999).

Fearful

According to attachment researchers, individuals with a fearful attachment style have a negative model of themselves and others (Bartholomew & Shaver, 1998), and are generally fearful of intimacy, often to the point of being socially avoidant (Searle & Meara, 1999). This can be a difficult position, as relationships are highly desired but greatly feared. Fearfully attached individuals desire social contact but are often fearful of the consequences of such contact, and view themselves as undeserving of love and support from others (Bartholomew, 1990). In times of stress, fearful individuals are generally less likely to seek social support, and in certain contexts are more likely to exhibit behaviors that tend to increase the distance between themselves and others (Mikulincer & Florian, 1995; Ognibene & Collins, 1998). Fearful attachment has also been linked to introversion and a lack of agreeableness (Carver, 1997).

Dismissing

The fourth attachment style is dismissing, in which the individual generally has a positive model of self, but a negative model of others (Bartholomew & Shaver, 1998).

Having an overly positive self-view was related to attempts at validating self-reliance in one study (Mikulincer, 1998a). As a result, dismissing individuals tend to be fairly self-reliant, dismissing of intimacy, and counter dependent, often attempting to gain control in relationships (Mikulincer, 1998b; Searle & Meara, 1999). In fact, one study reported that dismissing individuals tended to be less likely to report being submissive in relationships (Morrison, Goodlin-Jones, & Urquiza, 1997). Having a positive model of self can impact the ability to be aware of distress or of social needs, as the individual may over-estimate their ability to handle difficult situations alone, or defensively deny the need or desire for social contact (Bartholomew, 1990).

Adult attachment vs. Infant Attachment

It is important to note that attachment theory is often mistakenly thought of as only a theory about infancy. While most of the research on attachment theory has focused on infants, researchers have continued to bridge the gap between attachment in infancy and attachment in adulthood, and have noted important ways infant and adult attachment are similar. The function of infant attachment includes proximity maintenance and separation protest, secure behavior in the attachment figure, and having a safe haven, all of which are generally seen in adult relationships (Feeney, 1999b; Weiss, 1991). Hazan and Zeifman (1999) postulated other similarities, including similarities in infant/caregiver attachment and adult pair bonds in terms of selection criteria (e.g. individuals prefer people who are kind, responsive, competent, and familiar), the reaction to separation and loss (e.g. protest, despair, detachment), and the physical and psychological health affects attachment can have on individuals. In addition, according to Hazan and Zeifman (1999), infant/caregiver and adult pair bonds have very

similar kinds of physical contact that distinguishes their relationships from other social relationships.

While it has been noted that there is a continuity of attachment patterns between infancy and adulthood and pair bond relationships, there are some notable differences. The differences, Hazan and Zeifman (1999) note, fall into three major categories: the reciprocal nature of adult relationships as adults rarely look toward infants for validation or support, the motivation for proximity seeking in that infants and adults differ in reasons for seeking comfort (e.g. physical vs. emotional), and the fact that adults in intimate relationships are creating pair bonds with people who are not biological relations. Adult attachment is not fundamentally different than infant attachment, but does differ from infant/caregiver attachment in some important ways.

Adult Relationships and Attachment theory

Attachment seems to be a salient indicator of an individual's experiences in close relationships (Feeney & Noller, 1991), especially intimate adult relationships. One's attachment style permeates all relationships, but is especially relevant in adult romantic relationships. Individual differences in attachment can impact the quality of romantic relationships (Bartholomew, 1997), and attachment security is important to develop a sense of trust and constructive coping in relationships (Mikulincer, 1998a).

An important aspect of attachment, especially for adult relationships, is the hierarchical nature of attachment relationships themselves (Hazan & Shaver, 1994). This means that individuals can have multiple attachment relationships, and these relationships are not all equal. While individuals can have multiple attachments, they generally have one that is stronger than others, a phenomenon referred to as "monotropy" (Bowlby,

1969/1982; Hazan & Shaver, 1994). For example, it has been shown that adolescents tend to increase their use of peers for support and proximity compared to parents (Paterson, Field, & Pryor, 1994), although parents are still the primary attachment figures for adolescents. In addition, primary attachment figures consistently have the most salience in terms of security and available support in ratings of attachment (Asendorpf & Wilpers, 2000).

In one study, attachment style was related to measures of love relationships and friendships, and those with secure styles had significantly more positive functioning in love relationships, as well as friendships, in that secure adults had more positive ratings of adult friendships (McCarthy, 1999). Another study (Smith et al., 1999) provided evidence for conceptual link between attachment in close relationships and group identification.

As individuals develop into adulthood, the romantic partner is thought to take the position as the primary attachment figure. Parents are always in the attachment hierarchy but usually assume a position secondary to intimate partners in adult relationships (Hazan & Shaver, 1994; Hazan & Zeifman, 1999). When compared to family or friends, romantic partners were preferred for giving support across attachment styles (Florian et al., 1995). On the whole, young adults have been found to have, on average, about 5.4 attachment figures, including parents, romantic partners, and friends (Trinke & Bartholomew, 1997).

Hazan and Zeifman (1999b) developed a four-phase model of attachment development in adult relationships:

1. Pre-attachment phase: In this phase, the individual indicates readiness for and interest in social interaction and creates opportunities through attraction and flirtation.
2. Attachment in the making phase: This would be considered “falling in love,” in that there is a trend towards comforting exchanges rather than purely sexual or less intimate touches.
3. Clear cut attachment phase: At this point, the couple has created a significant, stable attachment relationship, where physical proximity is no longer sufficient to maintain arousal to a point that maintains a level of satisfaction by itself. According to the authors, this transition from arousal enhancing to arousal moderating affect on the partner signals attachment.
4. Goal corrected partnership phase: The post romance phase (or life as usual). The overt signs of bonding, usually physical, are less apparent, but a deep connection lies under the surface. This allows each partner to worry less about the relationship, according to Hazan and Zeifman (1999), and devote more mental energy to making it through other tasks of life; in other words, a secure base to explore the world from.

Attachment and marital quality

According to Adams and Jones (1997), there are three main dimensions of marital commitment: an attraction based on devotion, satisfaction, and love, a “moral-normative” component based on belief in marriage as an important social institution and one’s responsibility for maintaining a marriage, and a “constraining component” based on fear

of the social, emotional and financial costs of ending a relationship. Newlyweds, in general, become more secure over time, but attachment representations can change in response to contextual, cognitive, and individual differences, suggesting an ongoing reciprocal relationship between attachment and marital variables (Davila et al., 1999). Perceptions of attachment security and the availability of support varied within relationships according to quality of the relationship, which changed over time (Asendorpf & Wilpers, 2000). While attachment style can change in the context of an attachment relationship, it tends to stabilize after 2 years, and the partner occupies the top of the attachment hierarchy. One study found that those in relationships over 2 years named their partner upon responding to secure base and separation distress questions in overwhelming numbers compared with those in relationships of less than 2 years duration, especially in those less than 1 year (Hazan & Zeifman, 1999). In marriages, attachment security between spouses, which is influenced by contextual, social, cognitive, and individual differences, usually increases over time, and while the overall attachment style may not change, change within an attachment style often occurs (Davila et al., 1999). A majority of marriages that end in divorce do so within the first 2 years, which could indicate impact of attachment, and although that relationship has not been empirically established (Hazan & Zeifman, 1999), insecure attachment has been closely linked to lower marital satisfaction (Lapointe et al., 1994). Early in a relationship, the quality of attachment contributes to the psychological health of both partners, which can influence changes in the relationship later on (Kotler & Omodei, 1988). In one study, insecure adults ratings of their partner, as well as their partner's attachment style, were related to the degree of overt indicators of commitment (Young & Acitelli, 1998).

As the romantic partner becomes the primary attachment figure, attachment patterns can change as a result of the partner's behavior (Collins & Read, 1990). One's experience in relationships is an important factor, in that as relationships tend to change over time, findings of change in attachment style are not inconsistent with attachment theory, which in turn impacts relationship satisfaction (Davila et al., 1999; Feeney, 1999b; Simpson, 1990). As a result, individual adjustments to relationship expectations are made based on the behavior of the partner which are independent of the overall model of attachment (Cook, 2000), which indicates that changes in the IWM concerning individual relationships can occur without impacting attachment in other relationships. Researchers have reported that the individual's beliefs about love may be more important in relationship outcome compared to beliefs of the partner, and that one's own self-doubt can cause the individual to underestimate the strength of their partners love (Morrow, Clark, & Brock, 1995; Murray, Holmes, Griffin, Bellavia, & Rose, 2001). Further, support has been found for high relationship specificity of both security of attachment and the available support of a significant partner (Asendorpf & Wilpers, 2000), indicating that an individual's rating of an attachment relationship is dependant upon the strength of the attachment bond in a given relationship.

The behavior of the romantic partner, then, is a factor that must be considered. While some research has suggested that attachment style was not highly contingent on style of partner (Simpson, 1990), it is likely to influence choice of potential partners (Collins & Read, 1990). For example, one study found that females with insecure attachments were more likely to have cohabitated with a partner who had been jailed than secure females (McCarthy, 1999), while other studies reported that individuals are most

attracted to people with similar attachment styles (Frazier, Byer, Fischer, Wright, & DeBord, 1996; Senchak & Leonard, 1992). Process reciprocity is an important aspect of relationship security, as, “Security is not just a function of subjective representations of relationships” (Cook, 2000, p.286). For example, when partners exhibit potentially relationship-threatening behaviors, insecurely attached individuals react more defensively and destructively (Gaines et al., 1997). Individual attachment style impacts partner behavior, for example, wives of secure husbands exhibited more positive marital behaviors than wives of insecure husbands (Paley, Cox, Burchinal, & Payne, 1999). Additional strong evidence has been shown for the reciprocity of attachment relationships in that marital satisfaction increases with increased attachment security, and vice versa (Davila et al., 1999). Couples in which both partners had a secure attachment style had higher levels of marriage satisfaction (Lapointe, Lussier, Sabourin, & Wright, 1994). As was stated earlier, the “quality” of attachment is based on the expectations of the availability and responsiveness of the attachment figure, which in turn guides behavior and perceptions in relationships (Feeney, 1999b), underscoring the importance of the partner’s behavior in impacting attachment style.

Attachment and conflict resolution

Attachment style also impacts how individuals solve problems in the context of significant relationships. It has been shown that conflicted couples are the most likely to divorce compared to other types of couples (Fowers et al., 1996). In fact, negative affect during conflict predicted divorce in the first seven years of a marriage, while lack of positive affect was predictive of divorce later in a marriage (Gottman & Levenson, 2000). In addition, utilizing a negative conflict resolution style was negatively related to

relationship satisfaction and relationship duration (Cramer, 2000). Thus, attachment styles impact how an individual deals with negative emotion in the context of an attachment relationship (Feeney, 1999b).

Emotional control has been shown to be a predictor of marital satisfaction (Feeney, 1999a). One's attachment style influences coping strategies in intimate relationships (Pollina & Snell, 1999), and the absence of positive emotion may be main source of distress in relationships of insecurely attached people (Simpson, 1990). Secure individuals may not need as many overt indicators of intimacy or commitment to feel positively about the relationship (Young & Acitelli, 1998). Insecurely attached individuals, who have a negative view of self and/or others, develop negative conflict resolution skills and generally have more negative reactions to conflict (Zuroff & Duncan, 1999). Thus, one's attachment style not only impacts the view of self, but of others as well, especially when one is negatively aroused (Mikulincer et al., 1998). There is research indicating that self-esteem in marriage is related to the tracking of a spouse's behavior, as well as tracking one's own value as a long-term mate (Shackelford, 2001).

In one study, psychological distress was associated with a desire for more support from the significant other (Cramer, Henderson, & Scott, 1997). Partners with preoccupied and fearful attachment styles were more prone to use shame as a problem solving technique when attempting to problem solve with their partners, while secure adults reported more collaborative problem solving techniques (Lopez et al., 1997). Insecurely attached individuals experience more perceived hostility in their relationships compared to secure individuals, who described greater relationship interdependence

(Morrison et al., 1997). In addition, low levels of attachment security and high levels of attachment activation are predictive of more hostile patterns of interaction (Morrison et al., 1997). Person's who were rated as "high control" were more likely to make extreme judgments of fault than "low control" subjects (Zak, 1998). Secure attachment, on the other hand, has been shown to be related to greater emotional control, as well as less frequent and intense negative emotions, making more collaborative conflict resolution possible (Corcoran & Mallinckrodt, 2000; Feeney, 1999a). In addition, a collaborative conflict management style was highly correlated with marital satisfaction (Greeff & deBruyne, 2000). Having the perception of a more cooperative type of conflict resolution is related to greater relationship satisfaction (Morrison, Urquiza, & Goodlin-Jones, 1997). In addition, there is a positive relationship between marital satisfaction and understanding a partner's conflict management style (Hojjat, 2000).

Researchers have also attempted to look at differences related to how men and women deal with attachment threatening behaviors of intimate partners. While attachment has a biological basis, the protective features of attachment are not just limited to size differences in males and females (Hazan & Zeifman, 1999). Within intimate relationships, it has been reported that men and women may have different responses to similar behaviors in partners (Paley et al., 1999). According to Paley et al., for wives there was a relationship between attachment stances and affect regulation, yet there was no such relationship for husbands. In addition, Paley et al. found that secure wives were better at managing their affect during conflict than insecure wives, and insecure wives, regardless of insecure style, were similar in terms of affect regulation in general compared to secure wives.

Attachment and depressive symptoms

Attachment has been linked empirically to depression and depressive symptoms in adults as well. For example, in one study secure attachment was negatively correlated with depression, while insecure attachments positively correlated with depression (Johnson, 1997). One component of insecure attachment is a negative view of the self, especially in relation to others. Self-criticism has been found to be a strong indicator of depressive vulnerability, and individuals who have a dismissive attachment style, meaning a positive view of self and negative view of others, were less likely to exhibit depressive symptoms (Murphy & Bates, 1997). Adults who reported negative early relationships with their parents were rated as insecure, and were more likely to report current depressive symptoms (Pearson et al., 1993; Styron & Janoff-Bulman, 1997). Participants who had highly insecure attachment styles were more likely to have higher levels of depression (Murphy & Bates, 1997). Depression has also been shown to have a negative impact on marriage satisfaction (McLeod & Eckberg, 1993), and depressive symptoms and marital satisfaction were predictive of conflict-resolution strategies (Marchand & Hock, 2000).

There were also distinct differences in married couples with a depressed individual compared to couples with no depression (Byrne & Carr, 2000). In one study, poor marital interactions produced stressors that were associated with “unfavorable reflected appraisals” which impacted self-efficacy and self-esteem, which had a direct effect on depressive symptoms (Schafer, Wickrama, & Keith, 1998). Another study found that the relationship between depression and marital satisfaction was better represented when attributions of individuals regarding depression and marital satisfaction

were included (Horneffer & Fincham, 1996), indicating that the link between depressive symptoms and marital satisfaction takes place in a relationship specific context instead of a global context.

Rationale for the present study

Prominent MFT researchers have continued to call for a greater link between research and clinical practice (e.g. Pinsof & Wynne, 1995, 2000). While a review of the literature has shown that much has been written on the link between attachment and depressive symptoms, marital conflict, and marital quality, a more comprehensive model of the relationship between these variables has not been attempted. Thus, the proposed project will provide an empirically validated model of how these variables are related and help MFT's develop interventions based on these relationships.

It has been estimated that up to 1 in 4 women and 1 in 10 men will experience at least one major episode of depression (Prince & Jacobson, 1995), and many will end up in Marriage and Family Therapy clinics as a result. The present study used a sample of couples who rated the level of distress in their marriage and were placed into the categories of "distressed" and "non-distressed" based on their responses to test the assumption that distressed couples differ in terms of attachment style, depressive symptoms, conflict resolution styles, and marital quality, which will provide further information for MFT's working with couples, helping to clarify what the differences are and what they may mean for therapeutic intervention.

There is also a need for better understanding of the processes that impact conflict resolution strategies, and its link with marital quality and, often, depression (Bray & Jouriles, 1995). The present study will be the first attempt to model the combined

influence of these issues on the attachment style of individuals. Approaching the problem from this way could give MFT's and researchers a better understanding of the processes underlying the already empirically established individual relationships between these variables.

Because this study is grounded in attachment theory, validating the proposed model would also give MFT's a model for applying attachment ideas in therapy situations as attachment theory is the basis for Emotionally Focused Therapy (EFT), one of the most well researched and empirically validated couple therapy strategies (Johnson & Lebow, 2000). In addition, Prince and Jacobson (1995) note that traditional treatment of depression, such as cognitive-behavioral therapy or pharmacotherapy, have a large relapse rate and suggest that intrapersonal types of therapy may be missing some critical issues, especially for individuals in committed relationships. Attachment theory, as noted in the above section, is a theory about interpersonal relationships.

Presentation of the model

There is considerable empirical evidence establishing the relationship between attachment, marital satisfaction, conflict resolution, and depressive symptoms. While other studies have mostly looked at these variables independent of each other, the current study will look at all of these variables together. Figure 2.1 outlines the proposed relationships between the variables. Structural Equation Modeling (SEM) was utilized to examine these relationships.

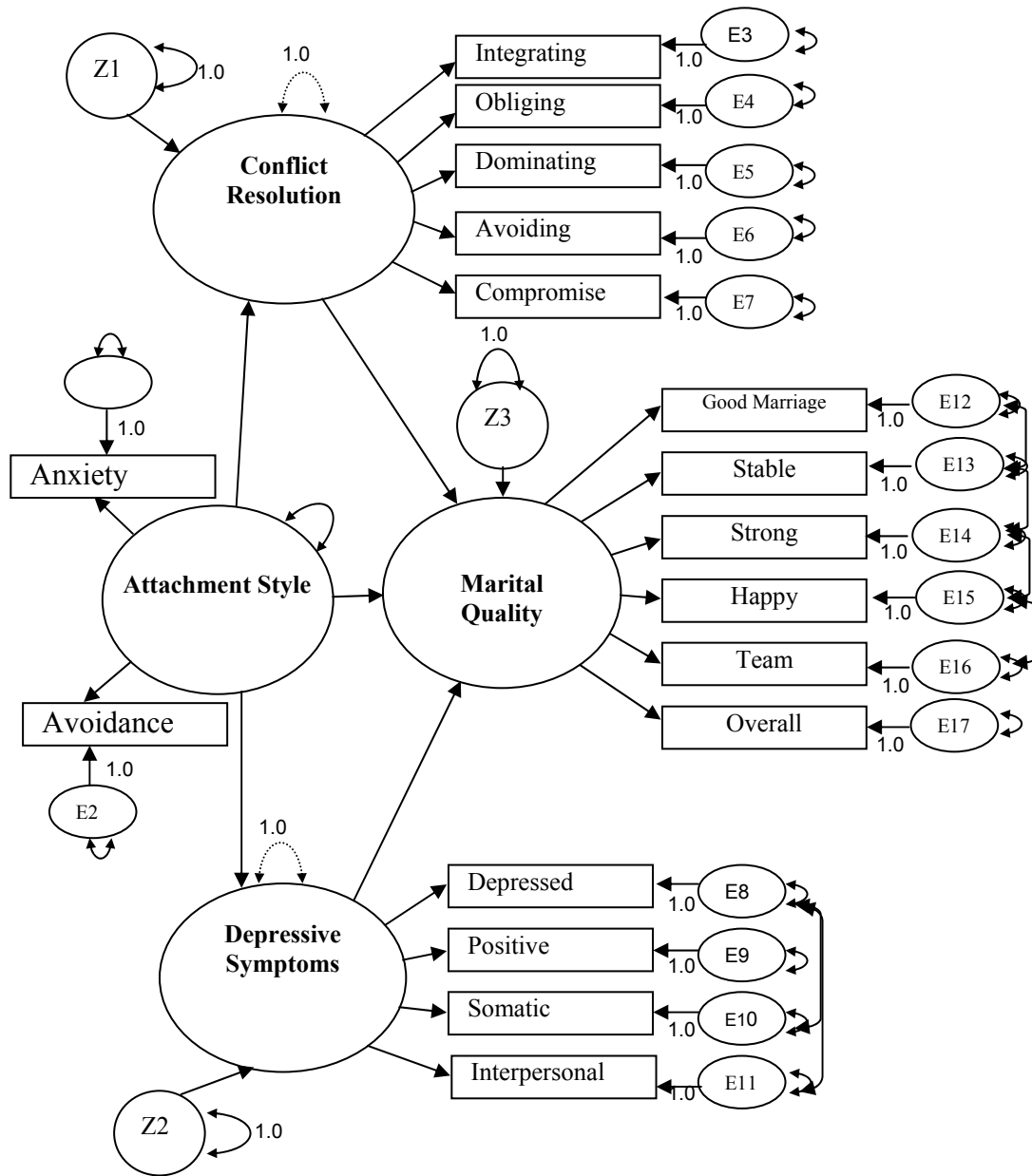


Figure 2.1

The model shows that there are 3 endogenous latent variables: conflict resolution, depressive symptoms, and marital quality. Conflict resolution has 5 manifest variables that are effects indicators, namely integrating, obliging, dominating, avoiding, and compromising, while depression has 4 manifest variables which are effects indicators: depressed affect, positive affect, somatic and retarded activity, and interpersonal. The latent variable marriage quality has 6 manifest variables that are effects indicators, good marriage, stable, strong, happy, team, and overall quality. There is also 1 exogenous latent variable, attachment style. Attachment style has 2 manifest variables that are effects indicators, namely anxiety and avoidance. The model shows that the attachment style rated by the study participants will directly influence the individuals' conflict resolution, depressive symptoms, and marital quality, and their conflict resolution and depressive symptoms will also directly influence marital quality.

CHAPTER 3

METHODS

Procedures

This study examined the relationship between attachment style and marriage satisfaction, conflict resolution, and depressive symptoms. The study was comprised of survey data obtained from two samples of married couples, distressed and non-distressed couples. Participants were recruited from the Ohio State Marriage and Family Therapy Clinic after their second session of therapy, from patients at a Family Practice Medical Clinic, and through a snowball technique. The snowball technique consisted of participants being recruited through a distribution of questionnaires to couples who meet the research inclusion criteria (i.e. have been married for at least two years). These couples were also given additional questionnaires to distribute to couples they know who meet the inclusion criteria. Data from all participants were gathered from mail-back questionnaires.

All participants were informed of the study and were given the opportunity to decline if they so desired. Participants were given a questionnaire packet which contained a brief letter describing the nature of the research project, what they were required to do, and where they could follow up if they so desired, including numbers to the Marriage and Family Therapy Clinic and Firstlink, a mental health referral service.

Those participants from the Family Practice Center were given the number to the Behavioral Health Fellows as well as Patient Services. Consent was assumed upon the return of the questionnaire through the U.S. mail. This project was approved through the Ohio State University and MacNeal Hospital Institutional Review Board.

Participants

A sample of 67 couples was obtained for this study, for a total of 134 individuals. Because researchers have noted that attachment styles in intimate relationships tend to stabilize after 2 years (Feeney, 1999b), only couples that were married for at least 2 years upon filling out the questionnaire were included in the study. A total of 150 questionnaire packets were distributed, which gives a response rate of 43%.

Instruments

Demographics. A demographic questionnaire was developed to obtain the participant's age, sex, race, SES, and length of relationship. In terms of SES, participants were asked to choose income based on a range (e.g. \$50,000-\$59,999, \$60,000-\$69,000 etc.). Over 71% of the sample reported a combined family income of \$50,000 or more. In addition, 29.1% of the sample reported a combined family income of over \$100,000. Table 3.1 shows other demographic characteristics of the sample.

	Mean	Std. Deviation
Age	44.17	13.63
Length of Marriage	17.52	13.18

Ethnicity	Count	Percent
Native American	4	3.0
Asian	2	1.5
Hispanic	2	1.5
Caucasian	118	88.7
African American	4	3.0
Multiracial	1	.8
Other	2	1.5
Total	133	100

Table 3.1 Demographic Information

As shown in table 3.1, the sample was comprised mainly of individuals who were older, couples who had been married for a long period of time, and the sample was overwhelmingly Caucasian.

Attachment Style. Attachment style was assessed using The Experience in Close Relationships –Revised (ECR-R) scale, which is comprised of two 18 point subscales, measuring both Anxiety and Avoidance dimensions of adult attachment (Fraley et al., 2000). Each question is rated on a 1 (strongly disagree) to 7 (strongly agree) Likert-type scale. Examples of items from the “Anxiety” subscale include: “I’m afraid that I will

lose my partner's love," "I often worry that my partner does not really love me," "I rarely worry about my partner leaving me," and "My desire to be close sometimes scares people away." Examples of items from the avoidance subscale include: "I prefer not to show my partner how I feel deep down," "I don't feel comfortable opening up to romantic partners," "I talk things over with my partner," and "My partner really understands me and my needs." While this scale has limited use in the literature to date, simulated test-retest correlations for the Anxiety subscale was .94 and for the Avoidance subscale was .95 (Fraley et al., 2000). While no other psychometric data was given, this measure was compared to other self-report measures of attachment, and found to be the most sensitive and most likely to provide theoretically relevant results (Fraley et al., 2000). For this study, the scale had an overall alpha level of .94, with an alpha level of .92 and .91 on the anxiety and avoidance subscales respectively.

Marital Quality. The Quality Marriage Index (QMI) (Norton, 1983) was used to assess marriage satisfaction. The QMI gives a global impression of the marriage as a whole, and consists of six items. The first five items ("We have a good marriage," "My relationship with my partner is very stable," "Our marriage is strong," "My relationship with my partner makes me happy," and "I really feel like part of a team with my partner" are ranked on a 1 (strongly disagree) to 7 (strongly agree) Likert-type scale. Item 6 ("On the scale below, indicate the point which best describes the degree of happiness, everything considered, in your marriage...") is rated on a 1 (very unhappy) to 10 (perfectly happy) Likert-type scale. Each item is standardized and transformed using an algorithm (see Norton, 1983). A higher score on the QMI indicates higher marital quality. It has been suggested that researchers looking at marriage satisfaction use global

measures instead of common measures such as the MAT or DAS, which "...can inflate associations between marital quality and self-report measures of interpersonal processes in marriage" (Bradbury et al., 2000, p.973). Using a global measure allows the researcher to look at predictors of marital satisfaction without threats to validity (Sabatelli, 1988). For this study, the overall alpha level of the QMI was .97.

Conflict Resolution: Conflict resolution was assessed using the Rahim Organizational Conflict Inventory (ROCI-II) (Rahim, 1983a). This measure was originally developed to delineate 5 interpersonal conflict resolution strategies, namely integrating, obliging, dominating, avoiding, and compromising, in business settings. These 5 areas are combinations of 2 dimensions, concern for others and concern for self. Thus, each style refers to a specific combination of the individual's concern for self and concern for others. Interpersonal conflict, as defined by Rahim (1992), "...refers to the manifestation of incompatibility, disagreement, or difference between two or more interacting individuals" (p.75). The ROCI-II is comprised of 28 items scored on a 5-point Likert-type scale. Sample items include "I try to investigate an issue with my partner to find a solution acceptable to me," "I try to integrate my ideas with those of my partner to come up with a decision jointly," "I usually accommodate the wishes of my partner," and "I try to stay away from disagreement with my partner." The psychometric properties of the measure have been well established, especially in terms of exploratory and confirmatory factor analyses (e.g. Rahim, 1983b; Rahim & Magner, 1994, 1995; Rahim & Psenicka, 1995). Internal consistency reliabilities ranged from .72 to .77, and the test-retest correlations ranged from .60 to .83. Social desirability contamination was reported to be minimal (Rahim, 1983a). This measure has been used in numerous studies

in a variety of settings, including schools (Cornille, Pestle, & Vanwy, 1999), cross-cultural differences (ElsayedEkhoully & Buda, 1996), and the workplace (Hahn, 2000). The overall alpha level of this scale for this study was .77, with alphas for each scale ranging from .73 to .89.

Depressive Symptoms. The Center for Epidemiologic Studies Depression scale (CES-D) (Radloff, 1977) was used to assess depressive symptoms. The CES-D consists of 20 items, answered on a 1 (Rarely or none of the time) to 4 (most or all of the time) ranking of frequency of symptoms in the past week. The scale has been used in numerous studies, and has a reported alpha level of .85 in the general population and .90 in a patient population, with test-retest correlations ranging from .45 to .70, which is in the moderate range. Validity has also been reported to high, meaning that the scale is able to differentiate between a clinical and general population (Radloff, 1977). Scores are obtained by summing responses, with a possible range of scores from 0 to 60. A score of 16 is used as an arbitrary cut-off point for depressive symptoms (Radloff, 1977). For this study, the overall alpha for this measure was .90.

Data Analysis of Specific Research Objectives

Research Objective 1

The first objective of this study is to examine the theoretically predicted relationships between marriage satisfaction, depressive symptoms, conflict resolution, and attachment style. Due the nature of the measures used, participants were grouped in terms of their attachment style, their conflict resolution style, whether they considered themselves distressed or not distressed, and whether they met the criteria for being

“depressed.” Various analyses were used to examine the relationships between the variables, including Chi-square analysis when looking at categorical variables, and ANOVA when looking at difference between the groups on the relevant measures. As was stated in the hypotheses, attachment will be predictive of marital satisfaction, depressive symptoms, and conflict resolution.

Research Objective 2

The second objective of this study was to discover the differences between two distinct populations (e.g. distressed and non-distressed) on these measures. Since the analysis was differences between groups, analysis involved analysis of variance (ANOVA) and chi-square tests of the relationships between the groups.

Research Objective 3

The final research objective, to examine how well the theorized model of the relationships between marriage satisfaction, conflict resolution, depressive symptoms, and attachment style fit data collected to measure these areas, was obtained using structural equation modeling. Structural equation modeling (SEM) allows researchers to specify, evaluate, and estimate relationships among variables of interest. The “model” can be defined as the a priori hypothesis about the linear relationships among a set of variables (Browne & MacCallum, 2000). This type of analysis is usually applied to correlational, or survey, data. Structural equation modeling is a confirmatory approach to data analysis, in that the assumption is that there is a relationship between the measured variables which is a result of theorized underlying processes and not simply by chance. Thus, if the theory behind the model is true, the data will have a particular pattern of

relationships, which allows researchers to see if the data are consistent with the theory. If so, then there is strong evidence that the theory is plausible. If not, there is evidence that the theory needs to be reworked, or there is a problem with the data.

Using a method described fully in MacCallum, Browne, and Sugawara (1996), the sample size needed to achieve a power of .80 for a model with 104 degrees of freedom (df of the current model) and to find a close fit of the model to the data is $N > 130$. The degrees of freedom for the current model was obtained by using the formula $df = p^* - q$, where $p^* = p(p+1)/2$ and $p = 17$ (the number of manifest variables in the current model) and $q = 47$ (the number of free parameters in the current model).

CHAPTER 4

RESULTS

Data Analysis of Specific Research Question and Hypotheses

In the following section, the research objectives and their corresponding hypotheses were analyzed. Descriptive statistics, chi-square analyses, t-tests, one-way ANOVA, and structural equation modeling were used to analyze the data.

Objective 1

The first objective of this study was to examine the theoretically predicted links between marital quality, depressive symptoms, conflict resolution, and attachment style. In order to understand the nature of the relationships described in the hypotheses, participants were grouped based on the following characteristics: attachment styles (i.e. secure, fearful, preoccupied, and dismissing as measured by the ECR-R), couple attachment combination (i.e. both secure, both insecure, or one secure and one insecure), whether the individual rated themselves as distressed or non-distressed in their marriage, conflict resolution style (i.e. integrating, avoiding, dominating, obliging, or compromising as reported on the ROCI-II), and level of depressive symptoms (i.e. whether the subject met criteria for “depression” as measured by the CES-D). Table 4.1 shows the distribution for each grouping.

Attachment Style	Count	Percent
Secure	82	61.7
Fearful	17	13.5
Preoccupied	8	6.0
Dismissing	25	18.8
Total	133	100
Conflict Resolution Style		
Integrating	59	47.6
Avoiding	12	9.7
Dominating	9	7.3
Obliging	31	25.0
Compromising	13	10.5
Total	124	100
Couple Attachment Combination		
Both Partners Secure	58	50.0
Both Partners Insecure	26	22.4
One Secure/One Insecure	32	27.6
Total	116	100
Distressed/Non-Distressed		
Distressed	30	22.7
Non-Distressed	102	77.3
Total	132	100
Level of Depressive Symptoms*		
Depressed	30	22.7
Not-Depressed	102	77.3
Total	132	100

Table 4.1 Grouping Variable

Note. *As indicated by a score of > 16 on the CES-D

The first hypothesis tested for Objective 1 was that relationships where both partners have a secure attachment style would have the highest levels of marital quality, lowest levels of depressive symptoms, and most beneficial conflict resolution styles when compared to relationships where both partners have insecure attachment styles, or relationships where one partner has an insecure attachment style and the other has a secure attachment style. To test this hypothesis couples were placed into categories describing the attachment style of both partners as measured by the ECR-R. The categories were: both partners secure, both partners insecure, or one partner secure and one partner insecure.

A one-way ANOVA examining differences in mean scores for each of the groups found that there were significant differences between the groups in terms of depressive symptoms, $F(2,112) = 5.957, p < .01$. An examination of the means reveals that couples where both partners were secure had the lowest levels of depressive symptoms ($M_{\text{bothsecure}} = 7.7$; $M_{\text{bothinsecure}} = 14.5$; $M_{\text{oneeach}} = 11.4$). Post-hoc Scheffe tests revealed that only the differences between couples where both partners had a concordant attachment style was significantly different (Table 4.2).

Attachment Group	Attachment Group	Mean Difference	Standard Error
Both Secure	Both Insecure	-6.80*	2.03
	One Secure/One Insecure	-3.69	1.92
Both Insecure	Both Secure	6.80*	2.03
	One Secure/One Insecure	3.11	2.28
One Secure/One Insecure	Both Secure	3.69	1.92
	Both Insecure	-3.11	2.28

Table 4.2 Post-hoc analysis of conflict resolution style by attachment group

Note. * the mean difference was significant at the .05 level

There were also statistically significant differences between the groups in terms of marital quality ($M_{\text{bothsecure}} = 45.3$; $M_{\text{bothinsecure}} = 22.6$; $M_{\text{oneeach}} = 38.9$), $F(2, 113) = 36.05$, $p < .001$, with couples with 2 secure partners having the highest level of marital quality. Post-hoc tests revealed that the means for all combinations of couples were significantly different from each other. (Table 4.3).

Attachment Group	Attachment Group	Mean Difference	Standard Error
Both Secure	Both Insecure	22.76**	2.68
	One Secure/One Insecure	6.33*	2.55
Both Insecure	Both Secure	-22.76**	2.68
	One Secure/One Insecure	-16.43*	3.04
One Secure/One Insecure	Both Secure	-6.33**	2.55
	Both Insecure	16.43**	3.04

Table 4.3 Post-Hoc analysis of marital quality by attachment group

Note. * the mean difference was significant at the .05 level ** the mean difference was significant at the .01 level

Because the ROCI-II, which measures conflict resolution, is a categorical measure, a Chi-Square analysis was performed. There was not an overall significant difference between the groups, meaning that the groups were almost identical in terms of conflict resolution style used, $\chi^2(8, n = 107) = 10.14$, $p = .255$, ns. Inspection of the cells shows that there were differences in terms of percentage in each cell by attachment

group, but the differences were not strong enough to be significant (Table 4.4). This hypothesis was partially supported.

Attachment Group	ROCI-II Category				
	Integrating	Avoiding	Dominating	Obliging	Compromising
Both Partners Secure	51.9%	5.6%	5.6%	24.1%	13.0%
Both Partners Insecure	34.8%	17.4%	17.4%	30.4%	0%
One Partner Secure One Partner Insecure	43.3%	6.7%	6.7%	30.0%	13.3%

Table 4.4 Attachment Group by ROCI-II Category

Hypothesis 2 stated that relationships in which partners had discordant attachment styles would be characterized by the lowest levels of marital quality compared to couples with concordant styles. While there was a significant difference between the three groups in terms of marital quality, relationships where both partners had insecure attachment styles had the lowest levels of marital quality ($M_{\text{bothinsecure}} = 22.6$; $M_{\text{oneeach}} = 39.0$; $M_{\text{bothsecure}} = 45.3$), $F(2,113) = 36.05$, $p < .001$. Further post-hoc analysis revealed there were statistically significant differences between all groups when compared to each other, as was shown in Table 4.3. While these results were significant they were not in the hypothesized order (i.e. couples with one secure and one insecure partner would have the lowest level of marital quality), and thus hypothesis 2 was not supported because couples with discordant attachment styles did not have the lowest levels of marital quality.

A one-way ANOVA was performed to test the third hypothesis, that relationships in which both partners are characterized by insecure attachment styles would have the highest levels of depressive symptoms and least effective conflict resolution styles. The

analysis showed a significant difference between the three groups in terms of depressive symptoms, and couples where both partners were insecure had the highest levels of depressive symptoms ($M_{\text{bothinsecure}} = 14.5$; $M_{\text{oneeach}} = 11.4$; $M_{\text{bothsecure}} = 7.7$), $F(2,112) = 5.957, p < .01$. Post-hoc tests revealed that couples with two insecure partners had significantly higher mean scores for depressive symptoms than couples where both partners were secure, while the means for other groups were not significantly different from each other.

Chi-square analysis revealed that there were no significant differences between the groups in terms of conflict resolution styles, meaning that the attachment groups were almost identical in the percentage split between them in terms of conflict resolution style. However, couples where both partners were insecure had higher means than the other two groups on the avoiding style ($M_{\text{bothinsecure}} = 3.1$; $M_{\text{oneeach}} = 2.8$; $M_{\text{bothsecure}} = 2.8$) and the dominating style ($M_{\text{bothinsecure}} = 2.7$; $M_{\text{oneeach}} = 2.4$; $M_{\text{bothsecure}} = 2.6$). Although these were not statistically significant differences, there seems to be a small trend in the direction of the hypothesis in this data. Overall this hypothesis was partially supported.

Objective 2

The first hypothesis tested under Objective 2 was that the rates of insecure attachment would vary by the distress level of the participants measured, with the distressed participants showing higher frequency of insecure attachment styles than the non-distressed participants.

An initial Chi-square analysis showed a significant difference between distressed and non-distressed participants in terms of their attachment style $\chi^2(3, n = 132) = 22.572, p < .001$. This means that the distressed/non-distressed groups were not identical

to each other in terms of attachment styles, supporting this hypothesis. Examination of the cells showed that those who described themselves as non-distressed were also categorized as “secure” (70.2%), while 74% of distressed participants were categorized as having an insecure attachment style (see Table 4.5).

	Attachment Style				Total
	Secure	Fearful	Preoccupied	Dismissing	
Distressed	30.0%	36.7%	6.7%	26.7%	100.0%
Non-Distressed	70.6%	6.9%	5.9%	16.7%	100.0%

Table 4.5 Percentage of Participants by Distressed vs. Non-distressed

Further analysis using a One-way ANOVA confirmed the above result, indicating that the differences between distressed and non-distressed participants in terms of attachment style were large and statistically significant (results are presented in Table 4.6).

Source	Between subjects		
	<i>df</i>	<i>F</i>	<i>p</i>
Secure	2	41.98**	.000
Fearful	2	47.27**	.000
Preoccupied	2	36.65**	.000
Dismissing	2	52.86**	.000

Table 4.6 One-way Analysis of Variance for Attachment Style

Note. ** $p < .01$

To test the second hypothesis, that distressed participants would have a significantly greater amount of depressive symptoms than the non-distressed participants, a t-test examining the mean differences between scores on the CES-D was performed. Results supported this hypothesis, showing that there was a significant difference between distressed and non-distressed participants, with distressed participants indicating higher levels of depressive symptoms ($M_{\text{non-distressed}} = 9.00$; $M_{\text{distressed}} = 16.23$) $t(1,128) = 15.184, p < .001$.

A Chi-square analysis was used to test hypothesis 3, which stated that distressed and non-distressed participants would differ significantly in terms of conflict resolution strategies. This hypothesis was supported, as the analysis showed a significant difference between distressed and non-distressed participants in terms of their conflict resolution style, $\chi^2(4, n = 123) = 14.04, p < .01$. Table 4.7 provides a more detailed summary.

	Integrating	Avoiding	Dominating	Obliging	Compromising
Distressed	20.0%	16.7%	16.7%	33.3%	13.3%
Non-Distressed	56.1%	4.5%	4.5%	25.8%	9.1%

Table 4.7 Couple Distressed/Non-Distressed by ROCI-II Category

Finally, it was hypothesized that distressed participants would have significantly lower marital quality than the non-distressed participants. A t-test revealed that those participants who rated their marriage as distressed had a significantly lower rating of marital quality than those who rated themselves as non-distressed as a result of their marriage ($M_{\text{non-distressed}} = 43.03$; $M_{\text{distressed}} = 20.21$) $t(1,130) = 98.01, p < .001$. As a result, this hypothesis was supported.

Objective 3

In order to test the hypothesis that there would be a strong fit of the proposed model of the relationship between marital quality, conflict resolution, depressive symptoms, and attachment style and the data collected on these variables a correlation matrix (Table 4.8) was applied to the path diagram shown in Figure 4.1. The covariance structural modeling program RAMONA from SYSTAT v.10 was used to analyze the model. In essence, the analysis was a more traditional path analysis but using RAMONA allows all of the paths in the model to be analyzed simultaneously rather than as a series of regressions. The RAMONA program also correctly adjusts for the use of a correlation matrix while the more popular LISREL program only uses covariance matrices. Root

Mean Square Error of Approximation (RMSEA) (Stieger & Lind, 1980) and the Non-Normed Fit Index (NNFI) (Bentler & Bonett, 1980) were used to analyze goodness of fit.

The RMSEA takes into account model complexity. Without an adjustment, a complex model is always preferred to a simpler model due to the extra number of free parameters in the more complex model. When comparing models, however, the more complex model is not always desired. Thus, the RMSEA was used as it adjusts for this phenomenon (Stieger & Lind, 1980). Another advantage of the RMSEA is that a confidence interval can be calculated for it as well. The NNFI, on the other hand, compares the current model to two reference models; a worst-case model, known as the null model, and to an ideal model, or the “true” model that holds exactly in the population. The resulting score of the NNFI represents a ratio indicating where the present model lies on a continuum between the null model and the ideal model (Browne & MacCallum, 2000).

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construct. The model shows that the attachment style rated by the study participants will directly influence the individuals' conflict resolution, depressive symptoms, and marital quality, and their conflict resolution and depressive symptoms will also directly influence marital quality. Figure 4.1 shows the resulting path diagram with the respective partial regression coefficients on the appropriate paths

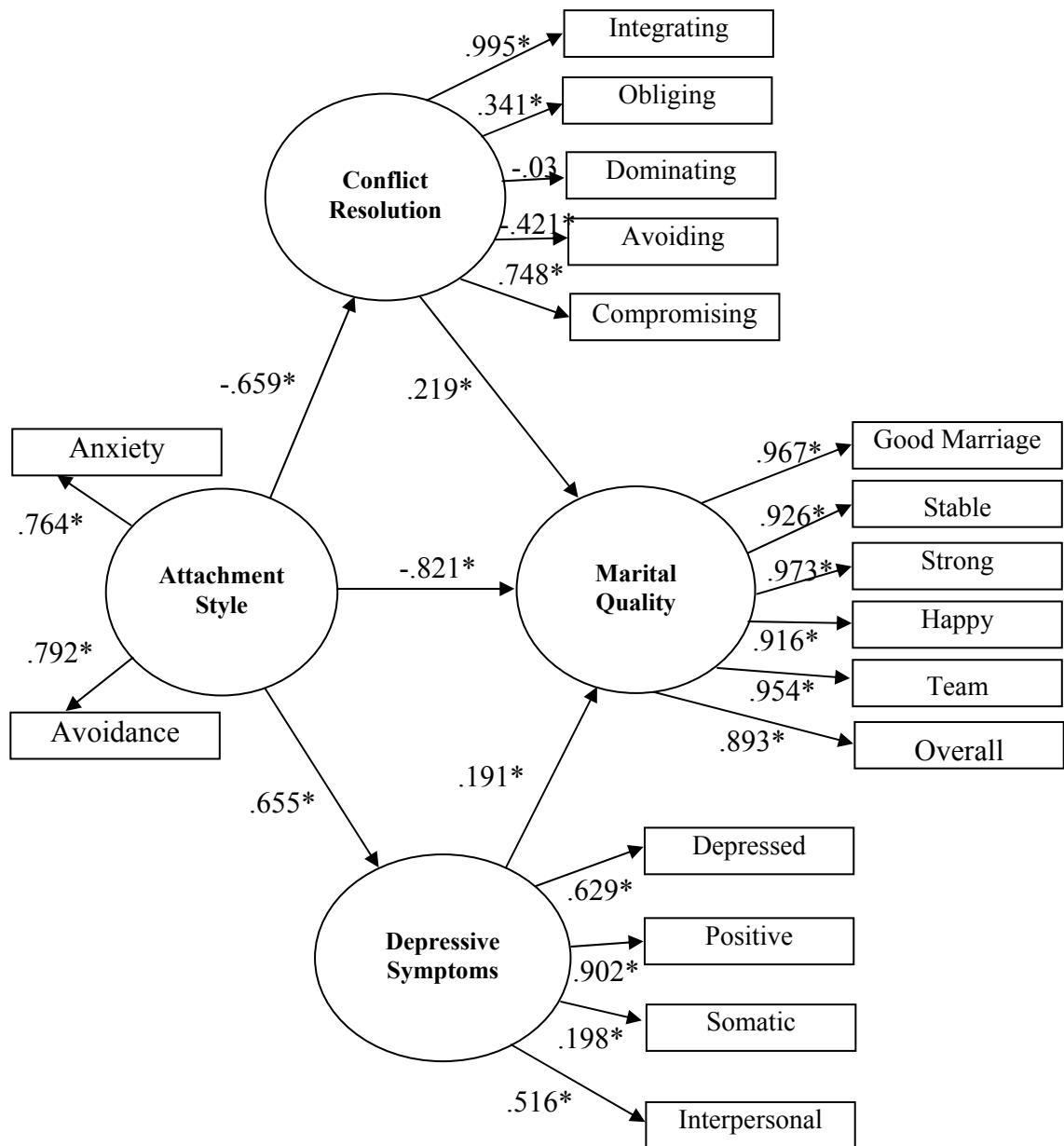


Figure 4.1
Note * $p < .01$

Inspection of the goodness of fit indices reveals a root mean square of approximation (RMSEA) of .082, which indicates a moderate fit of the model to the data according to Browne and MacCallum (Browne & MacCallum, 2000). The 90% confidence interval of the RMSEA = (.063, .101), indicating, at best a fair fit and at worse a poor fit (Browne & Cudek, 1993). In addition, the NNFI = .9929, which is considered a good fit (Hu & Bentler, 1999). The RAMONA output indicates that the standard errors for the estimated paths, which estimates the standard deviation of that parameter estimate over repeated sampling, are relatively low, indicating stability and precision in the parameter estimates (Browne & MacCallum, 2000). Table 4.9 shows relevant paths and their standard errors and a 90% confidence interval.

Path	Standard Error	90% Confidence Interval
Attach Style → Anxiety	0.048	(0.717, 0.867)
Attach Style → Avoidance	0.046	(0.708, 0.854)
Conflict Resolution → Integrating	0.000	(0.995, 0.995)
Conflict Resolution → Obliging	0.081	(0.208, 0.474)
Conflict Resolution → Dominating	0.091	(-0.180, 0.121)
Conflict Resolution → Avoiding	0.075	(-0.545, -0.297)
Conflict Resolution → Compromising	0.041	(0.681, 0.815)
Depressive Symptoms → Depression	0.073	(0.508, 0.750)
Depressive Symptoms → Positive	0.066	(0.793, 1.011)
Depressive Symptoms → Somatisizing	0.097	(0.038, 0.357)
Depressive Symptoms → Interpersonal	0.081	(0.382, 0.649)
Attach Style → Conflict Resolution Style	0.065	(-0.766, -0.552)
Attach Style → Depress Symptoms	0.079	(0.535, 0.794)
Attach Style → Marital Quality	0.142	(-1.055, -0.588)
Depressive Symptoms → Marital Quality	0.114	(0.003, 0.380)
Conflict Resolution → Marital Quality	0.099	(0.057, 0.382)
Marital Quality → Good	0.021	(0.933, 1.001)
Marital Quality → Stable	0.025	(0.885, 0.968)
Marital Quality → Strong	0.020	(0.940, 1.006)
Marital Quality → Happy	0.027	(0.872, 0.960)
Marital Quality → Team	0.022	(0.917, 0.990)
Marital Quality → Happiness	0.025	(0.852, 0.934)

Table 4.9 Path Standard Errors and Confidence Intervals

Closer inspection of the model reveals that the predicted paths of the relationship between attachment style and conflict resolution, depressive symptoms, and marital

quality are strong and are in the hypothesized direction. For example, the path between attachment style and marital quality $\beta = -.821$. This represents the influence of attachment style on marital quality. As a person has a higher level of avoidance and anxiety, and thus a more insecure attachment style, marital quality decreases. This supports the earlier finding on the differences in the attachment groups and reported marital quality. In addition, the model also shows a strong positive relationship between attachment style and depressive symptoms ($\beta = .655$), indicating that as individuals are more insecure, they tend to exhibit more depressive symptoms, again supporting the relationships found in earlier analyses.

The relationship between attachment style and conflict resolution style is also strongly negative ($\beta = -.659$), which indicates that as one's attachment style is more insecure, they tend to score lower on the ROCI-II. This result is not clearly interpretable as the ROCI-II does not have an overall sum of scores, as conflict resolution style is derived from scores on individual scales, not a summing of those scales. It could mean, however, that as an individual becomes more insecure, they tend to use many different styles, thus lowering their total score, instead of just one or two main styles. This will be discussed in more detail in Chapter 5.

Looking at each of the paths of the manifest variable to their latent variables also confirms the predicted relationships of the variables used in each scale. Again, the ROCI-II shows some low β -weights, especially on the dominating style scale ($\beta = -.03$). This may merely be a result of the low numbers of participants who were identified as using this style.

CHAPTER 5

DISCUSSION

Summary and integration of results

The present study investigated the relationship between attachment style and depressive symptoms, conflict resolution style, and marital quality. While there have been numerous studies looking at various combinations of these variables, there has not been a formal test of a model simultaneously examining all of these variables. This study provides an empirical foundation for further research into the relationships between these variables. The first section of this chapter highlights the findings from the present study in relation to findings from previous authors. This replication of previous research was done in order to test whether the present study's results would compliment earlier work. Because the proposed model is based on previous work, findings should only be explained in relation to that work. The next section examines the results from fitting the model to the data, and offering possible explanations for the overall fit of the model to the data, as well as the relationships of the various variables. Finally, the clinical implications for MFT's of the present study are presented, as well as the limitations and possible future directions for research in this area.

Objective 1

The first objective of this study was to investigate theoretically predicted links among the variables of interest, namely attachment style, conflict resolution style, depressive symptoms, and marital quality. This objective had 3 hypotheses.

Hypothesis 1 stated that relationships in which both partners have a secure attachment style would have the highest levels of marital quality, lowest levels of depressive symptoms, and most beneficial conflict resolution style when compared to relationships where at least one partner has an insecure attachment style. This hypothesis was partially supported. Results indicated that those relationships characterized by both partners having secure attachment styles indeed had the highest levels of marital quality and lowest levels of depressive symptoms. Those with a secure attachment style were more likely to use an Integrating communication style, which according to Rahim (1983) is seen as the most beneficial, however they were not more likely to use this style significantly more than other couples.

This finding directly supports previous findings by numerous other authors. For example, the link between secure attachment style and marital quality and satisfaction has been clearly demonstrated (e.g. Davila et al., 1999; Lapointe et al., 1994). In addition, it has been reported elsewhere that secure adults tend to use more collaborative problem solving techniques (Corcoran & Mallinckrodt, 2000; Feeney, 1999a; Lopez et al., 1997) and tend to have fewer depressive symptoms (Johnson, 1997).

Hypothesis 2 stated that couples with at least one insecurely attached partner would have the lowest levels of marital satisfaction when compared to couples where both partners were secure or both partners were insecure. This hypothesis was not

supported. When compared to other couples, couples in which one partner was secure and the other partner was insecure ranked in the middle on all analyses performed, indicating that while these couples were not as satisfied with the overall quality of their marriage as couples with two secure partners, they were significantly more satisfied with the quality of their marriage than couples where neither partner had a secure attachment style.

This hypothesis was based on the notion that individuals with differing attachment style would be less likely to get their attachment needs met, especially in terms of a secure individual and an insecure individual. For example, the secure individual may be less likely to get their attachment needs met if their partner is too clingy (preoccupied) or too distant (fearful), and the distance regulation that may go on in these relationships could be seen as destructive. It may be, however, that the psychological, social, and higher self-esteem ratings that characterize securely attached individuals (Diehl et al., 1998), and their comfort in close relationships and with issues such as autonomy and intimacy (Pistole & Vocaturo, 1999; Searle & Meara, 1999; Tucker & Anders, 1998), and their ability to trust and use their partner as a resource (Mikulincer, 1998b; Mikulincer & Arad, 1999) provides them and their partner with a more secure feeling relationship. The degree to which one must have a secure attachment style to offset the consequences of having an insecure attachment style is unknown, and would be an interesting topic for future research.

Hypothesis 3 stated that the highest levels of depressive symptoms and the least effective conflict resolution styles would characterize couples in which both partners had insecure attachment styles. The data from this study partly confirmed this hypothesis,

indicating that these couples had significantly higher levels of depressive symptoms but non-significant differences in conflict resolution styles when compared to the other two groups.

This result also directly supports numerous other studies that found that having an insecure attachment style was positively correlated with depressive symptoms (Johnson, 1997; Murphy & Bates, 1997). And, although there was not a statistically significant difference between the groups in terms of conflict resolution style, there was a slight difference, in that groups in which both partners were insecure had higher endorsement of the dominating and avoiding styles. Lopez (1997) reported that those with insecure styles were more likely to use shame-based problem solving techniques than those with secure attachment styles, and the dominating style is based more on winning and often ignores the needs of the other person (Rahim, 1983a). As Rahim also points out, the avoidant style is associated with withdrawal, which is can be seen as a negative reaction to conflict (Zuroff & Duncan, 1999). Thus, having two partners with insecure style would likely increase the chances that conflict resolution may not take place under optimal circumstances.

Objective 2

The second objective of this study compared participants based on their rating of distress in experienced in their marriage, which was not the same as the quality of their marriage. The rating was based on the amount of stress a person experienced as a result of their marriage only, without commenting on the strength or weakness of their marriage. For this objective, all of the hypotheses were supported.

Hypothesis 1 supposed that the overall rates of secure and insecure attachment will differ based on whether a person rated themselves as distressed as a result of their marriage, with distressed participants having the highest levels of insecure attachment styles. This hypothesis was strongly supported, with a clear difference in the amount of insecure attachment styles reported by distressed individuals. The results indicated that nearly three-fourths of the participants who described the level of stress as a result of their marriage as high had an insecure attachment style.

This result should not be surprising in light of previous research findings. Overall, insecurely attached individuals tend to have skewed views of themselves in relation to others, and can lead to dysfunctional attitudes (Roberts et al., 1996). For example, Mikulincer (1998b) found that individuals with a preoccupied attachment style tend to see relationships as a “test” for their own worthiness, and thus a relationship that causes a lot of distress could highlight their feelings of worthlessness, causing them to endorse items that related to feelings of lack of closeness with their partner or a fear of losing them.

Hypothesis 2 predicted that distressed participants would have significantly higher levels of depressive symptoms, which again was strongly supported. In fact, the mean score for distressed individuals was 15.67, which is slightly under the level of 16 seen as the cut-off for “clinically significant” depressive symptoms according to the CES-D (Radloff, 1977). Further research would be needed to understand the significance of this result, but it is safe to say that MFT’s who are seeing couples who would rate themselves “distressed” as a result of their marriage should look into the relationship that depression may be playing in the overall problems the couple is having. Because the

construct of “distress” was developed for this study only, that is it is not the same as “marital distress” or “marital quality” or “marital quality,” there are no other studies that could support or conflict with this result.

Hypothesis 3 predicted that there would be a significant difference between distressed and non-distressed participants in terms of their conflict resolution strategies. Again, the results indicated that there was indeed a significant difference. As expected, non-distressed individuals were more likely to endorse an integrating style of conflict resolution, which was described as the most beneficial conflict resolution style (Rahim, 1983).

Hypothesis 4 stated distressed participants would have significantly lower marital quality than non-distressed participants. This hypothesis was also supported, and the results showed a large difference in the ratings of marital quality, with non-distressed participants ratings being more than twice the value of distressed participants. This result is understandable in that the wording of the question measuring “distress” talks about it in the context of the marriage, and thus a strong negative correlation between distress and marital quality is to be expected.

Objective 3

The final research objective focused on a proposed model of the relationship of the variables of interest. This objective represents of the heart of the current study, as it is the first known attempt to model the combined impact of attachment style on depressive symptoms, conflict resolution style, and marital quality. The results from Objectives 1 and 2 supported the individual paths of the model, while this Objective focused on the model as a whole.

Hypothesis 1 stated that there would be a strong fit of the model to the data. This hypothesis was partially supported, in that the model fit the data only moderately. The path estimates and their related error terms indicated strong relationships between the variables.

There could be numerous explanations for the fair fit. Findings reported earlier in this study have established clear links between attachment style and conflict resolution style, depressive symptoms, and marital quality. One of the first explanations for the lack of good fit could be that there are other variables impacting marital quality that are missing from the present study. Other variables not included in this study have been linked as well, including life events, employment, SES, and sexual issues. Thus, while the model is adequate as presented, a more comprehensive model may be called for. Other technical issues regarding reasons for the fair model fit will be presented later in this chapter.

One issue that arises when inspecting the model is seen in the path of attachment style to conflict resolution style. While the relationship is strong and negative, interpretation of this result is difficult. The ROCI-II is a more of a categorical measure than a measure that produces one overall score. Individuals are placed in categories based on their responses in each of the 5 categories. Thus, the category with the highest average response is identified as the conflict resolution style. This conceptualization makes sense, however, in that conflict resolution strategies often differ based on the situation. Thus, individuals will often have a history of various styles depending on what was happening at the time, although one style will tend to dominate. One interpretation of the relationship in the data is that as a score on the attachment measure went up,

meaning that a person is scoring higher on the avoidance and anxiety scales, indicating a more insecure attachment style, the overall score on the ROCI-II went down, indicating that an individual may have a more rigid response set (i.e. they did not endorse positively items from the other categories, thus lowering their total score). This explanation would make conceptual sense in terms of the cognitive flexibility and better coping strategies (Mikulincer, 1998b; Mikulincer & Arad, 1999) that individuals with more secure attachment styles tend to have. A more thorough investigation of this relationship is needed in future research.

Implications of findings

There are numerous implications of the results of this study. These will be discussed in terms of application to theory, research and the practice of marriage and family therapy. While the results are applicable to individual therapy as well, the focus will be implications on marital and family therapy due to the interpersonal relationships of the variables measured.

Theoretical implications

It has been well established that attachment theory provides a solid framework to use in looking at interpersonal behavior, especially between infants and their parents (Cassidy, 1999). It has only been recently that attachment theory has been applied to adult relationships with similar results as many previous researchers have established a clear link between attachment styles and many different variables and processes (e.g. Collins & Read, 1990; Cook, 2000; Feeney, 1999b; Hazan & Shaver, 1987). The present study provides a more global look at the relationships between the variables.

The results of this study support the overall usefulness of attachment theory applied to adult romantic relationships, specifically marital relationships. The study confirmed previously established relationships, and combined them into a larger model of the impact attachment has on the different components of adult relationships. All of the reported hypotheses based on predicted relationships between attachment and the variable of interest were supported or partially supported. In addition, the proposed model of the relationship of attachment style to a variety of variables was supported.

While the relationships between attachment style and the variables of interest had been previously established, a more comprehensive analysis of the explanatory utility of attachment style was needed. Attachment theory, as was shown in this study, could be related to a variety of processes, and can help in understanding differences in those processes, and more importantly, how those processes can be conceptually linked to produce the observed outcome. In the case of marital quality, it has long been reported that depressive symptoms and conflict resolution style contribute to marital quality. But by taking those results and adding in the construct of attachment theory, one has a clearer possible explanation between how those processes work. Attachment theory is not meant to be a theory to explain all behavior, but rather is a way to understand links between seemingly divergent behaviors, and provide an understanding of, for example, the how conflict resolution style and depressive symptoms may be related to each other. Attachment theory provides a clear framework from which to make connections.

Thus, if researchers are trying to understand the link between depressive symptoms and conflict resolution styles for example, attachment theory could be used to explain the relationship between the variables. In this case, one might say that since

depressive symptoms are closely linked to attachment style, individuals with an avoidant style, for example, may be more likely to use a conflict resolution style that is more avoidant in nature. This does not mean that the person avoids conflict by simply leaving the room, but may have a host of strategies for avoiding a certain topic, including but not limited to changing the subject, stonewalling, picking another fight, etc. Attachment theory provides a context for a person's responses across behavior.

Research implications

In order to be useful, a theory must be able to explain and predict behavior. This study was meant to be a general confirmation of the relationships between attachment style and variables that have been clearly linked to overall marital quality. While it supported and extended previous findings, it also raised some new questions.

One research implication would be a better understanding of the nature of attachment and conflict resolution style. This variable is complicated to understand because it is difficult to measure, especially using self-report measures. It would be beneficial to understand the link between attachment and conflict resolution style, specifically if individuals with secure attachments are more likely to employ more resolution styles, while insecure individuals may mainly use one for most, if not all, situations. This would not be a surprising finding, in that insecure attachment styles have been proposed to be linked to a static IWM (Cook, 2000), indicating that the IWM is not being updated as the environment changes, and thus the strategies available to deal with attachment threatening events, like conflict with a spouse, are limited.

Another research implication would be the need to more clearly delineate the relationship between one partner having a secure attachment style and the other partner

having an insecure attachment style. To what extent does the security in one partner impact the insecurity of the other partner? Is there a “critical” level of secure attachment that has to be reached before any impact is detected, or is it a function of the level of insecurity of the partner? This would be useful to researchers in order to more clearly understand the influence of the degree of attachment. It has been demonstrated that a given attachment style has implications on a variety of intra- and inter-personal variables, but to what extent does the strength of the attachment style matter?

This leads to another research implication, namely the measurement of attachment style. There was an earlier discussion in this paper regarding the different ways to measure attachment. A self-report method was employed for this study, and a measure was selected that had been identified in the literature as the most appropriate (Fraley et al., 2000). A confirmatory factor analysis was performed on this measure, and the 2-factor solution, as suggested by the authors, was not a good fit to this data. In addition, a second attachment scale was included in the data collection and analyzed as well, and it was a worse fit than the original measure. As a result of these findings, the lack of a good fit of the overall model to the data in this study could be a result of a less than ideal scale. Thus, further studies need to be completed using new sample data to examine the assumed underlying factor structure of the measures being used.

A related issue, and a known problem in the measure used in this study, is the ability of the measure to detect small differences in attachment style, especially in the extremes of secure or insecure attachment. In order to understand the finer impact of attachment on a variety of variables in a variety of contexts, it is important to be able to

differentiate between attachment styles, as well as differentiate differences within a given attachment style.

Implications for MFT's

The results of this study have the largest implications for marriage and family therapists working with distressed couples. It has been established that attachment theory is a useful way to conceptualize adult relationships, and an intervention, namely EFCT (Johnson, 1996), has been developed and empirically validated that uses principles of attachment theory to create positive change in couples.

One's attachment style is not destiny. It does not offer a prescription for behavior, nor does it condemn one to a lifetime of poor relationships. A common misconception of attachment theory in general, and attachment styles in particular, is that it places people in boxes, and constricts their ability to create a new definition of themselves. While attachment theory indicates a certain type of behavior pattern, it is not an all or nothing construct. The inherent elasticity of the concept is what makes it useful to clinicians, especially those who are concerned with honoring their clients' experiences and not simply following a treatment plan based on a "diagnosis." Attachment theory, and attachment style, is a tool to help understand and provide a context and method of change to both client and therapist.

The results of the study showed that individuals who described themselves as "distressed" as a result of their marriage were much more likely to have insecure attachment styles, as well as significantly higher levels of depressive symptoms and significantly lower levels of marital quality. It is safe to assume that at least one partner in a couple coming to therapy for relationship problems would rate themselves as

“distressed” as a result of the relationship, and, following the results of this study, knowing that fact leads one directly into understanding the nature of attachment in each of the individuals.

As stated earlier, EFCT is a type of therapy that uses attachment theory as a basis for change. While a complete description of the therapy is beyond the scope of this paper and can be found elsewhere (e.g. Greenberg & Johnson, 1988; Johnson, 1996), a brief description of the therapy and how the results of this study can be used follows.

Attachment theory rests on the assumption that humans look to an attachment figure for security. It is seen as a biological need, not a socially constructed one. Thus, all humans have a desire to be close to others. When couples come into therapy, it can be safe to assume that some sort of attachment bond has developed between the partners. Thus, the problems in the relationship can be seen as coming from one or both partners feeling threatened and not feeling able to access the other partner for comfort and security. The goal of EFCT is to restructure the primary attachment relationship between the couple as being a safe place and decreasing the amount or meaning of behaviors that activate the IWM, which can cause cycles of negative interaction that are difficult to stop, making the individual feel insecure with their partner.

The task of therapy, then, is to change interactional patterns by dealing with and changing the IWM to interpret threats to security in ways that will not activate the attachment system (Greenberg & Johnson, 1988). Change occurs when the individual learns to recognize cues in the environment or the individual that generally activate the IWM, and to understand the underlying feelings/needs that drive the need for attachment. The individuals are able to interpret behavior in the primary attachment figure differently,

and instead of a threat, the behavior is seen in the context of what is happening. The individual can get their needs met without having to resort to the old ways of feeling secure, because the automatic ways of responding that were developed early in life are now more in the conscious realm, and can be actively addressed.

This has been shown to be an effective form of treatment (Gottman & Notarius, 2000). The results of the current study indicate that a clinician can give a simple attachment questionnaire that consists of 36 questions and would take 10-15 minutes to fill out, and use the results to guide therapy in a more coherent manner. For example, by knowing an individual's attachment style, a clinician may be able to ask more clarifying questions about things like conflict resolution style and depressive symptoms. A fearful individual, for example, would probably have low self-esteem, and would be less inclined to discuss them. Their answers would probably be brief and not too enlightening. The focus of therapy would have to be on getting them to acknowledge the disowned needs and aspects of their self, as well as their view of their own self-worth. Therapy would probably be difficult as the dismissing client would probably not be interested in therapy, and would have a difficult time developing a relationship with the therapist, which is generally viewed as essential to successful outcomes. Knowing each person's attachment style could also help in understanding conflict resolution styles, and communication patterns. If one partner is dismissing while the other partner is preoccupied, it would be worthwhile to focus attention on the distance regulation strategies employed, and it would probably be safe to assume that one partner feels the other is either too "clingy" or too "distant." In addition, helping the partner understand the underlying fears associated with a dismissing style helps to change the nature of their interactions, so a partner who

may have been seen as cold and distancing could now be seen as frightened and unsure of their worthiness to receive love. Thus, knowing an individual's attachment style can help the clinician formulate hypotheses about the nature of the interaction problems and pinpoint potential problem areas without wasting time.

Even if a clinician does not use EFT as their theory of choice, attachment theory can be a useful concept to know. Understanding what a client's attachment style is not only can provide a starting point for therapy and a direction to go, it can also help the therapist and client understand when therapy is over. While the goal is not necessarily to have all one's clients have a secure attachment style, it could be a goal to help clients move towards a more secure style that, while it still may be insecure, it has more in common with the positive aspects of secure attachment than the negative aspects of an insecure attachment.

Limitations

Throughout the presentation of the findings of the present study, various problems with interpretation of the results were identified. While the present study supported previous research and presented an empirically supported model of the relationships between attachment style and conflict resolution style, depressive symptoms, and marital quality, there are some limitations that need to be highlighted, and which could have contributed to lack of interpretability.

The first limitation of this study is the relative homogeneity of the sample. A snowball technique was utilized to obtain quickly a large sample of couples. This technique, however, yielded a sample that was overwhelmingly white, and fairly affluent.

The generalizability of this study to other populations is questionable, given the nature of the sample.

The analyses that were performed also provided support for the research hypotheses but could be strengthened in future research. The data that were collected was collected at the couple level, meaning that both members of the couple filled out the same questionnaires, albeit independently. This can lead some to argue that the sample was therefore not an independent sample, which would call into question some of the results in that all of the analyses should also have been done at the couple level. All of the scales used in the study, however, were asking the participants to rate their own behaviors and attitudes, as opposed to observing and commenting on their partner's behavior. Thus, the responses on the measures used in this could be considered independent data. In addition, for the main purpose of the study, the fitting of the model to the data, structural equation modeling can handle data that are not independent without threats to the resultant measures of goodness of fit (Kenny, Kashy, & Bolger, 1998).

Another possible limitation to the present study was in the measures used. There were 2 main issues. The first was the use of the ECR-R, which has been identified as the measure with the best psychometric properties of the self-report measure of attachment style (Fraley et al., 2000). Confirmatory factor analysis revealed that the data did not fit the model for the ECR-R very well, although much better than for another measure of attachment style that was included in the questionnaire but not used in the present study. Again, this may have been a function of the data used and the non-heterogeneity of the sample than a problem with the measure. In addition, a known limitation of the scale used is its inability to distinguish between subjects who are at a high level of security in

terms of their attachment style. The present study was comprised of numerous individuals who reported no problems in their marriages and reported themselves as secure in their relationships. While it could be argued that those results could be a result of subjects giving answers that were perceived as socially acceptable, it is clear that this aspect of the self-report measure of attachment warrants further study.

The second measurement issue was the use of the ROCI-II to measure conflict resolution style. While the measure itself is useful in categorizing a participant's conflict resolution style, it is not as useful in looking at the relationships between different variables. The scale cannot be used easily as a continuous variable, which limits its usefulness for more sophisticated statistical analyses. It is unclear what the differences in the mean scores on each scale mean, so interpretation of the scale can only be hypothetical for the purposes of this study.

Future Directions

Attachment theory has been used in many different contexts to understand various aspects of human relationships. It has only been recently that attachment theory has been applied to help understand the dynamics of adult relationships. The present study demonstrated that a proposed model of the relationship between attachment style and conflict resolution style, depressive symptoms, and marital quality was a good start in understanding some of the complex dynamics of adult interpersonal relationships. The current study replicated previous findings, and extended them by combining them into a more comprehensive model.

While the present study was able to support and extend present knowledge, it also provides some possibilities for future research. A more thorough investigation of the

properties of self-report measures of attachment is needed. The measure used in this study has been identified as the state of the art, although it is known to have various shortcomings. Another possible direction for future research would be in the relationship between attachment style and conflict resolution style, especially in terms of whether individuals with insecure attachment styles have a less flexible approach to conflict resolution.

It might be useful to explore other measures of attachment, especially those that are closer to the applied uses of attachment theory. For example, EFT and its proponents (Johnson, 1996) use the concepts of availability and security instead of avoidance and anxiety. Thus, an attachment measure that examines those constructs might be more useful to those in practice, as the measure would be directly applicable to their work, that is, they would not have to translate the results.

Another area for future research would be in the impact of securely attached individuals on their insecurely attached partners. At what level of security does one have to be to offset the impact of a partner's insecurity in terms of attachment? What is the ratio of secure to insecure attachment style in order to be effective? One would assume that, over time, a securely attached individual and an insecurely attached individual would regress towards the mean of their attachment, but this has not been explored fully in the literature and would be an interesting addition to the literature.

It would also be useful to apply these concepts to more diverse populations, including couples that have been together for shorter periods of time, and non-married couples such as homosexual couples or cohabitating couples. In addition, as stated

earlier, models with more variables that influence marital quality included would be very useful in understanding the complexity of adult intimate relationships.

Summary and Conclusions

The present study meant to replicate previous findings of the relationship between attachment style and conflict resolution style, depressive symptoms, and marital quality in order to present a more complete model of the relationships between these variables. While the overall fit of the model was moderate, the relationships amongst variables were strong.

The model has implications for researchers in that while previous relationships amongst the variables were confirmed, new questions were raised. The utility of attachment theory in explaining and predicting behavior has been thoroughly established, especially in children, but, clearly, more work needs to be done. Adult relationships are complicated, and while attachment theory cannot, and is not meant to, completely answer all questions about why things happen, it helps to create a clearer picture on what is going on, and possible ways to help solve problems where they may exist.

The model could be most useful for clinicians, who rarely have time to give their clients long questionnaires to determine every possible problem. By understanding attachment, and the implications that it has on various important relationship constructs, clinicians can attempt to pinpoint potential problem area more quickly. In an age where clients and insurance companies are looking for clearer answers and effective treatments in shorter amounts of time, the model presented in this study represents a step in that direction.

Appendix A: Measures

Instructions: This questionnaire asks about attitudes and behaviors in marital relationships and is divided into 4 groups of questions. The answers you give will provide information about relationships. Try to answer all of the questions as honestly as possible. Do not spend too much time on any particular question, but try to give each question a moment of thought before answering. Answer all questions with your partner in mind, unless otherwise directed.

General Information

- | | |
|---|---|
| <p>What is your age? _____</p> <p>What is your gender? (Circle One)
Male Female</p> <p>How long have you been married (in years)?
_____</p> <p>How many people, including yourself, live in your household? _____</p> <p>How many children do you have? _____</p> <p>How many children do you have currently living with you full time?
_____</p> <p>How many stepchildren do you have? _____</p> <p>How many stepchildren do you have living with you full time? _____</p> <p>Circle your highest level of education earned:</p> <ol style="list-style-type: none"> 1. Less than high school 2. High school diploma 3. GED 4. Some college 5. Associates degree 6. Technical or Trade school 7. Bachelor's degree 8. Master's degree 9. Professional Degree 10. Ph.D., MD, JD | <p>Which best describes your race/ethnicity?</p> <ol style="list-style-type: none"> 1. Native American 2. Asian 3. Hispanic 4. Caucasian 5. African American 6. Pacific Islander 7. Multiracial (please describe)
_____ 8. Other _____ <p>How many hours a week are you currently employed?</p> <ol style="list-style-type: none"> 1. Less than 10 2. 10 to 20 hours 3. 21-35 hours 4. 36-40 hours 5. more than 40 hours <p>What is your occupation? _____</p> <p>What is your annual family income?</p> <ol style="list-style-type: none"> 1. Less than \$10,000 2. \$10,000-19,000 3. \$20,000-29,000 4. \$30,000-39,000 5. \$40,000-49,000 6. \$50,000-59,000 7. \$60,000-69,000 8. \$70,000-79,000 9. \$80,000-89,000 10. \$90,000-99,000 11. \$100,000 or more |
|---|---|

On the following scale, please rate the amount of distress you experience in your marriage. The middle point, "Normal Distress," represents the degree of distress which most people get from marriage. The scale gradually increases on the right side for those few who experience little or no distress in their marriage and decreases on the left side for those who are extremely distressed.

Very Distressed				Normal Distress		No Distress			
1	2	3	4	5	6	7	8	9	10

Group 1: The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Circle the number in the space provided, using the following rating scale:

	Disagree Strongly		Neutral/Mixed				Agree Strongly	
1. I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7	
2. I often worry that my partner will not want to stay with me.	1	2	3	4	5	6	7	
3. I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7	
4. I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	6	7	
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.	1	2	3	4	5	6	7	
6. I worry a lot about my relationships	1	2	3	4	5	6	7	
7. When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	6	7	
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	1	2	3	4	5	6	7	
9. I rarely worry about my partner leaving me.	1	2	3	4	5	6	7	
10. My romantic partner makes me doubt myself.	1	2	3	4	5	6	7	
11. I do not often worry about being abandoned.	1	2	3	4	5	6	7	
12. I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	6	7	
13. Sometimes romantic partners change their feelings about me for no apparent reason.	1	2	3	4	5	6	7	
14. My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7	
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.	1	2	3	4	5	6	7	

	Disagree Strongly		Neutral/Mixed				Agree Strongly	
16. It makes me mad that I don't get the affection and support I need from my partner.	1	2	3	4	5	6	7	
17. I worry that I won't measure up to other people.	1	2	3	4	5	6	7	
18. My partner only seems to notice me when I'm angry.	1	2	3	4	5	6	7	
19. I prefer not to show a partner how I feel deep down	1	2	3	4	5	6	7	
20. I feel comfortable sharing my private thoughts and feelings with my partner.	1	2	3	4	5	6	7	
21. I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	6	7	
22. I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7	
23. I don't feel comfortable opening up to romantic partners	1	2	3	4	5	6	7	
24. I prefer not to be too close to romantic partners.	1	2	3	4	5	6	7	
25. I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	6	7	
26. I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7	
27. It's not difficult for me to get close to my partner.	1	2	3	4	5	6	7	
28. I usually discuss my problems and concerns with my partner.	1	2	3	4	5	6	7	
29. It helps to turn to my romantic partner in times of need.	1	2	3	4	5	6	7	
30. I tell my partner just about everything	1	2	3	4	5	6	7	
31. I talk things over with my partner	1	2	3	4	5	6	7	
32. I am nervous when partners get too close to me.	1	2	3	4	5	6	7	
33. I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7	
34. I find it easy to depend on romantic partners.	1	2	3	4	5	6	7	

	Disagree Strongly		Neutral/Mixed			Agree Strongly	
35. It's easy for me to be affectionate with my partner.	1	2	3	4	5	6	7
36. My partner really understands me and my needs.	1	2	3	4	5	6	7
37. I find that people are never there when you need them	1	2	3	4	5	6	7
38. In relationships, I often wonder whether my partner really cares for about me	1	2	3	4	5	6	7
39. I know that people will be there when I need them	1	2	3	4	5	6	7
40. I want to get close to people but I worry about being hurt by them	1	2	3	4	5	6	7
41. I find it difficult to trust others completely	1	2	3	4	5	6	7
42. I am not sure that I can always depend on people to be there when I need them	1	2	3	4	5	6	7

Group 2: Below is a list of the ways you might have felt or behaved. Please report how often you have felt this way during the past week. Circle the number in the space provided, using the following rating scale.

During the past week:	Rarely or None of the Time (less than 1 Day)	Some or Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
43. I was bothered by things that usually don't bother me	0	1	2	3
44. I did not feel like eating; my appetite was poor	0	1	2	3
45. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
46. I felt that I was just as good as other people	0	1	2	3
47. I had trouble keeping my mind on what I was doing	0	1	2	3
48. I felt depressed	0	1	2	3
49. I felt that everything I did was an effort	0	1	2	3

During the past week:	Rarely or None of the Time (less than 1 Day)	Some or Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
50. I felt hopeful about the future	0	1	2	3
51. I thought my life had been a failure	0	1	2	3
52. I felt fearful	0	1	2	3
53. My sleep was restless	0	1	2	3
54. I was happy	0	1	2	3
55. I talked less than usual	0	1	2	3
56. I felt lonely	0	1	2	3
57. People were unfriendly	0	1	2	3
58. I enjoyed life	0	1	2	3
59. I had crying spells	0	1	2	3
60. I felt sad	0	1	2	3
61. I felt that people dislike me	0	1	2	3
62. I could not "get going"	0	1	2	3

Group 3: Part of being in a relationship with another person is how you solve problems. For the following group of questions, please try to answer how you **generally** handle conflict with your partner.

	Rarely/Never		Sometimes		Often/Always
63. I try to investigate an issue with my partner to find a solution acceptable to me	1	2	3	4	5
64. I generally try to satisfy the needs of my partner	1	2	3	4	5
65. I attempt to avoid being “put on the spot” and try to keep my conflict with my partner to myself	1	2	3	4	5
66. I try to integrate my ideas with those of my partner to come up with a decision jointly	1	2	3	4	5
67. I try to work with my partner to find solutions to a problem which satisfy our expectations	1	2	3	4	5

	Rarely/Never		Sometimes		Often/Always
68. I usually avoid open discussion of my differences with my partner	1	2	3	4	5
69. I try to find a middle course to resolve an impasse	1	2	3	4	5
70. I use my influence to get my ideas accepted	1	2	3	4	5
71. I use my authority to make a decision in my favor	1	2	3	4	5
72. I usually accommodate the wishes of my partner	1	2	3	4	5
73. I give in to the wishes of my partner	1	2	3	4	5
74. I exchange accurate information with my partner to solve a problem together	1	2	3	4	5
75. I sometimes help my partner to make a decision in his/her favor	1	2	3	4	5
76. I argue my case with my partner to argue the merits of my position	1	2	3	4	5
77. I usually propose a middle ground for breaking deadlocks	1	2	3	4	5
78. I negotiate with my partner so that a compromise can be reached	1	2	3	4	5
79. I try to stay away from disagreement with my partner	1	2	3	4	5
80. I avoid an encounter with my partner	1	2	3	4	5
81. I often go along with the suggestions of my partner	1	2	3	4	5
82. I use "give and take" so that a compromise can be made	1	2	3	4	5
83. I am generally firm in pursuing my side of the issue	1	2	3	4	5
84. I try to bring all our concerns out in the open so that the issues can be resolved in the best possible way	1	2	3	4	5

	Rarely/Never		Sometimes		Often/Always
85. I collaborate with my partner to come up with decisions acceptable to us	1	2	3	4	5
86. I try to satisfy the expectations of my partner	1	2	3	4	5
87. I sometimes use my power to win a competitive situation	1	2	3	4	5
88. I try to keep my disagreement with my partner to myself in order to avoid hard feelings	1	2	3	4	5
89. I try to avoid unpleasant exchanges with my partner	1	2	3	4	5
90. I try to work with my partner for a proper understanding of the problem	1	2	3	4	5

Group 4: Answer the following questions with your partner in mind. Please answer the questions independent of your partner. Your partner should not see or help with the answers. Circle the number in the space provided, using the following rating scale:

		Very Strongly Disagree	Disagree	Neutral	Agree	Very Strongly Agree		
1.	We have a good marriage	1	2	3	4	5	6	7
2.	My relationship with my partner is very stable	1	2	3	4	5	6	7
3.	Our marriage is strong	1	2	3	4	5	6	7
4.	My relationship with my partner makes me happy	1	2	3	4	5	6	7
5.	I really feel like part of a team with my partner	1	2	3	4	5	6	7

On the scale below, indicate the point which best describes the degree of happiness, everything considered, in your marriage. The middle point, “happy,” represents the degree of happiness which most people get from marriage. The scale gradually increases on the right side for those few who experience extreme joy in marriage and decreases on the left side for those who are extremely unhappy.

Very Unhappy	Happy								Perfectly Happy
1	2	3	4	5	6	7	8	9	10

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