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Running Head: AGREEMENT IN MARRIED COUPLES

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Abstract

In support interactions between two people the level of agreement between the amount of support provided and the amount of support received can have important implications about the quality and the effectiveness of the interaction. The purpose of this study was to investigate the extent to which attachment style predicts agreement between married couples regarding the occurrence of specific support behaviors during a specific interaction. Married couples (N = 190) from the Pittsburgh community were videotaped as they discussed a goal that one member of the couple hoped to accomplish. Then, both couple members reported the extent to which specific behaviors occurred during the interaction. Results indicated that individuals with an insecure attachment style were more likely to disagree with their partner than individuals with a secure attachment style. When individuals with insecure attachment styles did agree with their partners, they tended to agree about low levels of support and high levels of negativity. Implications of results and directions for future research are discussed.

Agreement in Married Couples: The Effects of Adult Attachment

Communication is thought of as a major factor in achieving happy and healthy relationships. Studies have been done examining different types of communication as well as the amount of communication in which partners engage (Gaelick, Bodenhausen, & Wyer; 1985, Noller, 1980). Communication can be separated into two different types- verbal and non-verbal. Verbal communication carries the basic content of the message while non-verbal communication often indicates how the message should be interpreted (Noller, 1980). Both types of communication are important in the accurate sending and receiving of messages.

A measurement of the effectiveness of communication is the degree to which couple members agree on the meaning of messages being sent to and received from one another. This agreement may depend on the encoding and decoding of messages aided by both verbal and non-verbal forms of communication. Encoding is defined as the ability to send out unambiguous messages with clear intent, while decoding is the ability to accurately recognize the intent in a message (Noller, 1980). Marriage relationships, due to their intensity and intimacy, are particularly prone to misunderstandings in communication (Bach & Wyden, 1969). The inability to communicate effectively is often thought to be a key feature of unhappy relationships (Gaelick, Bodenhausen, & Wyer; 1985) and it is believed that common miscommunications can influence partner's feelings towards each other and their overall satisfaction with the relationship (Gaelick, Bodenhausen, & Wyer; 1985).

The purpose of this investigation is to identify important factors that may predict difficulties in encoding and decoding messages accurately, thus leading to ineffective communication and misunderstandings. Specifically, we identify and examine predictors of the extent to which partners agree about whether specific behaviors occurred during a concrete

interaction. We propose that attachment style is likely to be an important predictor of agreement between couple members. Furthermore, investigating predictors of agreement between couple members regarding a specific interaction may reveal important information about the conditions under which effective communication is attained and how to promote more effective communication between partners. First, I review prior research that has investigated agreement between relationship partners. Then, I describe how attachment theory may help us understand the extent to which couple members agree about what happened during a specific interaction.

Prior Research Regarding Agreement

Previous studies in communication have been done looking at encoding and decoding of messages sent and received by romantic partners. In Patricia Noller's study of non-verbal communication (1980), all couples completed a Marital Adjustment Test (Locke & Wallace, 1959) and were assigned to different groups based on their scores. Couples that had both partners score 120 or higher on the test were put in the high marital adjustment group, couples that had at least one partner score 95 or below on the test were put in the low marital adjustment group, and all other couples were put in the moderate marital adjustment group. This study showed that couples with high marital adjustment scores were able to communicate more effectively (as measured by a modified version of Kahn's Marital Communication Scale) than those with low marital adjustment scores. The couples in the low marital adjustment group had greater difficulties sending positive messages and tended to decode messages in a more negative direction. Thus, even if one partner has the intention to send a positive message, there are factors such as low vs. high marital adjustment, that may affect how the message is sent and how it is received, leading to potential disagreement between partners.

Other studies have assessed agreement specifically with regard to social support interactions. However, it is difficult to compare results across studies because researchers have used different indices of agreement. Jacobson and Moore (1981) and Antonucci & Israel (1986) calculated agreement as a percentage of matched yes/yes answers; however, these studies did not take into consideration agreement about no support being given. A more recent study conducted by Coriell and Cohen (1995) did consider agreement about the occurrence and the nonoccurrence of support (using percentage agreement scores) by matching both yes/yes answers and no/no answers.

The Coriell and Cohen (1995) study investigated agreement within dyads with regard to the occurrence of supportive behaviors. In their study, participants were college students who had an upcoming exam. These students reported behaviors that they expected from a specific support person, such as their roommate, before the exam. Then, after the exam was over, both the student and the support person reported the supportive behaviors that were received and provided respectively. The agreement between the student pairs about the occurrence of, or the meaning behind, certain behavioral transactions was called concordance. Results of this investigation indicated agreement levels of 28% for helpful behaviors. One of the variables that Coriell and Cohen predicted would be associated with concordance is intimacy, and their results showed that intimacy predicted 16% of the variance in concordance. This is consistent with the idea that the more intimate a relationship is, the more accurate are partner's expectancies for one another and more attention is paid to ongoing behaviors.

The agreement level of 28% found in Coriell and Cohen's study is low compared with previous research. For example, in Antonucci and Israel's (1986) study, participants were asked to name people who were close and important to them and who provided them with certain

support functions such as reassurance, respect, sick care, talk with when upset, talk with about health, and confiding. Then, agreement was measured in terms of specific veridicality (the extent to which there is agreement between an individual and his or her network member in their report of whether support is provided or received), and overall veridicality. Specific veridicality was assessed using each of the six support functions while overall veridicality was an aggregated measure that assessed the degree to which individuals and their network member agreed that any support (provided or received) had been exchanged. They also assessed the degree to which the type of relationship (as an index of relationship closeness) predicted veridicality, and it was shown that both specific and overall veridicality were highest among spouses (56%-83%), less high among other family members (46%-59%) and lowest among friends. (30%-47%).

The purpose of the Jacobson and Moore (1981) study was to examine the degree to which couples agree regarding the relationship behaviors that had occurred during a 24-hour period. The study had spouses each complete a behavioral checklist everyday for 21 consecutive days. The checklist included 409 behaviors that they report as having occurred or not during the past 24 hours. The average agreement between couple members was 48% but they found that nondistressed couples tended to agree a greater percentage of the time than distressed couples, and the items in the behavioral checklist that were more concrete (“We attended a sporting event” or “We watched TV”) elicited more agreement between couple members than more inference-based items (“Spouse was tolerant when I made a mistake” or “Spouse confided in me”).

One downfall of all these previous studies regarding social support agreement is that they were unable to capture graded frequencies of support. Since agreement was measure as either yes or no, it was not possible to say whether dyads in these studies agreed about the frequency or

amount of support. One study that did measure graded frequencies was the Abbey, Andrews, and Halman (1995) study where participants (fertile and infertile married couples) were asked to rate on a five-point Likert scale the amount of support provided and received during a four week period. They found that wives' and husbands' perceptions of the amount of emotional support they received from their spouse were only moderately correlated with what their spouse reported providing. Although the Abbey et al. (1995) study captured frequencies of support, it still ignored the fact that two dyads could have the same agreement score but one dyad could be agreeing about low levels of support while the other could be agreeing about high levels of support. One of the only studies we could find that addressed both the amount of support and the magnitude of agreement between dyads is a study conducted by Gant (1998). This study used a standardized difference score to measure agreement (but ignored amount of support) and a categorical measure of agreement that provided information about the amount of support. The Gant (1998) study investigated predictors of agreement with college students as the recipients and non-romantic friends as the providers. Both recipient and provider were given an adaptation of the UCLA-SSI (Dunkel-Schetter, Feinstein, & Call, 1986) scale to assess social support. The results revealed a correlation of .48 between the recipients' and providers' total social support scores. Factors such as intimacy and self –disclosure were found to be predictors of agreement, also recipients who expressed a greater desire for support showed more agreement with their providers.

Most of the previous studies done on agreement have shown that factors like marital satisfaction and intimacy are significant predictors of agreement between dyads. More intimate relationships and married couples with higher marital satisfaction/ lower distress display greater agreement between partners. Based on these findings, factors that may affect marital satisfaction

or the intimacy of a relationship would also be predicted to have an effect on agreement between dyads.

Attachment as a Predictor of Agreement

The current investigation tests the idea that the attachment characteristics of relationship partners predict the extent to which they agree about the occurrence of specific interaction behaviors. Attachment theory states that people are predisposed to form strong emotional bonds with particular individuals (attachment figures) and seek comfort from those individuals in times of need. Based on prior experiences in significant relationships, people are presumed to form internal working models (or mental representations) about the availability and responsiveness of close others. These working models are thought to underlie attachment styles, which include secure, anxious/ambivalent, and avoidant attachment styles. Hazan and Shaver (1987) defined secure individuals as those who feel comfortable getting close to and depending on others, anxious/ambivalent individuals as having a strong desire to get close to others but at the same time fearing rejection, and avoidant individuals as being uncomfortable getting close or depending on others. These different attachment styles have been shown to affect the way adults interact in their romantic relationships and may also affect how they perceive their romantic partners' behaviors.

Attachment style is expected to predict the extent of agreement between relationship partners (in their perception of specific interaction behaviors) because it is thought to act as a filter in the communication process (Noller, 2005). According to Noller, attachment security and insecurity affects the way people decode and encode messages. Specifically, people with secure attachment styles are more likely to agree with their partners in their decoding of both positive and negative messages, whereas people with insecure attachment styles are more likely to distort

the messages received and be relatively inaccurate in their interpretations. For example, anxiously attached individuals have the tendency to view themselves more negatively and have trouble trusting their partners as they are chronically concerned about being rejected or abandoned by others. These traits can then lead anxious individuals to distort or misinterpret actions by their partners. Avoidant individuals are comfortable without close emotional relationships; they have a strong desire for independence and self-sufficiency. They tend to suppress their emotions and distance themselves from sources of rejection (their partners). A study by Fraley (2007) showed that highly avoidant people (especially dismissive-avoidant) use defensive strategies that prevent encoding of attachment-related information that could make them emotionally vulnerable. If this is the case, then avoidant people may miss much of the attachment-related information provided in any given interaction. Thus, having either type of insecure attachment style could potentially distort an individual's perception of their partner's thoughts, feelings, and behaviors during an interaction, as well as make it difficult for one's partner to interpret one's own thoughts, feelings, and behaviors - leading to less agreement between couple members.

The Current Investigation

The current investigation examined whether attachment style predicts the extent to which couple members agree that specific support behaviors occurred during a specific interaction. Unlike prior studies that have considered predictors of agreement, dyads in the current study were *married couples* who engaged in a *specific discussion* about one couple member's most important goal to accomplish over the next 6 months. Then, immediately after the discussion, both couple members were asked to report the extent to which certain behaviors were enacted during the goal discussion.

We expected that using married couples as participants and having them report about a specific interaction right after its occurrence would lead to more agreement among partners than in some of the previous studies, such as the Coriell and Cohen (1995) study. This is because there is much less of a time gap between when the support behaviors occurred and when the participants provided their report of what happened and all of our participants (married couples) are in relationships of greater intimacy. Nonetheless, we expected (as described below) that there would be individual differences in agreement. As established by Gant (1998), agreement was assessed in terms of both a difference score (representing the difference between couple member's reports) and a categorical measure that considers the content of couple member reports as well as the magnitude of agreement.

Hypotheses

In this study, we assessed social support agreement by seeing how closely support-recipient and caregiver reports matched up on seven different items. These seven items were questions assessing how receptive the recipient was to the caregiver's suggestions/ support, how much support (actual and emotional) the caregiver provided, how much support (actual and emotional) the support-recipient sought, and how negative or critical each partner was during the interaction. Based on prior research our hypothesis is that there will be moderate agreement between support-recipient and caregiver reports. In terms of attachment style, we hypothesize that secure individuals (those low in attachment avoidance and anxiety) will show the most agreement with their partners on the measurements used and anxious and avoidant (insecure) individuals would be less likely to show agreement with their partners. There is likely to be greater disagreement when one member of the couple is avoidant because avoidant individuals shy away from attachment-relevant information, which includes emotional forms of

communication, as well as the types of communication that arise during support interactions and involve intimacy (e.g., support-seeking behavior). There is also likely to be greater disagreement when one member of the couple is anxious/ambivalent because the hypervigilance of these individuals may lead them to perceive negativity, rejection, and unavailability that is not there. Anxiously attached individuals also tend to focus on their own unsatisfied needs, weaknesses, and vulnerabilities (Mikulincer & Shaver, 2003). This self-focus is likely to contribute to decreased accuracy in perceiving the communications of their partner and to less agreement with their partner over the behavioral occurrences in a given interaction. Thus, we predict that insecure individuals will be inaccurate in their interpretations of their partner's communications and therefore will display less agreement with their partners than secure individuals. Even if the insecure couples are agreeing we hypothesize that they will be agreeing about low levels of support and high levels of negativity as opposed to secure couples who will be agreeing more about high levels of support and low levels of negativity.

Method

Participants

The participants for this study were 190 heterosexual married couples (mean age = 39, range = 18 - 82) recruited from the Pittsburgh community to participate in a study of marriage relations. They were recruited via flyers and newspaper advertisements. Demographic information for the participants included the following: With regard to education, 5.4% did not complete high school, 14.7% completed high school, 20.6% had some college credit, 31.3% graduated from college, and 21.6% had either obtained or were working towards a professional degree. With regard to ethnicity, participants included 75.4% White, 17.1% Black, 2.7% American Indian, 2.1% Hispanic, 1.1% Asian, and 1.5% Other. The couples were paid \$120 for

their participation in the full study of marriage relations, which included a questionnaire session (phase 1), an observational session (phase 2), and a follow-up questionnaire (phase 3). Couple members were to engage in a social support interaction (a concrete interaction that will provide a context for assessing agreement), so one couple member was assigned the role of a “caregiver,” and the other was assigned the role of a “support-recipient.” Roles were randomly determined before couple members arrived for the study. The investigation reported here involves data from phases 1 and 2 of the study.

Design

The predictor variable in this study was attachment style (between subjects). The dependent variable was agreement between couple members. Agreement was assessed in two ways. First, agreement was assessed by taking the absolute difference of the caregiver’s report of support provided minus the support-recipient’s report of the support received. This resulted in an absolute difference score where higher numbers meant lower agreement between couple members. This absolute difference score, however, does not indicate whether agreement in the form of a lower difference score is agreement about low levels of support or agreement about high levels of support. In order to take this into account, we assessed agreement in a second way. Specifically, the couples were split into one of three categories as follows: One group consisted of couple members who did not agree on the amount of support provided, another group consisted of couple members who agreed that low levels of support was given, and a third group consisted of couple members who agreed that high levels of support was given. The high and low categories were computed based on median splits of both the caregiver and support-recipient’s reports of the extent to which a particular behavior occurred. If both the caregiver and the support-recipient had a score below the median they were assigned to group two (agreement

about low levels of support), if they both had scores above the median they were assigned to group three (agreement about high levels of support) and if one couple member's score fell below the median while the other couple member's score fell above, that couple was assigned to group one (disagreement about amount of support provided). Agreement was assessed on reports of seven specific behaviors that occurred during the support interaction: 1. Receptiveness of the support-recipient 2. Seeking of actual help by the support-recipient 3. Seeking of emotional help by the support-recipient 4. Provision of actual help by the caregiver 5. Provision of emotional help by the caregiver 6. Caregiver negativity/ hostility and 7. Support-recipient negativity/ hostility.

Procedure

Participants visited the lab twice, one couple at a time, as part of a larger study on marital relationships. The study consisted of two phases: during the first phase, couples visited the lab to complete questionnaires assessing their background characteristics, including demographic information and attachment style. At this time, participants also were asked to list up to ten personal goals (not regarding the relationship) that they would like to accomplish in the next 6 months. They also identified the one goal that was most important for them to accomplish over the next six months. The couple members completed the questionnaires in separate rooms and were asked not to discuss the answers with their partners.

For phase 2 of the study, which occurred approximately one week after the questionnaire session, couple members visited the lab again to participate in a series of activities including games, puzzles, and discussions. The activity of interest for this particular study was a goal discussion activity. For the goal discussion, the experimenter wrote down (on an index card) the goal that the support-recipient had previously identified (during phase 1) as being most important

for him/her to accomplish over the next 6 months. The experimenter handed the index card to the support-recipient and asked the couple to engage in a discussion about this specific goal. Their interaction was videotaped for 10 minutes, after which the couple members completed separate questionnaires about the discussion in separate rooms. In this post-discussion questionnaire, couple members were asked to report the extent to which certain support giving and support-seeking behaviors occurred during the discussion (items described above). The couples were then debriefed and thanked for their participation.

Measures

Attachment Style. Each couple member completed an abbreviated 26-item version of Brennan, Clark, and Shaver's (1998) Experiences in Close Relationships scale, which is a well-validated measure for assessing adult attachment. It contains two subscales: The Avoidance subscale ($\alpha = .89$ for spouse ratings; $\alpha = .87$ for explorer ratings) measures the extent to which one is comfortable with closeness and intimacy as well as the degree to which one feels that people can be relied on to be available when needed. The Anxiety subscale ($\alpha = .91$ for spouse ratings; $\alpha = .89$ for explorer ratings) measures the extent to which one is worried about being rejected, abandoned, or unloved. Couple members responded to each item on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) in terms of their general orientation toward close relationships. Items were slightly re-worded so that respondents answered in terms of their general orientation toward close relationships instead of their more specific orientation to romantic relationships.

Post-Discussion Questionnaire. Immediately after the discussion, both partners (support-recipient and caregiver) completed a questionnaire on which they reported the extent to which specific support-seeking and support-giving behaviors occurred during the discussion. They were

asked questions such as “How much emotional support did your partner provide with regard to your future goals and plans?” Both support- recipients and caregivers responded to each item on a 5-point scale with regard to their partner’s/ their own support behaviors.

Results

Overall Agreement between Couple Members

First, a series of correlational analyses were conducted in order to assess overall agreement between support-recipients and caregivers with regard to each of the behaviors of interest (i.e. 1. Receptiveness of the support-recipient 2. Seeking of actual help by the support-recipient 3. Seeking of emotional help by the support-recipient 4. Provision of actual help by the caregiver 5. Provision of emotional help by the caregiver 6. Caregiver negativity and 7. Support-recipient negativity). The results of these analyses are presented in Table 1. As shown in Table 1, all correlations were positive and statistically significant ($p < .001$). However, the correlations were moderate ranging from only .25 to .38. Given that couple members were reporting on the same behaviors from the same specific interaction, the correlations would be expected to be in the .7 to .9 range if couple members were exhibiting high levels of agreement. The moderate levels of agreement suggest that some couples may be agreeing more than others. Thus, we next test our hypotheses regarding attachment style as a predictor of the extent to which couple members agree.

Attachment Predicting Agreement

Next, we examined the extent to which support-recipient and caregiver attachment anxiety and avoidance predicted agreement. As described above, agreement was calculated in two ways: (1) Absolute difference scores that reflect extent of agreement (with higher scores indicating lower agreement), and (2) a categorical measure of agreement that provided

information about both agreement and the nature of the agreement/disagreement; that is, couples were categorized into the following groups: (a) the couple members disagreed, (b) the couple members agreed that a low level of the behavior occurred, and (c) the couple members agreed that a high level of the behavior occurred. Results for each method are described below.

Difference Scores Method

First, we assessed agreement by taking the difference score of the caregiver's report of support behaviors minus the support-recipient's report of support behaviors. Then, we took the absolute value of this score giving us the absolute difference score, where higher scores (greater differences) indicated lower agreement. A low absolute difference score in this case would indicate agreement between couples. It is important to note, however, that difference scores do not provide information about whether couple members agreed that low or high levels of support was provided.

We conducted a series of simultaneous multiple regression analyses predicting each difference score variable (differences in reports of the occurrence of 1. Receptiveness of the support-recipient 2. Seeking of actual help by the support-recipient 3. Seeking of emotional help by the support-recipient 4. Provision of actual help by the caregiver 5. Provision of emotional help by the caregiver 6. Caregiver negativity and 7. Support-recipient negativity) from both the caregiver's and the support-recipient's attachment avoidance and anxiety. The results are shown in Tables 2-5. First, as displayed in Table 2, support-recipients' anxious attachment was a significant predictor of more disagreement between couple members about how receptive the support-recipient was during the interaction. As shown in Table 3, caregivers' anxious attachment was a significant predictor of more disagreement between couple members about the occurrence of seeking emotional support during the interaction. In Table 4, we see once again

that support-recipients' anxious attachment was a significant predictor of greater disagreement between couple members in their evaluation of how negative the caregiver was during the interaction. No other effects were statistically significant and avoidant attachment did not significantly predict agreement for any of the variables. Neither attachment anxiety nor avoidance was a significant predictor of agreement for seeking of actual help by the support-recipient, provision of actual help by the caregiver, provision of emotional help by the caregiver, or caregiver negativity. Taken together, however, the results indicate that an anxious attachment style is a significant predictor of disagreement between partners.

Categorical Method

In order to get at the actual content of what couples are agreeing on when they do agree, categorical variables were computed such that three agreement groups were formed for each behavior of interest. Group one consisted of couples who did not agree that the behavior occurred, group two consisted of couples who agreed that low levels of the behavior occurred, and group three consisted of couples who agreed that high levels of the behavior occurred. A series of ANOVAs were conducted to examine agreement group differences in the four attachment variables (caregiver anxiety, caregiver avoidance, support-recipient anxiety, and support-recipient avoidance). The results of these analyses are described below for each behavior of interest.

Receptiveness to Support Attempts. Results for receptiveness to support attempts indicated that the level of support-recipient attachment anxiety differed significantly between agreement groups ($F(2, 172) = 7.1, p < .001$). Post-hoc tests (least significant difference) revealed that couples who agreed that the support-recipient was not receptive to support attempts (group 2) had support-recipients who were higher in attachment anxiety ($M = 3.75, SD = 1.22, n$

= 46, $p < .001$) than couples who disagreed about the receptiveness of the support-recipient (group 1) ($M = 2.97$, $SD = 1.09$, $n = 68$, $p < .001$). Neither group 1 nor group 2 differed significantly from couples in group 3 (couples who agreed that there was a high level of receptiveness) ($M = 3.03$, $SD = 1.18$, $n = 59$, *ns*). There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment avoidance.

Actual Support Sought. The results for seeking actual support showed agreement group differences in the level of the support-recipients' attachment avoidance, although this effect was marginally significant ($F(2, 172) = 2.33$, $p = .10$). Post-hoc tests revealed that couples who disagreed about the occurrence of actual support being sought had support-recipients who were significantly higher in attachment avoidance ($M = 3.44$, $SD = .99$, $n = 65$, $p < .05$) than couples who agreed that high levels of actual support seeking behaviors occurred ($M = 3.01$, $SD = 1.23$, $n = 52$, $p < .05$). Neither group differed significantly from couples who agreed that not a lot of actual support seeking behaviors occurred (group two) ($M = 3.31$, $SD = 1.06$, $n = 56$, *ns*). There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment anxiety.

Emotional Support Sought. There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment avoidance or attachment anxiety.

Actual Support Provided. Results for actual support provided indicated a marginally significant effect for agreement group differences in the caregivers' attachment anxiety ($F(2, 168) = 2.47$, $p < .10$). Post-hoc tests showed that couples who agreed that low levels of actual support was provided had caregivers who were significantly higher in attachment anxiety ($M = 3.48$, $SD = 1.37$, $n = 48$, $p < .05$) than couples who agreed that a high level of actual support was

provided ($M = 2.93$, $SD = 1.38$, $n = 46$, $p < .05$). Both these groups did not differ significantly from couples who disagreed about the amount of actual support provided ($M = 3.07$, $SD = 1.12$, $n = 75$, ns). There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment avoidance.

Emotional Support Provided. Results for emotional support provided showed that there was a marginally significant agreement group difference in the level of the support-recipients' attachment anxiety ($F(2, 171) = 2.82$, $p < .10$). Post-hoc tests revealed that couples who agreed that low levels of emotional support was provided (group 2) had support-recipients who were significantly higher in attachment anxiety ($M = 3.40$, $SD = 1.32$, $n = 65$, $p < .05$) than couples who agreed that high levels of emotional support was provided (group 3) ($M = 2.82$, $SD = 1.19$, $n = 37$, $p < .05$). Lastly, both groups 2 and 3 did not differ significantly from the couples in group 1 (those who did not agree on the level of emotional support provided) ($M = 3.18$, $SD = 1.02$, $n = 70$, ns). There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment avoidance.

Negativity/Hostility of Caregiver. The results regarding negativity/hostility of the caregiver revealed agreement group differences in the level of support-recipients' attachment anxiety ($F(2, 170) = 12.14$, $p < .0001$). Post-hoc tests showed that couples who agreed that high levels of caregiver negativity occurred had support-recipients with significantly greater attachment anxiety ($M = 4.09$, $SD = 1.0$, $n = 27$, $p < .001$) than both couples who disagreed about the negativity of the caregiver ($M = 3.19$, $SD = 1.15$, $n = 58$, $p < .001$) and couples who agreed that the caregiver had low levels of negativity and hostility ($M = 2.88$, $SD = 1.12$, $n = 86$, $p < .0001$). In addition, couples who disagreed about the negativity of the caregiver included support-recipients with greater attachment anxiety ($M = 3.19$) than couples who agreed that the

caregiver was not negative ($M = 2.88$, $SD = 0.19$, $n = 86$, $p < .10$). There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment avoidance. However, results did reveal agreement group differences in the caregivers' attachment anxiety ($F(2, 167) = 3.10$, $p < .05$). Post-hoc tests revealed that, like support-recipient's attachment anxiety, caregiver's attachment anxiety was significantly higher in couples who agreed that a high level of caregiver negativity occurred (group 3) ($M = 3.54$, $SD = 1.45$, $n = 27$, $p < .05$) than in couples who agreed that a low level of caregiver negativity occurred (group 2) ($M = 2.92$, $SD = 1.2$, $n = 83$, $p < .05$). Neither group 2, couples who agreed about low levels of caregiver negativity, nor group 3, couples who agreed about high levels of caregiver negativity, differed significantly from group 1, couples who did not agree on how negative or critical the caregiver was ($M = 3.30$, $SD = 1.27$, $n = 58$, *ns*).

Negativity/Hostility of Support-Recipient. Results regarding negativity of the support-recipient during the interaction revealed that levels of support-recipient anxiety differed significantly between groups ($F(2, 170) = 7.48$, $p < .001$). Post-hoc tests showed that group 2, couples who agreed about low levels of support-recipient negativity, had significantly lower support-recipient attachment anxiety ($M = 2.81$, $SD = 1.13$, $n = 70$, $p < .05$) than support-recipients in couples from groups 1, couples who did not agree about support-recipient negativity ($M = 3.28$, $SD = 1.18$, $n = 59$, $p < .05$), and 3, couples who agreed about high levels of support-recipient negativity ($M = 3.65$, $SD = 1.12$, $n = 42$, $p < .0001$). There were no differences between agreement groups with regard to either the support-recipients' or the caregivers' attachment avoidance.

Discussion

The purpose of this study was to investigate the extent to which attachment style predicts agreement between married couples regarding the occurrence of specific support behaviors during a specific interaction. This idea was tested in a sample of married couples who participated in a support interaction (one couple member in the role of a support-recipient and the other in the role of a caregiver), and then reported their perceptions of the interaction afterwards. Agreement between couple members was assessed in two ways: difference scores (indicating the difference between couple member reports) and categories (representing not only agreement/disagreement, but also type of agreement). Results of this investigation are summarized and discussed below.

First, the average correlation of .33 between support-recipient and caregiver reports (although statistically significant) indicates moderate agreement between partners. This was on the low side considering correlations from previous studies (Antonucci & Israel (1986) and Jacobson & Moore (1981)) which have been higher and considering that participants in this study were married couples (and greater agreement should be expected in such intimate relationships). One possible explanation for the low level of agreement between support-recipient and caregiver reports in this investigation may be that the items for which agreement was assessed required some degree of inference. For example, items such as “how much emotional support did the caregiver provide?” and “how receptive was the support-recipient?” may be rather subjective depending on how each partner defines “emotional support” and “receptive”. Thus, like in the Jacobson & Moore (1981) study, where agreement was found to be greater for noninferential than inferential items, the nature of the items in the current investigation may have contributed to the low correlation between support-recipient and caregiver reports indicating low/moderate agreement between couple members. It will be

important for future research to have participants report on the occurrence of more specifically defined behaviors.

Attachment as a Predictor of Agreement

Absolute Difference Score Analyses. Results using the absolute difference scores supported our hypothesis regarding greater agreement between couple members with securely attached individuals and less agreement between couple members with insecurely attached individuals. Specifically, anxious attachment was a significant predictor of disagreement between couple members on how receptive the support-recipient was, how much support the support-recipient sought, and how negative the caregiver was during the interaction. Since the items used in this study were somewhat inferential in nature, this may have amplified the effects of attachment style.

As mentioned earlier, an anxious attachment style is characterized by a negative view of oneself and distrust in one's partner; it is also characterized by hypervigilance and a focus on the dissatisfying aspects of a relationship (Mikulincer & Shaver, 2003). These insecurities may explain why anxious attachment style may cause disagreement between couple members about what happened during the interaction. For example, support-recipients with an anxious attachment style may perceive their partner to be unsupportive or unreceptive to them, regardless of the partner's actual supportiveness and receptiveness. That is, even if the partner is being constructive and helpful, the couple member with the anxious attachment style may not perceive it as such because of their extreme demands for intimacy and closeness and their general distrust of relationship partners. Also, an anxious support-recipient may seek support from his/her partner, but he/she may be do so in such a way (hostilely or indirectly) that the partner is unable to decode the recipient's intentions and thus remain unaware that help was sought, resulting in

disagreement between couple members. Because attachment style (and the mental representations associated with them) have been viewed as a filter of the communication process (Noller, 2005), a support-recipient with an anxious attachment style may interpret communication from his/her caregiver as more negative than it may actually be or even view neutral statements negatively, thus leading to less agreement between the support-recipient and the caregiver about how negative the caregiver was during the interaction.

Categorical Analyses. Results from the categorical analyses also supported our hypotheses to a degree. For all items except one (seeking emotional support), couples who either disagreed about the occurrence of positive behavior or who agreed that bad things happened (i.e., agreed about low levels of support and high levels of negativity) were significantly more likely to have a couple member who was higher in attachment anxiety (or in the case of actual support provided: attachment avoidance) than couples who agreed about high levels of support and low levels of negativity. For example, with regard to provision of emotional support, there was the highest level of support-recipient attachment anxiety in couples who agreed that low levels of emotional support was provided, and there was the lowest level of attachment anxiety in couples who agreed that high levels of emotional support was provided. Couples who disagreed about the amount of emotional support provided fell in the middle in terms of support-recipient's level of attachment anxiety.

These results are consistent with attachment theory because individuals with high attachment anxiety are always seeking more support from their partners and they often feel that they are never getting enough support, which would lead them to report that their partner did not provide enough emotional support. Their partner (the caregiver in this case) may feel frustrated and inadequate due to the support-recipient's negativity and constant need for support, or they

may have learned that no matter how much support they provide, it will never be enough for their anxious partners and thus have given up trying to provide adequate amounts of support (leading the caregiver to also report low levels of emotional support provided).

With regard to reports of actual help sought, it is the support-recipient's level of attachment avoidance that is predictive of agreement. Couples who disagree about the amount of actual support sought have support-recipients with the highest attachment avoidance, couples who agreed a high level of actual support was sought had the lowest level of attachment avoidance, and couples who agreed that a low level of actual support was provided fell in the middle. These results may also be explained by attachment theory given that individuals high in attachment avoidance do not want to rely on their partners or be dependent on them. Also, highly avoidant individuals may use defensive strategies that prevent encoding of attachment-related information that could make them emotionally vulnerable (Fraley 2007). Thus, not only would support-recipients who are high in attachment avoidance be reluctant to admit that they sought support from their partners, but they may not even encode such information. On the other hand, support-recipients who are low in attachment avoidance would be more willing to say that they sought actual support from their partner.

Other items for which high attachment anxiety of either the support-recipient or the caregiver was a predictor of disagreement included support-recipient receptiveness and caregiver provision of actual support. For negative behaviors such as caregiver and recipient negativity, however, the highest levels of support-recipient and caregiver attachment anxiety were in couples who agreed that high levels of negativity occurred, and the lowest levels of caregiver and support-recipient attachment anxiety were in couples who agreed that low levels of negativity

occurred. These results support the hypothesis that when insecure couples agree about interaction behaviors, they are more likely to agree on the negative aspects of the interaction.

It is important to note that for almost all the behaviors considered, it was attachment anxiety that significantly predicted agreement/disagreement. Attachment anxiety may have emerged as the strongest predictor because of the ambivalence anxious individuals are likely to exhibit in social support situations. Also, the reason why these couples are not so much in disagreement but rather in agreement about low levels of support may be that, unlike avoidant individuals, anxious individuals are hypervigilant and very aware of the things that are going on in the relationship; however, they may be interpreting these things in an especially negative and threatening manner.

Strengths and Limitations

There are a number of strengths of this investigation. First, we examine agreement during a specific support interaction immediately after it occurred; unlike previous studies on agreement between dyads which assess reports of general support over a period of time. The short amount of time between the interaction and the reporting of behaviors should have increased internal validity in that couple members should have had no problems recalling the behaviors in question. Second, this investigation examines agreement in a sample of married couples. Most prior studies have not considered dyads involved in marriage relationships, even though many studies have suggested that intimacy is a significant predictor of agreement, and that marital relationships are the closest relationships people form in adulthood. Third, we used two assessments of agreement so that we could not only examine whether couples agree, but also examine the content of what couples are agreeing about. Fourth, this study extends other work by considering a range of interaction behaviors involving support-seeking, support-giving and

communication between partners. Finally, this is the only study to our knowledge that considers attachment style as a predictor of agreement.

We acknowledge limitations of this research as well. One important limitation involves the use of median splits to dichotomize variables for the categorical analyses. If one couple member had a score just below the median while his/her partner had one just above the median, this would have been considered disagreement for the purposes of the study (group 1). However, in actuality the partners may have been agreeing on moderate levels of support/ negativity. Another limitation of this study is that we have no objective rating of what actually happened during the interaction, so when there is disagreement between couple members it is difficult to say who is “right”. In future research it will be useful to have objective raters code the discussions, and when there is disagreement between couple members, determine whether the behaviors actually occurred and one partner just didn’t encode or remember it and whether attachment style affects this process. It will also be important in future research to consider additional predictors of agreement/disagreement such as relationship satisfaction, as well as consider the extent to which disagreement between couple members is predictive of important relationship outcomes such as relationship dissatisfaction and instability.

Despite the limitations of this work, this study has important implications for communication between couple members. First, it supports the results of other investigations with less close dyads indicating surprisingly low agreement between dyads (Coriell & Cohen, 1995; Jacobson & Moore, 1981). It also demonstrates how critical factors such as attachment style (attachment anxiety in particular) can affect the agreement between couple members about specific behaviors that occur during an interaction. As seen in the results of the current investigation, low levels of agreement about supportive behaviors and high levels of agreement

about negative behaviors are more characteristic of insecure individuals than secure individuals. This work has important implications for how married couples perceive and process information relevant to the relationship and how individual differences (such as attachment style) play a role in the communication process.

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Table 1. *Correlations between Support Recipient and Caregiver reports of Support Behaviors*

<i>Caregiver Report</i>	Receptiveness of SR	Actual Support Sought	Emotional Support Sought	Actual Support Provided	Emotional Support Provided	Negative CG	Negative SR
<i>Support Recipient Report</i>							
Receptiveness of SR	.32***						
Actual Support Sought	-----	.34***					
Emotional Support Sought	-----	-----	.25***				
Actual Support Provided	-----	-----	-----	.34***			
Emotional Support Provided	-----	-----	-----	-----	.38***		
Negative CG	-----	-----	-----	-----	-----	.32***	
Negative SR	-----	-----	-----	-----	-----	-----	.34***

Note. $N = 172^1$. † $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

¹ Sample size varies slightly across analyses due to missing data

Table 2. Regression Analyses Predicting Agreement from Support-Recipient and Caregiver Attachment Avoidance and Anxiety

	B	β	SE	Total R ²
<i>Attachment Variables</i>				
			<i>Receptiveness of SR</i>	
SR Avoidance	.009	.011	.063	.042
SR Anxious	.118*	.169*	.058	
CG Avoidance	-.022	-.030	.060	
CG Anxious	.065	.099	.054	
			<i>Actual Help Sought</i>	
SR Avoidance	.048	.078	.052	.014
SR Anxious	.035	.062	.048	
CG Avoidance	.015	.025	.049	
CG Anxious	-.004	-.007	.044	

Note. $N = 169$. † $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

Table 3. Regression Analyses Predicting Agreement from Support-Recipient and Caregiver Attachment Avoidance and Anxiety

	B	β	SE	Total R ²
<i>Attachment Variables</i>				
			<i>Emotional Help Sought</i>	
SR Avoidance	.019	.030	.055	.032
SR Anxious	.004	.006	.051	
CG Avoidance	-.064	-.103	.052	
CG Anxious	.100*	.179*	.047	
			<i>Actual Help Sought</i>	
SR Avoidance	.059	.088	.056	.023
SR Anxious	-.027	-.043	.052	
CG Avoidance	.021	.033	.053	
CG Anxious	.063	-.111	.048	

Note. $N = 169$. † $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

Table 4. Regression Analyses Predicting Agreement from Support-Recipient and Caregiver Attachment Avoidance and Anxiety

	B	β	SE	Total R ²
<i>Attachment Variables</i>				
			<i>Emotional Help Provided</i>	
SR Avoidance	.006	.009	.053	.004
SR Anxious	.029	.049	.050	
CG Avoidance	.001	.002	.051	
CG Anxious	.018	.033	.046	
			<i>Negative Caregiver</i>	
SR Avoidance	-.004	-.004	.070	.072*
SR Anxious	.184**	.234**	.065	
CG Avoidance	.028	.034	.066	
CG Anxious	.061	.085	.059	

Note. N = 169. † p < .10 * p < .05 ** p < .01 *** p < .001

Table 5. Regression Analyses Predicting Agreement from Support-Recipient and Caregiver Attachment Avoidance and Anxiety

	B	β	SE	Total R ²
Attachment Variables				
			<i>Negative SR</i>	
SR Avoidance	.041	.053	.065	.031
SR Anxious	.068	.094	.061	
CG Avoidance	.029	.039	.061	
CG Anxious	.057	.086	.055	

Note. $N = 169$. † $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$