



ACADEMIC
PRESS

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®

Journal of Research in Personality 36 (2002) 622–628

JOURNAL OF
RESEARCH IN
PERSONALITY

www.academicpress.com

Brief report

Attachment orientations, marriage, and the transition to parenthood[☆]

Jeffrey A. Simpson^{*} and W. Steven Rholes

Department of Psychology, Texas A&M University, College Station, TX 77843-4235, USA

Abstract

This study examined how a major life stressor—the transition to parenthood—impacts marital satisfaction and functioning in persons with different romantic attachment orientations. As hypothesized, if highly ambivalent women entered the transition perceiving low levels of spousal support, they experienced significant declines (pre-to-postnatal changes) in perceptions of spousal support and marital satisfaction, and their husbands reported significant declines in support giving and marital satisfaction. Changes in both spouses' satisfaction were mediated by pre-to-postnatal changes in wives' perceptions of spousal support. That is, highly ambivalent women who perceived less prenatal support reported significant declines in perceived support over time, which in turn predicted significant declines in their marital satisfaction. These results highlight the critical role that perceptions of support assume when highly ambivalent women encounter a major life stressor.

© 2002 Elsevier Science (USA). All rights reserved.

Keywords: Attachment; Parenthood; Marital satisfaction

1. Introduction

Bowlby (1969, 1973, 1980) initially formulated attachment theory to explain emotional reactions to interpersonal separation and loss. According to

[☆]This research was supported by National Institute of Mental Health Grant MH49599. The authors contributed equally to this research.

^{*}Corresponding author.

E-mail addresses: jas@psyc.tamu.edu (J.A. Simpson), wsr@psyc.tamu.edu (W.S. Rholes).

the theory, individual differences in attachment orientations originate in part from having received adequate versus inadequate care and emotional support in earlier attachment relationships (see van Ijzendoorn, 1995). In general, securely attached individuals have received good, situationally contingent care. This allows secure people to develop positive (benevolent) views of both themselves and attachment figures and encourages them to give and seek emotional support openly when they are distressed. Avoidantly attached individuals, in contrast, have experienced persistent rejection in the past, which leads them to develop negative views and expectations of attachment figures, to distrust others, and to use independence and self-reliance as coping strategies when distressed. Ambivalent individuals have received inconsistent or unpredictable care, which leads them to develop negative self-views and to become hypervigilant to signs of possible loss or abandonment.

Not surprisingly, attachment orientations are systematically associated with perceptions and patterns of social support. When distressed, highly avoidant persons become more self-reliant and do not seek support, whereas highly ambivalent persons cling to their partners and ruminate about their negative emotions (Mikulincer & Florian, 1998). Highly avoidant persons also harbor more negative and cynical beliefs about the availability of support, while highly ambivalent individuals remain dissatisfied with available support and do not fully trust potential support providers (Bartholomew, Cobb, & Poole, 1997). When highly ambivalent individuals are distressed and receive “ambiguous” messages of support from their romantic partners, they perceive less support and view their partners’ subsequent interaction behavior as less supportive than objective observers do (Collins & Feeney, 2000). Considered together, this suggests that highly ambivalent people may be “prepared” to perceive deficient or waning support from their partners, particularly when they find themselves in stressful situations that strain or challenge their relationships.

Becoming a new parent requires many major life changes and is very stressful for most couples, often launching downturns in marital satisfaction and functioning (Belsky & Pensky, 1988). The early months of the transition are particularly difficult for wives, who (unlike their husbands) must endure the demands of pregnancy, delivery, and intensive postnatal feeding/child-care. Attachment theorists (Mikulincer & Florian, 1998) have argued that certain forms of insecurity may render certain people more vulnerable to such downturns. Bowlby (1988), in fact, proposed that highly ambivalent women might be especially vulnerable to relationship decline across the transition period.

The working models of highly ambivalent people contain two features capable of undermining their perceptions of support (Bowlby, 1973, 1980): (a) deep-seated concerns that current attachment figures (i.e., spouses) might be unavailable or unwilling to provide support when it is most needed, and (b)

lingering resentment held toward earlier attachment figures who provided inconsistent or inadequate support. These working models, however, should have the strongest effect on highly ambivalent women who enter parenthood perceiving low or deficient spousal support (cf. Bowlby, 1969). Thus, we predicted that highly ambivalent women who entered the transition to parenthood perceiving less prenatal spousal support would: (a) report significant pre-to-postpartum *declines* (changes) in both perceived spousal support and marital satisfaction and (b) declines in perceived support would mediate the relation between the interaction of women's ambivalence and prenatal perceptions of support and declines in their marital satisfaction.

Given that men tend to be less stressed than women during the first few months of the transition and often assume the role of "support providers" (Oakley, 1980), we did not expect that husbands' level of ambivalence would forecast pre-to-postpartum changes in either spouses' marital functioning. However, because wives' prenatal attachment and perceptions of support might impact husbands' marital perceptions, we also examined husbands' behavior as a function of their wives' attachment orientations and prenatal perceptions. Past research has revealed that men who are romantically involved with highly ambivalent women tend to be highly dissatisfied with their relationships (Feeney, 1999). Accordingly, we predicted that the husbands of highly ambivalent women who perceived less prenatal spousal support would report: (a) declines (changes) in both support giving and marital satisfaction and (b) declines in *wives'* perceived support would mediate the link between the interaction of wives' ambivalence and prenatal perceptions of support and declines in their *husbands'* marital satisfaction.

2. Method

2.1. Participants/procedures

One hundred and thirteen married couples awaiting the birth of their first child completed the prebirth (6 weeks prepartum) measures. Seven of these couples did not complete the postbirth (6 months postpartum) measures because they had moved away, separated, or divorced. Thus, the 106 couples that completed both the prebirth and postbirth testing sessions served as our sample. Couples were recruited from childbirth classes and were paid \$50 for participating. The mean age of women and men was 28.0 ($SD = 4.3$) and 29.0 ($SD = 5.5$) years, respectively. The mean length of marriage was 3.8 years ($SD = 2.5$).

Approximately 6 weeks before their due date (at Time 1), both spouses in each marriage completed self-report scales after class, privately and without consulting one another. Approximately 6 months after childbirth (at Time 2), both partners completed a second set of self-report measures mailed to

their homes. Spouses were instructed to complete these measures privately and *not* to consult with one another. Each spouse's questionnaire packet was mailed in a separate envelope directly to the study coordinator to ensure privacy. Each packet contained several scales, including the Adult Attachment Questionnaire (AAQ; Simpson, Rholes, & Phillips, 1996) and the Dyadic Adjustment Satisfaction subscale (Spanier, 1976). The AAQ measures two orthogonal attachment dimensions (Brennan, Clark, & Shaver, 1998): *Avoidance* (which assesses the desire to limit intimacy and maintain psychological and emotional independence from significant others) and *Anxiety/Ambivalence* (which taps concerns that relationship partners might not be available or supportive when needed). Persons who score low on both dimensions are prototypically secure. Wives also completed a scale measuring how supportive they perceived their husbands were (a revised version of Cutrona's (1984) Social Provisions Scale), and their husbands completed a parallel scale that assessed how available they thought they were to their wives as sources of support.

3. Results

As shown in Table 1, for the entire sample, wives' perceptions of husbands' support, husbands' perceptions of support given, and both spouses' level of marital satisfaction declined significantly from Time 1 to Time 2. These results corroborate previous studies that have documented small but statistically significant declines in marital quality and functioning across the early months of the transition.

Hierarchical regression analyses were conducted to test the primary interaction predictions (for complete details, see Rholes, Simpson, Campbell, & Grich, 2001). As hypothesized, women who entered the transition period perceiving less spousal support reported significant pre-to-postpartum declines in perceptions of support (standardized $\beta = .19$, $F(1, 98) = 5.21$, $p < .05$) and marital satisfaction ($\beta = .17$, $F(1, 98) = 3.73$, $p = .056$). The

Table 1
Prebirth (Time 1) to postbirth (Time 2) mean changes on the dependent variables

	Means (standard deviations)		
	Time 1	Time 2	<i>t</i>
Wives' perceptions of husbands' support	33.13 (2.98)	31.95 (4.15)	4.02*
Husbands' perceived support	32.90 (2.41)	32.18 (2.97)	2.73*
Wives' marital satisfaction	42.03 (4.75)	39.52 (6.69)	5.21*
Husbands' marital satisfaction	41.91 (4.13)	40.17 (5.59)	4.96*

Note. The degrees of freedom for these tests are 104.

* $p < .01$.

pattern of these interactions revealed that highly ambivalent women who had more positive prenatal perceptions of support were similar to less ambivalent women (for whom perceptions of prenatal spousal support were not associated with change scores).

Conceptually parallel results were found for analyses in which husbands' perceptions of support giving and marital satisfaction were treated as the dependent measures. As predicted, women who entered the transition perceiving lower levels of spousal support had husbands who reported significant declines in support giving ($\beta = .29$, $F(1, 98) = 8.30$, $p < .005$), and marital satisfaction ($\beta = .15$, $F(1, 98) = 4.14$, $p < .05$). Once again, the pattern of these interactions revealed that the husbands who reported the largest declines were married to highly ambivalent women who perceived less prenatal support; men married to highly ambivalent women who perceived higher levels of prenatal support did not report significant declines.

Further analyses revealed that highly ambivalent wives significantly underestimated the amount of support their husbands perceived was available, whereas less ambivalent wives overestimated available spousal support (see Rholes et al., 2001). This effect was *not* attributable to differences in the attachment styles of husbands married to more vs. less ambivalent women.

Mediation analyses confirmed that the relation between the interaction of wives' prenatal ambivalence and prenatal perceptions of spousal support and changes in both wives' and husbands' satisfaction were partially mediated through pre-to-postpartum changes in wives' perceptions of support. That is, highly ambivalent women who entered the transition perceiving deficient spousal support experienced significant pre-to-postnatal declines in perceived support, which in turn predicted significant pre-to-postnatal declines in the marital satisfaction of *both* spouses. Fig. 1 shows the pattern of mediation for changes in wives' marital satisfaction.

No significant effects involving these variables were found for the avoidance attachment dimension. All significant results remained reliable once several potential confounds (e.g., the Time 1 marital satisfaction and neuroticism of both spouses, the partners' attachment orientation scores) were statistically controlled.

4. Discussion

This is one of the first studies to demonstrate that adult attachment orientations predict changes in marital relationships across a chronically stressful life transition. The findings highlight the critical impact that perceptions of support have on the marriages of highly ambivalent women when they face a major life stressor. If highly ambivalent women enter the transition to parenthood perceiving that their husbands are less available and less supportive relative to the perceptions of other women, they (and their hus-

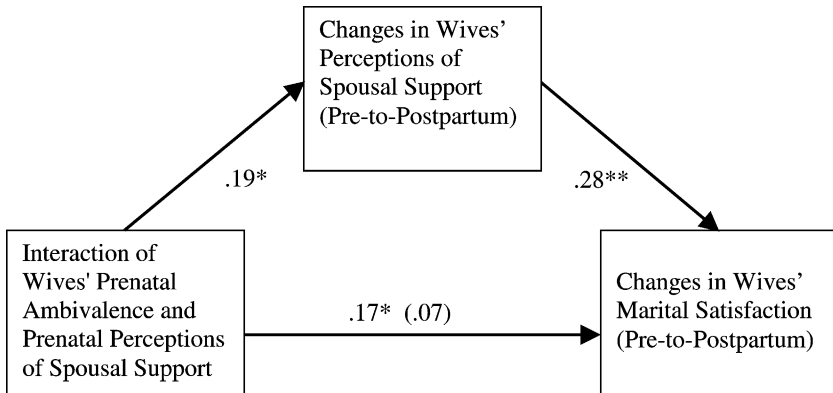


Fig. 1. The mediated moderation model representing the interaction between wives' prenatal (Time 1) ambivalence and their prenatal perceptions of spousal support predicting pre-to-postpartum changes in marital satisfaction, mediated through pre-to-postpartum changes in wives' perceptions of spousal support. The $.17\beta$ indicates the direct effect of the interaction term on changes in marital satisfaction; the $.07\beta$ reflects the effect controlling for changes in perceptions of support. *, $p < .05$, **, $p < .01$.

bands) experience statistically significant downturns in marital satisfaction by 6 months postpartum. Although the husbands of such women acknowledge providing less support relative to the husbands of other women, highly ambivalent wives who enter the transition perceiving lower support perceive significantly *less* support than even their husbands claim providing. Considering the fact that such women are just as likely to be married to secure husbands as are other women, part of the variance underlying their negative perceptions may be generated by the negative, doubtful nature of their working models rather than merely their husbands' less supportive actions.

By comparison, highly ambivalent wives who perceive greater prenatal support report sustained levels of marital satisfaction across the transition, usually as good as securely attached women. Contrary to prototypical descriptions of ambivalence, therefore, long-term relationships with highly ambivalent women *can* be just as satisfying as those with more securely attached women. The marital satisfaction of these relationships may, however, rest on a rather fragile foundation. As long as highly ambivalent women continue to perceive high and sustained levels of spousal support, their (and their husbands') marital satisfaction should remain stable; if perceptions of support plummet, however, their marital satisfaction should dissipate rapidly, probably much faster than highly secure women.

In conclusion, the current findings suggest that the quality of highly ambivalent women's relationships may jointly depend on how their spouses behave toward them and how they view their spouses (filtered through their working models). As corroborated by data from both spouses, the quality

of the marriages in which highly ambivalent women are involved is not exclusively or irrevocably undermined by the negative features of their working models.

References

- Bartholomew, K., Cobb, R. J., & Poole, J. A. (1997). Adult attachment patterns and social support processes. In G. R. Pierce & B. Lakey et al. (Eds.), *Sourcebook of social support and personality: The Plenum series in social/clinical psychology* (pp. 359–378). New York: Plenum Press.
- Belsky, J., & Pensky, E. (1988). Marital change across the transition to parenthood. *Marriage and Family Review*, 13, 133–156.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2: Separation*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3: Loss*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.
- Collins, N. L., & Feeney, B. C. (2000). *Working models of attachment: Implications for the perception of partner behavior*. Paper presented at the International Conference on Personal Relationships, Brisbane, Australia.
- Cutrona, C. E. (1984). Social support and stress in the transition to parenthood. *Journal of Abnormal Psychology*, 93, 378–390.
- Feeney, J. A. (1999). Adult romantic attachment and couple relationships. In J. A. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 355–377). New York: Guilford Press.
- Mikulincer, M., & Florian, V. (1998). The relationship between adult attachment styles and emotional and cognitive reactions to stressful events. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 143–165). New York: Guilford Press.
- Oakley, A. (1980). *Women confined: Toward a sociology of childbirth*. New York: Schocken Books.
- Rholes, W. S., Simpson, J. A., Campbell, L., & Grich, J. (2001). Adult attachment and the transition to parenthood. *Journal of Personality and Social Psychology*, 81, 421–435.
- Simpson, J. S., Rholes, W. S., & Phillips, D. (1996). Conflict in close relationships: An attachment perspective. *Journal of Personality and Social Psychology*, 71, 899–914.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriages and similar dyads. *Journal of Marriage and the Family*, 38, 15–28.
- van Ijzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, 117, 387–403.