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## NON-NORMATIVE CRITICAL LIFE EVENTS: WHERE DYADIC COPING AND ATTACHMENT MEET

Talley Mortara

*University of Kentucky*, talley.mortara1@gmail.com

Author ORCID Identifier:

 <https://orcid.org/0000-0002-3575-4246>

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Talley Mortara, Student

Dr. Nathan D. Wood, Major Professor

Dr. Hyungsoo Kim, Director of Graduate Studies

NON-NORMATIVE CRITICAL LIFE EVENTS: WHERE DYADIC COPING  
AND ATTACHMENT MEET

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THESIS

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A thesis submitted in partial fulfillment of the  
requirements for the degree of Master of Family Sciences in the  
College of Agriculture, Food, and Environment  
at the University of Kentucky

By

Talley Mortara

Lexington, Kentucky

Director: Dr. Nathan D. Wood, Professor of Human Sciences

Lexington, Kentucky

2022

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<https://orcid.org/0000-0002-3575-4246>

## ABSTRACT OF THESIS

### NON-NORMATIVE CRITICAL LIFE EVENTS: WHERE DYADIC COPING AND ATTACHMENT MEET

The aim of the current study was to examine both dyadic coping and anxious attachment following the experience of a critical non-normative life event. Pairfam, a nationally representative German sample, was used as a secondary data set for this quantitative study. Paired samples t-tests were used to analyze the data from 559 German couples to track statistically significant increases or decreases in perception of dyadic coping responses and anxious attachment levels when a non-normative critical life event happened at some point in the previous two years. Results found that the partner of the anchor showed a statistically significant increase in attachment anxiety, but the anchors themselves did not. It was also found that there was a significant decrease in perception of support from their partners among both anchors and partners. It is suggested that future research gather data closer to the time of the event to understand the trajectory of both coping responses between spouse as well as the attachment dimension following a non-normative event. Clinical implications of the current study relate to the addition of therapeutic interventions including but not limited to routine outcome monitoring of a client's attachment dimension along with dyadic coping following an explicit non-normative critical life event.

**KEYWORDS:** Anxious Attachment, Dyadic Coping, Non-Normative Events, Pairfam, Quantitative Research

Talley Mortara

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*(Name of Student)*

07/29/2022

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Date

NON-NORMATIVE CRITICAL LIFE EVENTS: WHERE DYADIC COPING  
AND ATTACHMENT MEET

By  
Talley Mortara

Dr. Nathan D. Wood  
\_\_\_\_\_  
Director of Thesis

Dr. Hyungsoo Kim  
\_\_\_\_\_  
Director of Graduate Studies

07/29/2022  
\_\_\_\_\_  
Date

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TABLE OF CONTENTS

**ACKNOWLEDGMENTS ..... iv**

**LIST OF TABLES ..... vii**

**CHAPTER 1. Literature Review ..... 1**

1.1 Introduction..... 1

1.1.1 Attachment Theory ..... 3

1.1.2 Adult Attachment..... 6

1.1.3 Dyadic Coping ..... 8

1.1.4 Stressor Event: Where Dyadic Coping and Attachment Meet..... 9

1.1.5 Where Dyadic Coping and Non-Normative CLEs Meet ..... 11

1.1.6 Where Non-Normative CLEs, Dyadic Coping, and Attachment Meet ..... 12

Figure 1: How the Concepts Relate ..... 13

1.1.7 The Present Study ..... 13

**CHAPTER 2. Method ..... 13**

2.1 Procedures..... 13

Table 2.1: Demographic Characteristics of Participants..... 15

2.2 Measures ..... 15

2.2.1 Dyadic Coping ..... 15

2.2.2 Anxious Attachment ..... 17

2.2.3 Non-Normative CLEs ..... 17

**CHAPTER 3. Findings..... 18**

3.1 Results..... 18

Table 3.1 Mean Difference and Standard Deviations for Variables of Interest..... 19

Table 3.2 Paired Samples T-Test Results ..... 19

3.1.1 Hypothesis 1..... 20

3.1.2 Hypothesis 2..... 20

3.1.3 Hypothesis 3..... 20

3.2 Discussion..... 21

3.3 Limitations ..... 25

3.4 Implications..... 27

3.4.1 Clinical Implications ..... 27

3.4.2 Research Implications..... 28

3.5 Conclusion ..... 29

<b>REFERENCES.....</b>	<b>34</b>
<b>VITA.....</b>	<b>44</b>



## LIST OF TABLES

Table 2.1 Demographic Characteristics of Participants.....	15
Table 3.1 Mean Difference and Standard Deviations.....	19
Table 3.2 Paired Samples T-test.....	19

LIST OF FIGURES

Figure 1.1 How the Concepts Relate .....13

## CHAPTER 1. LITERATURE REVIEW

### 1.1 Introduction

Impactful life events occur in every person's life. Examples of these critical life events (CLEs) include entering kindergarten, puberty, parenthood, marriage, retirement, and the expected death of parents. In contrast, events such as violence, serious illness, or large financial problems are labeled as non-normative critical life events. CLEs disrupt the normal flow of a person's life and can take many forms such as positive, negative, "normative", or "non-normative" events (Turner et al., 2012). When CLEs impact the individual and/or couple, supportive responses between the partners are required to successfully navigate the potential stressors that occur as a result of the CLE. These responses are referred to as dyadic coping and are highly predictive of relationship functioning (Bertoni & Bodenmann, 2010). However, the extent that partners seek support from one another, or are available to support one another is informed by the quality of each partner's attachment (Bowlby, 1969, 1972, 1980).

The attachment system (Bowlby, 1969, 1972, 1980) is developed at an early age and remains stable through adulthood as well as informing how an individual responds to stressors (Wright et al., 2017). Adult attachment is relevant when discussing romantic relationships in that individuals constantly (even if subconsciously) use their internal working model to assess interactions such as communications, relationship patterns, trust, and intimacy with their partner (Werner-Wilson and Davenport, 2003). Stress experienced by one partner in a relationship triggers dyadic coping mechanisms. These coping mechanisms highlight the couple's ability to work as a team to address the stress. However, while attachment and dyadic coping can impact how an individual/couple

respond to non-normative CLEs. Non-normative CLEs can also impact attachment and dyadic coping.

While previous literature has studied non-normative CLEs, the attachment dimensions, and dyadic coping; the three have yet to be analyzed in the context of one study. The present study explored the influence of non-normative events with the goal of measuring increases and/or decreases in their attachment dimension following a non-normative CLE.

Critical life events often become a point of reference for people as they create a new timeline that includes a “before” and “after” the event (Spini et al. 2005). With an average of about 130 million babies being born around the world a year (Lamble, 2018) childbirth can be labeled as normative CLE. While having kids is a common experience for many, there are still varying degrees of stress associated with adapting to the “new normal” of being parents.

Similarly, non-normative CLEs are common and impact individuals regardless of age, race, ethnicity, socioeconomic status, or other intersectional identities. For example, every 68 seconds, an American experiences sexual violence (Rainn, 2022) and according to the FBI there are over one million burglaries each year (FBI, 2019). In 2019, there were 774,940 reported bankruptcies (United States Courts, 2021) and in the same year over 1.7 million new patients diagnosed with cancer (American Cancer Society, 2019).

A common theme of the fallout from experiencing a critical life event is that a stress response is triggered (Salleh, 2008), and research has shown that this stress response is what triggers the attachment system (Bowlby, 1969; Mikulincer et al., 2003).

Bowlby, the leading pioneer of attachment theory, claimed that one's sense of self and others forms in the push and pull relationship between an infant and caregiver (Bowlby, 1958). This process results in an infant developing an attachment style—or way of relating to others—that stays relatively stable into adulthood (Hazan & Shaver, 1987; Werner-Wilson & Davenport, 2003; Wright et al. 2016). By extension, one can surmise that the way a person interacts with their significant other is shaped by childhood interactions. Accordingly, this literature review is centered around the ways in which one's attachment style influences the dyadic coping process when faced with a non-normative life event.

### 1.1.1 Attachment Theory

John Bowlby's theory of attachment (1958) was formed in response to his curiosity regarding a mother's importance to her child. He had witnessed distress displayed by children when they were separated from their mother and sought to understand the source of this distress (Bowlby, 1958). Ultimately, he proposed the parent-child attachment bond existed as an evolutionary response for protection through proximity seeking. Infants seek close proximity through crying, sucking, and/or clinging. Another goal of Bowlby's theory was to understand the foundation of attachment. He theorized attachment formation was a result of "the extent to which the mother permitted clinging and following and all the behavior associated with them or has refused them" (Bowlby, 1958, p. 370). Bowlby proposed that attachment occurred during the first 8 months of an infant's life through a series of phases. Bowlby's colleague, Mary Ainsworth, later used this theory to construct a naturalistic observation that established various patterns of attachment.

Ainsworth (1978) identified three main types of attachment bonds displayed by infants: Secure, Avoidant, and Ambivalent/Resistant. This was accomplished through her strange situation experiment which was designed to examine children's interactions with their mothers before and after they left their infant in a room with a stranger and then returned after some time. Researchers observed characteristics that were classified by their distinct differences. Resistant infants cried when their caregiver left and could not be soothed once their attachment figure returned, whereas avoidant infants appeared indifferent to their attachment figures whereabouts and continued their indifference once their caregiver returned (Bowlby 1969,1982).

According to Bowlby, secure attachment is formed when the quality of caregiving from a mother is sensitive and loving and the strategy to deal with distress is organized. This means that infants whose caregivers respond to distress in loving ways will feel comfortable sharing their emotions and will come to expect their caregiver to respond to their needs. In later life, this serves as a protective factor against social and emotional maladjustment. Bowlby and Ainsworth provided the foundation for Main and Solomon (1986) to uncover a fourth classification known as "disorganized/disoriented." Infants in this category had caregivers whom had experienced difficulty nurturing, guiding, and responding to the needs of their children. These infants displayed behaviors such as fear and freezing as a result of perceiving their caregivers as frightened or frightening (Main & Heese, 1990).

It is important to note that according to Ainsworth (1989), a person has the capacity to form multiple attachments. While there can be multiple attachments, this does not mean different attachment figures are equivalent to one another. As people age past

infancy they are capable of forming both peer and romantic attachments. Those who question romantic relationships as genuine attachments argue that the attachment behavioral system is a form of protection for infants against selection pressures created by evolution (Kirkpatrick, 1998). This argument has a narrow definition of protection. It is true that infants require aid in food, warmth, shelter, guidance, and monitoring. Normative developmental changes of an aging person mean their needs and protection requirements change as well.

There are three distinct changes in attachment across the developmental life span: time and distance from the attachment figure, degree of mutuality, as well as the integration of sexuality with other aspects of the emotional bond. There are also four defining features of attachment figures according to Bowlby (1969/1982): proximity maintenance, separation distress, safe-haven, and secure base. According to Bowlby, as children age, they can stand to be apart from their primary attachment figure for longer which provides the opportunity to form peer bonds. Peer bonds are classified as affiliative which are presumably regulated by different behavioral systems, but there are aspects of attachment seen in the parent-child bond that is present in peer bond. The parent-directed safe-haven behavior of infancy and early childhood is similar to the confiding and support-seeking characteristics of peer relationships. He also found that there is a proximity-seeking component of peer attachments with kids however it differs from infant attachment in that the drive to seek close proximity to peers is not survival-based. This speaks to a change in the degree of mutuality as peer and romantic bonds require a reciprocal nature. It is not until around ages 15 to 17 years old that peer bonds have been classified as full-blown attachments with all four features of attachment present.

Ainsworth (1989) states that while parents remain part of the attachment hierarchy they eventually assume a secondary position of importance to the partner bond. Infants are driven to seek proximity to their caregivers because the caregiver tends to their basic needs. Sexual attraction is a motivating factor in bringing adults together romantically and is introduced as an aspect of the emotional bond that can be found in attachment specific to romantic partners. It was found that duration of relationship is an important condition for which aspects of attachment are present in the couple relationship. Berscheid (1984) found that couples in the initial stages of a relationship desire to be in close proximity to one another. It is not until later in the relationship that mutual support and care are present between partners (Reedy, Birren, & Schaie, 1981; Sternberg, 1986). Once an attachment bond is established, it was found that nearly all adults prefer spending time with and seeking support from their friends and/or partners rather than their parents. Adults who had been in romantic relationships for at least two years overwhelmingly reported their partners as those whose absence was most distressing and whose presence served as a base of security. This supports Bowlby's hypothesis that attachment behavior becomes redirected towards a partner in adulthood (Zeifman & Hazan 1997).

### 1.1.2 Adult Attachment

Attachment has not only been conceptualized for infants but for adults as well. Bowlby's (1969/1982,1973,1980) theory provided the building blocks for the legacy of attachment by including the concept that attachment has the potential to shape future relationships. Once formed, Bowlby hypothesized that attachment informs one's view of self along with expectations of how others treat them—that is, their internal working



models of self and of others (Gallagher et al., 2016, Wright et al., 2016). Hazan and Shaver (1988) were the first to relate previous theories of romantic love to elements found in attachment theory. Their model followed a similar structure to that of Ainsworth's (1982) attachment styles in that the same three categorical elements were present: secure, avoidant, and anxious.

Bartholomew (1990) later proposed a model of adult attachment with four categories. Bartholomew incorporated the categorical elements of Ainsworth's child-focused laboratory research with Bowlby's internal working models to create a four-category model of adult attachment which includes secure attachment, preoccupied attachment, fearful attachment, and dismissing attachment. The four categories of adult attachment are the result of various combinations of positive and negative views of self and others. Adults who are securely attached have a positive self-model and a positive model of others. Preoccupied attachment is characterized by a negative self-model and a positive model of others. Preoccupied adults anxiously seek the attention of others with the belief that if they can get others to respond to them they will attain safety and security. Fearful attachment is characterized by a negative view of self and others. Fearfully attached adults are similar to preoccupied adults in that they rely on validation and attention from others, yet they differ due to their avoidance of others to protect themselves from rejection or loss. Dismissing attachment is defined by a positive self-model and a negative model of others. Dismissing adults, dismissing adults avoid others, however; they maintain a positive self-model by denying the value of close relationships (Bartholomew & Shaver, 1998).

Currently, adult attachment research uses a dimensional view of attachment as opposed to a categorical approach. The dimensional approach allows for a more continuous measure of individual differences and that attachment is a system of threat regulation that is an ongoing process. There are two major attachment dimensions: attachment anxiety and attachment avoidance. Attachment anxiety measures the extent that individuals who intend to build intimate relationships with others are also afraid of being rejected and abandoned (Fraley et al., 2015). The attachment avoidance dimension is associated with an individual's fear of intimacy and the degree of discomfort towards approaching and relying on others and presents as indifference and avoidance of social and interpersonal relationships (Fraley et al., 2015).

### 1.1.3 Dyadic Coping

Dyadic coping is the term used to describe the way partners respond to stressors together. Dyadic coping has been ranked as being one of the top three relationship strengths among satisfied couples (Bertoni & Bodenmann, 2010). The systemic–transactional model of dyadic coping lays out a step-by-step process of how partners provide one another support. The process begins with Partner A evaluating a stressor on their own. It is at this point that Partner A needs to be able to express their stress to Partner B. There are positive and negative forms of dyadic coping with which Partner B can respond. Positive forms of coping include supportive dyadic coping and common dyadic coping. Supportive dyadic coping is when one partner assists the other in their coping efforts. Common dyadic coping is when both partners participate in the coping process together. Negative forms of coping include hostile, ambivalent, or superficial coping. Hostile coping is the support that is accompanied by distancing or sarcasm.

Ambivalent coping is when a partner gives support but not willingly. Support that is insincere is labeled as superficial coping (Van Shoors, 2019).

Examples of supportive dyadic coping include providing practical advice, showing empathy and concern, and helping Partner A relax and reframe the original stressor. When used effectively, individuals can typically help their partner with things outside of the relationship, known as spillover, by employing these supportive techniques (Breitenstien et al., 2018). Conversely, unsupportive dynamic coping includes showing disinterest, distancing, using sarcasm, and minimizing the severity of the stressor (Kuhn et al., 2018). When problems arise that involve both members of the dyad, there are also ways to positively and negatively interact as a team. Examples of common positive dyadic coping in a couple context include joint problem solving, relaxing together, and mutual calming. Conversely, examples of common negative dyadic coping in a couple of contexts include mutual withdrawal and mutual avoidance (Bodenmann et al., 2010).

#### 1.1.4 Stressor Event: Where Dyadic Coping and Attachment Meet

Dyadic coping might help both partners check in on one another's emotions and cope together, but there is reason to believe that attachment style shapes how individuals in a relationship react to their partners' dyadic coping attempts or offer support to their partner. How partners respond and react to one another in stressful circumstances is known to be associated with attachment style (Meuwly et al., 2012). Meuwly et al. went a step further by measuring cortisol, the hormone that regulates stress, during a stressful situation (public speaking). The investigators found that anxiously attached women were not calmed by dyadic coping, but that cortisol levels otherwise tended to be lower when attempts at dyadic coping occurred than when they did not occur. Although a single

study, these results can nonetheless be informative for thinking about how the effectiveness of dyadic coping might vary according to partners' attachment styles.

Securely attached children tend to be more satisfied in their romantic relationships during adulthood, whereas those with higher anxious or avoidant attachment tend to offer less support in relationships due to their inability to deal effectively with distress (Gallagher et al., 2016; Meuwly et al., 2012). In terms of marital quality, it was found that avoidance is more strongly related to low levels of connectedness, support, and general relationship satisfaction, whereas anxiety is more strongly related to conflict. This fits with attachment theory as avoidance is characterized by physical and emotional distancing and anxiety involves hyperactivation, manifested in needy and demanding behavior. Individuals with high levels of anxious attachment perceive their partner's standard actions as threats to the stability of the relationship, and they are therefore in a constant state of worry that their partner may lose interest and find someone else. Individuals who score high on avoidant attachment are typically less intimate and distance themselves from their partner to create a buffer to avoid forming a bond (Wright et. al, 2016).

### 1.1.5 Where Dyadic Coping and Non-Normative CLEs Meet

According to a review of the dyadic coping literature done by Falconier and Kuhn (2019), previously dyadic coping (DC) research was focused on an individual's experience with the stressor event and their partner's response without considering the dyadic impact the event has on both partners (e.g., Lazarus and Folkman, 1984). In contrast, during the past two decades, there has been a shift in DC research to a more systemic analysis of stressor events meaning a shift from research done on individuals to research on the couple as a dyad. This dyadic conceptualization allows for an opportunity to understand the relational coping in the fallout of a CLE.

Numerous studies have been designed to examine whether positive dyadic coping plays a role in reducing partner distress in both normative and non-normative events (Alves et al., 2018; Despax et al., 2020). For example, dyadic coping in the first-year postpartum plays an important role in how new parents adjust to stress and in their level of confidence in themselves and their partner's ability to be new parents (Alves et al., 2018; Despax et al., 2020). Similarly, with non-normative events, there are studies on the use of dyadic coping to deal with non-normative experiences such as breast cancer (Badar et al., 2010), loss of a child (Albuquerque et al., 2018), chronic obstructive pulmonary disease (Meir et al., 2011), and separation during wildfires (Gallagher et al., 2016). The studies examining these various non-normative events similarly indicated that there was less distress when positive dyadic coping processes were used (Alves et al., 2019; Gallagher et al., 2016). There are a variety of stressors that afford an opportunity to further investigate whether dyadic coping can mitigate a myriad of non-normative events. For example, many unexpected illness related stressors such as cancer (Kraemer et al.,

2011; Hinnen et al., 2008), multiple sclerosis, (Pakenham, 1998), myocardial infarction (Coyne and Smith, 1991), diabetes (e.g., Schokker et al., 2010), Alzheimers (Kramer, 1993), chronic-obstructive pulmonary disease (COPD; Snippe et al., 2012). Each of these unexpected life events are associated with stress and according to Bodenmann et al. (2015), stress communication, part of dyadic coping, has been found to benefit the relationship due to the increased likelihood of each partner providing support following the communication.

#### 1.1.6 Where Non-Normative CLEs, Dyadic Coping, and Attachment Meet

As Salleh (2008) addressed, a common theme of the fallout from experiencing a critical life event is that a stress response is triggered. Stress experienced by one partner in a relationship triggers dyadic coping mechanisms (Wright et al., 2017). Supportive dyadic responses are required between the partners to successfully navigate the stress (Van Shoors, 2019) that occur as a result of the CLE. The extent that partners seek support from one another, or are available to support each other is informed by the quality of each partner's attachment. Attachment informs how one responds to stress, how available they are to others, but also how they seek out or respond to offers of support (Meuwly et al., 2012). This is how attachment and dyadic coping overlap each other during a time of stress. If there's a high stress that means the attachment system is engaged but because the attachment system is engaged that impacts how we respond to our partner. For more details on how the measures relate, see Figure 1.1.

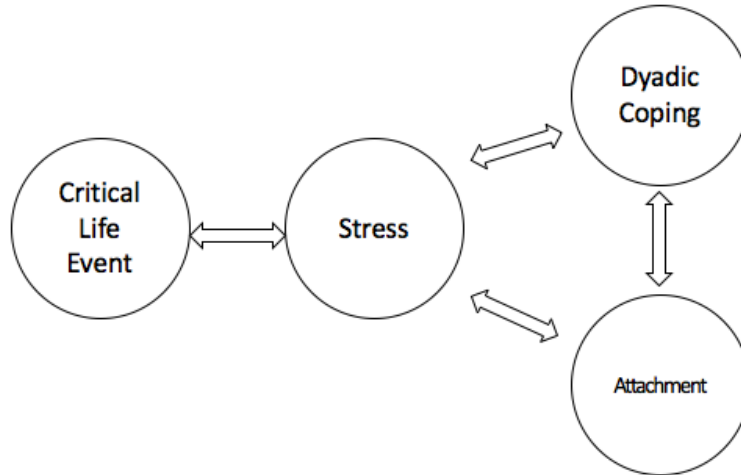


Figure 1: How the Concepts Relate

### 1.1.7 The Present Study

The purpose of this study is to assess the influence that anxious attachment has on dyadic coping as it relates to the stressors of non-normative events. For those individuals in an intimate relationship who have experienced a non-normative event, it is hypothesized that there will be: 1) an increased level of anxious attachment, 2) a decrease in their perception of giving support to their partner as well as 3) a decrease in the perception of receiving support from their partner following a non-normative event as compared to these variables prior to the event.

## CHAPTER 2. METHOD

### 2.1 Procedures

I used the Panel Analysis of Intimate Relationships and Family Dynamics also referred to as Pairfam. Pairfam was developed to expressly study partnership and family dynamics in Germany. This has been accomplished by collecting data annually since

2008/2009 from three randomly selected birth cohorts in Germany: adolescents (born between 1991 and 1993; 15 to 17 at baseline), young adults (born between 1981 and 1983; 25 to 27 at baseline), and middle-aged adults (born between 1971 and 1973; age 35 to 37 at baseline; Huinink et al., 2011). In total there were approximately 12,000 respondents (referred to as anchors) with about 4,000 from each birth cohort. It was not only the anchors who replied to the surveys but their children, spouses, and parents as well. The yearly data that is collected and analyzed is referred to as waves. Anchors receive €10 for continued participation whereas the anchors parents, partners, and children receive €5 for their participation (see Huinink et al., 2011 for more details about P data collection methods).

The Pairfam dataset was chosen for the present study because the data offers a unique lens into the exchange of support networks that families, but more specifically couple dyads, enact in response to non-normative critical life events. The longitudinal nature of this representative German sample allows the opportunity to examine partner stability prior to as well as in responding to a non-normative event. One advantage to using this dataset is that partners from the same relationship are asked the same questions. This is helpful because it allows perceived, received, and intended support to simultaneously be analyzed. I analyzed various data from the first wave taken in 2008 to the most recent 2020 data. Adult anchors who had the same partner both prior to the non-normative CLE and who remained with that partner after the incident were included in the study.



Table 2.1: Demographic Characteristics of Participants at Baseline\* (N = 1,198)

	Anchor	Partner
Male	237	319
Female	322.	240
Mean Age (SD)	34.56 (6.17)	35.64 (7.04)
Years of Education	13.29 (2.83)	13.29 (2.98)

#### Dyadic Variables

Mean Relationship Duration in Years (SD) 10.50 (80.11)

Frequency of Non-Normative Life Events	7 only	9 only	Wave 7 & 9	
			W7	W9
Past 2 years: Serious financial problems	63	47	52	50
Past 2 years: Severe physical illness or accident	59	58	47	59
Past 2 years: Mental illness or addiction	47	27	48	51
Victim of a robbery or burglary	18	10	5	10
Past 2 years: Victim of physical violence	1	4	1	4
Past 2 years: Victim of sexual assault	12	3	9	4
Past 2 years: Victim of bullying	35	24	26	27

\*-Baseline data were collected in Wave 5 of the pairfam study (2011-2012)

## 2.2 Measures

### 2.2.1 Dyadic Coping

Supportive dyadic coping was assessed in anchor-partner relationships. Both members of the dyad were asked “When your partner is stressed out, how often do you react in the following ways”. They then ranked how often (1=Not at all to 5=Absolutely) they; 1) let their partner know they understood them, 2) how often they listened to and

gave their partner a chance to express themselves, and 3) how often they supported their partner in concrete ways. Each member of the dyad was then asked, “When you are stressed out, how often does your partner react in the following ways?” with the same prompts but worded to reflect what their partner does. Following this format allows for both the anchor’s perception of their own giving and receiving of support as well as their partner’s perception of their support in the relationship. Item-average scoring was used for giving and receiving support with higher scores indicating higher support.

### 2.2.2 Anxious Attachment

To assess anxious attachment two scales, the ambivalence scale and the fear of love withdrawal scale, were analyzed which is a replication of Kimmes et al. (2015) measurement of attachment utilizing the pairfam dataset. Anchors were asked, “When you think about your partnership, to what extent do the following statements apply to your situation?” Participants then ranked (1=Not at all to 5=Absolutely) if they liked their partner more than their partner liked them and how sure they were that their partner enjoyed being with them as much as they enjoyed being with their partner. These questions measured the extent to which their need for commitment from their partner is connected with the fear that they need will not be met. The fear of love withdrawal scale asked respondents “When you think about your partnership, to what extent do the following statements apply to your situation?” Respondents then ranked (1=Not at all to 5=Absolutely) if they were afraid their partner thought they were silly if they made a mistake if they were worried their partner wanted to spend time with someone else instead of them, and if they were afraid their partner wouldn't want to be with them if they disappointed or annoyed them. Consistent with Kimmes et al. (2015), scores for anxious attachment were calculated by using the item average/total score. Higher scores on both the ambivalence scale and fear of love withdrawal scale represented a greater degree of anxious attachment.

### 2.2.3 Non-Normative CLEs

Non-normative events were assessed by the Critical Life Event scale. Anchors were asked if they had experienced large financial problems, serious physical illness or

bad accident, mental illness or addiction problems, been a victim of a robbery, physical violence, sexual assault, or mobbing. They were given the option of yes, no, I don't know, and I don't want to answer that.

## CHAPTER 3. FINDINGS

### 3.1 Results

The aim of the present study was to analyze what, if any, influence anxious attachment has on dyadic coping as it relates to the stressors of non-normative events. When preparing the data for analyses, I noticed that there were some anchors who reported non-normative CLE at Wave 7 only, others at Wave 9 only, and another group reported non-normative CLE in both Wave 7 and 9. Given that households with ongoing stressors may be different than those with single reports, three separate paired-samples t-tests were conducted to test these hypotheses: one for those anchors who reported a non-normative CLE in the previous two years at Wave 7 (but not Wave 9), one for those anchors who reported a non-normative CLE at Wave 9 (but not Wave 7), and paired-sample t-tests for those anchors who reported a non-normative CLE at Wave 7 and Wave 9. For more details, see Table 2.1 for the mean change that occurred for each variable and standard deviations and Table 3.1 for paired-sample t-test results. Dividing the sample in this way also provides a way of seeing if the results are consistent across samples.

Table 3.1 Mean Difference and Standard Deviations for Variables of Interest

For any CLE	7 only			9 only			7 and 9		
	N	Mean Change	Std. Dev.	N	Mean Change	Std. Dev.	N	Mean	Std. Dev.
<b>Hypothesis 1</b>									
Anchor's anxious attachment	227	.04	.715	168	.09	.638	155	.036	0.770
Partner's anxious attachment	230	.10	.764	170	.12	.747	152	-.004	0.879
<b>Hypothesis 2</b>									
Anchor support toward partner	232	-.05	.521	171	-.07	.528	156	-.095	0.648
Partner support toward anchor	231	-.06	.544	169	-.05	.567	156	-.103	0.683
<b>Hypothesis 3</b>									
Anchor's perception of support from partner	232	-.04	.570	171	-.14	.603	156	-.119	0.703
Partners perception of support from anchor	231	-.09	.629	168	-.12	.645	156	.034	0.846

Table 3.2 Paired Samples T-Test Results

For any CLE	7 only			9 only			7 and 9		
	t	df	p	t	df	p	t	df	p
<b>Hypothesis 1</b>									
Anchor's anxious attachment	0.95	226	0.345	1.74	167	0.083	0.58	155	0.560
Partner's anxious attachment	<b>1.98</b>	229	<b>0.048</b>	<b>2.01</b>	169	<b>0.046</b>	-0.60	152	0.952
<b>Hypothesis 2</b>									
Anchor support toward partner	-1.61	231	0.107	-1.66	170	0.098	<b>-1.84</b>	156	<b>0.068</b>
	-1.71	230	0.088	-1.09	168	0.280	<b>-1.88</b>	156	<b>0.063</b>

Partner support toward anchor

### Hypothesis 3

Anchor's perception of support from partner      -1.07   231   0.284   **-3.05**   170   **0.003**   **-2.11**   156   **0.037**

Partners perception of support from anchor      **-2.16**   230   **0.032**   **-2.43**   167   **0.016**   0.51   156   0.616

Note: Statistically significant values are bolded.

#### 3.1.1 Hypothesis 1

It was hypothesized that there would be an increased level of anxious attachment following an anchor experiencing a non-normative event. Anchors did not show a statistically significant increase in anxious attachment. It is interesting to note that there was a statistically significant increase in partners' anxious attachment for the non-normative CLE at Wave 7 sample ( $t(226) = -.95, p = .048$ ) as well as the Wave 9 sample ( $t(229) = -1.98, p = .048$ ).

#### 3.1.2 Hypothesis 2

It was hypothesized that anchors who reported a non-normative CLE in the previous 2 years would report a decrease in their perception of giving support to their partner. Anchors and partners both reported a decrease in scores that were trending significant (e.g.,  $p < .08$ ) when a non-normative CLE was reported at wave both waves 7 and 9.

#### 3.1.3 Hypothesis 3

It was hypothesized that anchors who reported a non-normative CLE in the previous 2 years would report a decrease in support received from their partner. Anchors'

perception of support from partners showed a significant decrease in wave 9 ( $t(170) = 3.05, p = .003$ ) and for those that experienced non-normative CLEs in both wave 7 and wave 9 ( $t(156) = 2.11, p = .037$ ). Partner perception of support from anchors in wave 7 ( $t(230) = 2.16, p = .032$ ) and wave 9 ( $t(167) = 2.43, p = .016$ ) were both significant.

### 3.2 Discussion

The aim of the current study was to examine the role of anxious attachment and perceptions of dyadic coping between partners in the context of a non-normative event. Using existing data from the pairfam dataset, a few notable relationships were revealed between the study variables and each hypothesis. The first hypothesis was that there would be an increased level of anxious attachment following an anchor experiencing a non-normative event. Anchors in the present study were the only individuals reporting the presence of non-normative events and yet there was no statistically significant increase or decrease in their anxious attachment scores. However, there was an increase in anxious attachment for their partners. According to Khun et al. (2018), there has been increased recognition in the literature that people do not cope with stressors in isolation from each other but within an interpersonal context. Upon further reflection, of the non-normative events listed in pairfam, many, if not most of the events would impact the household (e.g., large financial problems, physical/mental illness, being a victim of burglary, physical violence, or sexual assault) which may help explain the change in the partners anxious attachment even without any significant change for anchors.

The findings from the current study were mixed in terms of supporting previous literature showing the impact of non-normative events on heightened anxious attachment. Specifically, in terms of the anchors in this study not experiencing significant change in

anxious attachment. Previous research findings have indicated levels of change in the attachment dimension following events both normative and non-normative (Fraley et al., 2021). For example, Fraley et al. showed that dating someone new, fighting with a partner, being physically separated from a partner, and breakups are all normative events in relationships that have caused changes in the attachment bond whether it be for a short period or an extended duration. Smaller events such as beginning a relationship pointed to short term decreases in attachment insecurity such as anxious attachment. On the other hand, a breakup indicated a more enduring shift in increased attachment insecurity. It could be that because those events normative could be why the anchors in this study did not report any change, specifically and increase in anxious attachment.

The work done by Fraley et al. (2021) also looked at time following event that the attachment dimension remained impacted and whether it returned to the original state. The way the pairfam survey was worded it asked if the anchor had experienced the event at any point in the past two years meaning they were only asked once every two years. It could be that at one point there was a change in anxious attachment following the non-normative CLE but the anchor may have adjusted back to their natural level of anxious attachment. According to Davila et al. (1997), “attachment style change is a reaction to current circumstances”. It may be the event is not “current enough” to indicate significant change at the time the anchor reported on their attachment.

If time following event is indeed a critical factor, had anchors in the current study been given opportunity to report on their levels of anxious attachment closer to the event, results could potentially be consistent with the findings of a study done by Kobayashi et al., (2021) on the impact of intimate partner violence (IPV). Results from the Kobayashi



study found that victims of IPV “may become more anxiously vigilant for signs of rejection if they are scanning for signs of anger from the partner”. If reporting closer to the time of the non-normative CLE, anchors may report similar “anxious vigilance” for a period of time before returning to their regular state of anxious attachment prior to the event.

The second hypothesis relates to the perception of support between partners following a non-normative CLE. The second hypothesis was that anchors who reported a non-normative CLE in the previous two years would report a decrease in their perception of giving support to their partner. Results related to reported perception of anchors giving support to their partners were only found to be trending significant rather than fully statistically significant. A possible explanation requires thinking back to the work done by Fraley et al. (2021) and time of reporting as it relates to timing of non-normative CLE. The non-normative CLE in the current study could have taken place at any point in the two years before a given data collection. For example, one pairfam participant may have experienced the event 18 months prior to responding to the questionnaires while another could have experienced the non-normative CLE one week prior to responding to the questionnaires. The responses related to perceived dyadic coping behaviors and attachment might not be reflective of the state of the coping and attachment at the time of the incident.

The third and final hypothesis was that anchors who reported a non-normative CLE in the previous 2 years would report a decrease in perceived support they received from their partners. Again, this hypothesis was confirmed and results showed that there was an increase in lack of perceived support by the anchor from their partner.

Previous literature has found that those with higher anxious attachment are prone to offering less support in a relationship when a stressor arises due to their poor response to when faced with a stressor that causes distress (Gallagher et al., 2016; Meuwly et al., 2012). It is important to note that perception of support given is what was measured in this study. Findings of increased perception of lack of support given by the anchor following a non-normative CLE were corroborated by the results of wave 7 and wave 9 of partners reporting significant decrease in perceived support from their partner.

Possible explanations for this relate to a study done by Helgeson et al. (2020) where dyadic coping was measured before and after the couple discussed how to address diabetes management concerns. The presence of a collaborative discussion resulted in increased perceptions of support given and received between partners. The current study lacked questions to determine if any such collaborative conversation took place in the aftermath of the non-normative CLE experienced by the anchor. Potentially, if the couple was not collaborating following the event there would be a lack of support given and received respectively by the anchors and the partners.

Results from Khul et al. (2018) were similar in that it was found that “dyadic collaboration” was related to improvements in mood and greater support exchanges for both patients and partners when self-reported collaboration was statistically controlled”. Again, it is couples coping in a collaborative exchange that contributes to an individual’s perception of support exchange. Results in the current study indicated that neither anchor nor partner perceived an increase of support given to their partner or received from their partner.

### 3.3 Limitations

Results showed that anchors and partners reported a statistical trend, but not significant of decreased perception of support both given to their partner as well as statistically significant results showing a decrease in perceived support from their partner. While there was not a significant increase in the anchors anxious attachment following a non-normative CLE, it appears there was a statistically significant increase in the partner's anxious attachment. The results were significantly significant given the magnitude of the events listed, however the magnitude of change is likely not practically significant. The decrease in the anxious attachment might not even be noticed by participants or have a meaningful impact on their relationship. This also may depend on the original functioning of the couple. Participants with stronger secure attachment might not notice an impactful change in anxious attachment or dyadic coping following a non-normative event. Whereas couples who began with an insecure attachment have the potential be more greatly affected when the anchor experiences the non-normative CLE.

Another limitation is that there is a lack of data gathered on participants who are avoidantly attached. As avoidant attachment is a dimension of adult attachment that likely impacts dyadic coping, thus the present study cannot give a full picture of adult attachment in the presence of a non-normative event. Related to generalizability limitations that this is a sample collected in Germany. Germany does not collect data by race thus it is impossible to speak to the racialized diversity of the sample and the potential influence of racialization on experiences related to non-normative CLE. Despite Germany being a first world country and that dyadic coping and attachment are not unique to Germany, we are unable to comment on the generalizability of the results for

other nations. In this particular study we can also not generalize based on gender as that was not a key variable of interest

There was a lack of data gathered on the number of different CLEs anchors experienced. There was no way to tell the difference between someone who had experienced three from someone who had only experienced one. Also, because the data was a self-repot responses were subjective for instance people may have different definitions for what large financial hardship may be.

One other, limitation of the study is the question is that we cannot directly connect the non-normative CLE to any observed changes in attachment or dyadic coping. There's a possibility of other confounding variables that could explain the change. Also, there's a possibility that any change seen over a two year period of time is normative. There was also not a matched control group. A matched control group would be beneficial in understanding weather dyadic coping declines naturally overtime for both men and women as Johnson et al. (2016) suggests or if the non-normative CLE acts as a catalyst for change.

Lastly, one other unknown in the catalyst for change seen in dyadic coping and non-normative events is the type of non-normative CLE and continuous nature/multiple instance of non-normative CLE. The current study did not run separate analysis of the seven non-normative CLEs listed in pairfam. It may be that some of the non-normative CLE's impact anchors and partners in different ways than others. Ongoing stressors or experiencing more than one stressor in the two-year period may also impact dyadic coping and attachment in ways that were not examined in this study.

### 3.4 Implications

#### 3.4.1 Clinical Implications

Results from the current study point to a need for ongoing conversations regarding critical life events in the therapy room, both normative and non-normative. Clinicians should begin by asking about all stressors/non-normative events individuals, couples, and/or families may have experienced. The therapist should then perform regular check-ins regarding coping responses during treatment. This is known as routine outcome monitoring (ROM) (Waldron, 2018).

Pairfam only has two subscales that measure dyadic coping. There are many scales that can assist in tracking a client's progress such as the dyadic coping inventory (DCI, Bodenmann, 2008). The DCI measures a couples dyadic coping responses following a stressor. Another option to assess clients' response to therapy is the marriage and family therapy practice research network (MFT-PRN, Johnson, 2017). MFT-PRN is a set of ongoing assessments filled out by clients and the therapist immediately receives results on how the client is progressing or regressing. There is a plethora of options for ROM but the common theme is regular check-ins between the therapist and their clients. This would allow for a better understanding of if therapy is making a difference for couples following a CLE.

The results from the current study have the potential to further inform emotionally-focused therapy (EFT) as EFT is based on attachment theory (Johnson, 2004). According to Bowlby's attachment theory (1958), the attachment system is triggered when a person is under actual or perceived stress (i.e., a non-normative CLE). This attachment system is informed by one's internal working model of self and others

through experiences with an attachment figure; which for married individuals that attachment figure is their spouse. This means that experiences with a spouse influence the amount of self-worth one has as well as the amount of trust they place in others.

As an example, suppose one partner who is anxiously attached, directly experiences a non-normative CLE. Upon reflection of the aftermath, they may feel angry, scared, alone, or a variety of other emotions that their attachment figure (spouse) was not there to protect them. Thus, an attachment injury is formed. An emotionally focused therapeutic approach offers a setting where the couple can process the impact of the event at an attachment level as well as exploring deeper fears. This opportunity to express current fears has the potential to repair the attachment injury as it gives an opportunity for the spouse to comfort and restore their partners internal working model of self and others. While EFT would not label the repair as dyadic coping, this is essentially what is taking place between the couple

### 3.4.2 Research Implications

There are a variety of research implications based on the results of the current study. One research implication is the need for the baseline control group in future research. A matched control group where neither partner has not been exposed to a non-normative CLE would help determine if shifts in dyadic coping are due to the event or rather a natural decline in dyadic coping over time. Future research may also benefit from separation of specific non-normative CLE's to best understand how different categories of non-normative CLE's impact individually differently. Specifically, it would be beneficial in targeting the magnitude of different events and which stressors have the potential to most greatly affect couples.

Usually when people do research related to attachment, they use something similar to the revised experiences in close relationships assessment scale (ECR-r, Fraley, 2000) to assess both attachment dimensions not only anxious attachment. Pairfam did not include items in their questionnaire to assess for avoidant attachment. As this study used a secondary data set that only assessed for one dimension, future research should aim to use measures that explore both anxious and avoidant attachment.

In future research, an attempt to increase reliability/generalizability could be made by using a non-German sample to increase the generalizability. It would also be helpful for future researchers to understand how dyadic coping and attachment are impacted following a non-normative CLE as an effort to understand the generalizability of the results among avoidantly attached individuals.

### 3.5 Conclusion

This research aimed to examine changes in perceived dyadic coping responses as well as the anxious attachment dimension following a non-normative critical life event. While this research clearly illustrates statistically significant changes in both the attachment dimension and dyadic coping responses; it also raises the question of practicality. Based on quantitative analysis of data collected through pairfam, it can be concluded that further research is needed to understand the impacts non-normative stressors on couples. The current study is in-line with previous research that has highlighted the interpersonal context of coping through a stressor between partners. To better understand the implications of these results further studies could address the impact of therapy for couples who have experienced a non-

## APPENDIX 1: DYADIC COPING

### Dyadic Coping

*Presented to anchors and partners in Waves 1, 3, 5, 7, 9, 11*

“When your partner is stressed out, how often do you react in the following ways?”

1. “I let [name of current partner] know that I understand him/her.”
  - a. 1: Never
  - b. 5: Always
  - c.
2. “I listen to [name of current partner] and give him/her the chance to express himself/herself.”
  - a. 1: Never
  - b. 5: Always
  - c.
3. “I support [name of partner] in concrete ways when he/she has a problem”
  - a. 1: Never
  - b. 5: Always
  - c.
4. “When you are stressed out, how does [name of current partner] react in the following ways?”
5. “[Name of partner] lets me know that he/she understands me”
  - a. 1: Never
  - b. 5: Always
6. “[Name of partner] listens to me and gives me the chance to express myself”
  - a. 1: Never
  - b. 5: Always
7. “[Name of partner] supports me in concrete ways when I have a problem”
  - a. 1: Never
  - b. 5: Always



## APPENDIX 2: ANXIOUS ATTACHMENT

*Presented in Wave: 1, 2, 3, 5, 7, 9, 11 (in Wave 2 only for respondents under 30 years)*

“When you think about your partnership, to what extent do the following statements apply to your situation?”

1. Ambivalence Scale
  - a. I'm often afraid [name of current partner] thinks I'm silly or stupid if I make a mistake.
    - i. 1: Never
    - ii. 5: Always
2. Fear of Love Withdrawal Scale
  - a. Sometimes I'm not sure if [name of current partner] enjoys being with me as much as I enjoy being with him/her.
    - i. 1: Never
    - ii. 5: Always

### APPENDIX 3: NON-NORMATIVE EVENTS

“When you think about your partnership, to what extent do the following statements apply to your situation?”

#### Wave 7

The following questions concern distressing life events. Did this event or these events happen during the last two years?

Wave 9: The following questions concern distressing life events. Please note for each event whether you have experienced it in the past 2 years.

Wave 11: The following questions concern distressing life events. Please note for each event whether you have experienced it in the past 2 years.

- Large financial problems, excessive indebtedness or personal bankruptcy
  - Yes
  - No
  - I don't know
  - I don't want to answer that
- Serious physical illness or bad accident
  - Yes
  - No
  - I don't know
  - I don't want to answer that
- Mental illness or addiction problems
  - Yes
  - No
  - I don't know
  - I don't want to answer that
- Victim of a robbery or burglary
  - Yes
  - No
  - I don't know
  - I don't want to answer that
- Victim of physical violence
  - Yes
  - No
  - I don't know
  - I don't want to answer that

- Victim of sexual assault
  - Yes
  - No
  - I don't know
  - I don't want to answer that
  
- Victim of mobbing
  - Yes
  - No
  - I don't know
  - I don't want to answer that

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## VITA

### EDUCATIONAL INSTITUTIONS

B.S., Psychology, 2020

Minor: Human Development and Family Studies

Auburn University, AL

Auburn, AL

### PROFESSIONAL POSITIONS HELD

Intern Therapist, UK Family Center, 2020-2022