



# How do individual attachment patterns of both members of couples affect their perceived infertility stress? An actor–partner interdependence analysis



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## ABSTRACT

There exists a lack of dyadic research examining how the attachment characteristics of infertile individuals influence their experience of infertility-related distress. The actor partner interdependence model was used to test a theoretical model by examining whether both infertile wives and husbands, who display high levels of attachment avoidance and/or attachment anxiety, will experience infertility-related distress. Seven hundred and seventy individuals (385 couples) completed the *experience in close relationships*, the *fertility problem inventory*, and the *state-trait anxiety inventory* prior to infertility treatment. Wives' distress was predicted by their own and by their husbands' attachment avoidance. Husbands' distress was predicted by wives' attachment anxiety. Moreover, interaction effects between two partners were observed when predicting husbands' distress. The results of the current study support the reciprocal nature of couple's attachment relationships.

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## 1. Introduction

Over the last three decades, attachment theory (Bowlby, 1973) has become one of the most important conceptual frameworks for understanding the process of affect regulation. The concept of attachment refers to a motivational behavioral system which is activated when an individual feels threatened (Cassidy, 2000). When the attachment system is activated, the individual seeks safety and proximity to significant others (attachment figures). Adult attachment describes an individual's characteristic way of relating to a primary attachment figure, particularly in times of adversity. In romantic relationships this primary attachment figure is the partner or spouse (Mikulincer & Shaver, 2007). This study is the first to use dyadic data analysis to examine how individual attachment patterns of both members of couples jointly affect their perceived stress, when faced with a particularly distressing situation: infertility and infertility treatment.

### 1.1. Stress and distress of infertile couples

It has widely been established that the powerlessness to conceive children leads individuals and couples to suffer from elevated and

multi-faceted stress (Cousineau & Domar, 2007). Infertility is defined as the inability to conceive a child after 12 months of regular unprotected sexual intercourse and affects 9% of couples worldwide; about 56% of these couples will seek medical assistance to conceive (Boivin, Bunting, Collins, & Nygren, 2007). The experience of infertility and assisted reproduction treatment (ART) has been associated with high levels of chronic stress, which is associated with anxiety and psychological difficulties (Matthiesen, Frederiksen, Ingerslev, & Zachariae, 2011). Moreover, the younger the members of the affected couples are (for men and women), the greater their infertility-related stress will be (Donarelli et al., 2012).

### 1.2. Attachment dimensions in infertile couples

There is evidence that infertility is a stressor, capable of activating attachment-seeking behavior (Lowyck et al., 2009). Attachment was originally discussed in terms of types or styles but the most current research on attachment examines two dimensions of adult attachment: attachment avoidance and attachment anxiety (Mikulincer & Shaver, 2007). Attachment anxiety can be defined as involving a fear of interpersonal rejection or abandonment, and distress when one's partner is unavailable or unresponsive; attachment avoidance can be defined as involving fear of dependence and interpersonal intimacy, an excessive need for self-reliance and reluctance to self-disclose (Shaver & Mikulincer, 2002). In close relationships the anxious individuals

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exaggerate their needs in order to elicit help from others. In contrast to people who display high levels of attachment anxiety, those with elevated attachment avoidance view other people negatively because they believe that others cannot be trusted to care for them without hurting them. When activated, these interpersonal strategies, which people with elevated attachment anxiety or avoidance use to deal with stress, are referred to as *hyperactivating* or *deactivating* attachment strategies respectively (Simpson & Belsky, 2008).

Recent research has explored the relationship between adult attachment strategies and stress or anxiety in couples experiencing infertility. For example, Bayley, Slade, and Lashen (2009) have found that attachment anxiety in men and women correlated with infertility distress. Lowyck et al. (2009) have demonstrated that individuals who are securely attached to their partner report higher well-being during ART treatment than individuals with insecure attachment style. Despite these promising findings, little attention has been given to the investigation of how the dimensions of partner's attachment influence the individual's distress due to the condition of infertility. Mikulincer, Horesh, Levy-Shiff, Manovich, and Shalev (1998) have found that the partners of securely attached people experienced less infertility distress than partners of avoidant or anxiously attached people. Donarelli et al. (2012) have also reported that the infertility distress of women is associated with their partners' attachment anxiety, whereas men's infertility distress is correlated with their partners' attachment avoidance. Unfortunately, neither the study by Mikulincer et al. (1998) nor Donarelli et al. (2012) accounted for the nesting of partners between couples. For example, in the study by Mikulincer's et al., husbands and wives classified themselves as securely attached, avoidant or anxious, and the effect of individuals' attachment style on their partners' distress was examined by one-way MANCOVAs and ANOVAs. However, the results of the study are limited by a lack of modeling couple-related data dependency and of a specific measure of infertility stress. The current study is the first to use a comprehensive model to examine how both partners' attachment strategies can relate to both partners' feelings of infertility stress while controlling for actor effects.

### 1.3. The present study

Our research involved using the actor–partner interdependence model (APIM; Kenny, Kashy, & Cook, 2006) to examine whether the wife's and husband's attachment patterns are positively related to both their own distress and the distress of their partner when they start an ART treatment to conceive a child. Moreover, it is the first to examine the interaction of both partners' attachment strategies across their dyadic partners when examining couples' feelings of distress. Relationship researchers and clinicians involved in infertility treatment are often interested in whether couple similarity or complementarity relating to attachment dimensions is predictive of an individual's stress. To date, there is a dearth of research on this aspect in the infertility research, and this study aims to shed light on this important topic. Based on attachment theory and the previous research regarding couples experiencing infertility, we offer the following hypotheses.

**Hypothesis 1.** Actor effects. We have hypothesized that elevated individual tendencies to be insecure about their partner's availability and responsiveness (anxiety); and the lack of interpersonal exchanges and emotional communication between partners (avoidance), which may hinder relationship quality, will be associated with elevated individual stress for both wives and husbands, controlling for the effect of age.

**Hypothesis 2.** Partner effects. We have hypothesized that higher husbands' attachment avoidance and anxiety will be related to greater wives' distress, and that higher wives' attachment anxiety will be related to greater husbands' distress. The hypothesized husbands' attachment avoidance partner effect is based on our expectation that wives will experience greater distress when their husbands (with high

attachment avoidance) provide low support to them and maintain great emotional distance (Collins & Feeney, 2004). Similarly, we expect that wives will report higher distress when the caregiving offered by their highly anxious husbands is more controlling and intrusive. The hypothesized partner effect of the wives' attachment anxiety is based on our expectation that husbands will feel more distress when their wives display high levels of attachment anxiety because they will feel overwhelmed by their partner's emotional hyper-activation and chronic tendencies to seek reassurance excessively from them (Simpson & Rholes, 2010). We expect no partner effect of the wives' attachment avoidance because husband's distress does not seem to be influenced by the lack of support provided from romantic partners in couples experiencing infertility (Donarelli et al., 2012).

**Hypothesis 3.** Interaction effects. We investigated how partners' dyadic insecure attachment may interactively predict their distress. We hypothesized that partners' attachment anxiety could have synergistic effects. Specifically we expected that both partners' distress would be high when both the members of the couple are anxiously attached and overly sensitive to the negative reactions of their partner. We also hypothesized that both wives and husbands' distress would be high when wives' attachment anxiety interacts with husbands' attachment avoidance, according to adult attachment research (Mikulincer & Shaver, 2007). It is important to note that an exploratory approach was adopted when examining the above-mentioned hypothesized associations between attachment dimensions and infertility distress due to the lack of previous research to support our speculations.

## 2. Material and methods

### 2.1. Participants

Patients were recruited at a private Reproductive Medicine Unit in Italy, between March 2012 and May 2014. Women and men were eligible for the study if they met the following inclusion criteria: starting initial ART treatment; diagnosis of primary infertility. Four hundred and fifty-nine couples (918 patients) undergoing ART treatments were consecutively recruited and invited to participate in the research. Sixty-five couples were excluded because they did not report a diagnosis of primary infertility; and nine couples were excluded because they had children from a previous marriage. The final sample comprised 385 couples who completed the questionnaires. The mean age of female participants was 34 years ( $SD = 4.5$ ), whereas men's mean age was 37 years ( $SD = 5.1$ ). Forty-eight per cent of women (and 53% of men) had reached higher or university level education. The couples had been married for 4.50 years on average ( $\pm 2.20$ ). Participating couples had been trying to conceive a child for an average of 3.61 ( $\pm 2.50$ ) years. Infertility was unexplained in 24.7% of the cases. In 56.5% of the cases the cause of infertility was attributed to the male partner, another 13.3% was attributed to the females and the remaining 5.5% to both members of a couple.

### 2.2. Measures

#### 2.2.1. The experiences in close relationships (ECR) scale (Brennan, Clark, & Shaver, 1998)

This is a 36-item (rated on a 7-point Likert scale) self-report measure and it has been designed to assess how individuals generally experience relationships. It is a valid measure of attachment *Anxiety* (18 items) and *Avoidance* (18 items). The scale has been found to be highly reliable and to have high construct and predictive validity (Shaver & Mikulincer, 2002). The alpha reliability coefficients for the study population were: 0.79 men, 0.78 women for the anxiety subscale and 0.77 men, 0.79 women for the avoidance subscale.

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