Husbands’ and wives’ marital quality: The role of adult attachment orientations, depressive symptoms, and conflict resolution behaviors

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ABSTRACT Although previous research has examined the role of adult attachment orientations, depressive symptoms, and conflict resolution behaviors (attacking and compromising) in marital quality, these variables have typically been considered separately. In the present study, these attributes were examined together in a community sample of 64 married couples. Correlational analyses revealed significant associations among the study variables and generally supported the hypothesized relations. When a regression series was applied to the data in order to examine indirect links between husbands’ and wives’ attachment orientations and their marital satisfaction, results provided some support for mediation; husbands’ conflict resolution behaviors partially mediated the association between husbands’ depressive symptoms and marital satisfaction. Interestingly, wives’ conflict resolution behaviors did not mediate the association between wives’ depressive symptoms and marital satisfaction. Instead, a different pattern was found; wives’ conflict resolution behaviors partially mediated the association between wives’ attachment anxiety and marital satisfaction. Findings highlight the importance of considering husbands’ and wives’ attributes separately and suggest directions for future research on this topic.

KEYWORDS: adult attachment orientations – depressive symptoms – conflict resolution behaviors – marital satisfaction

INTRODUCTION

In light of the dramatic increase in the incidence of divorce in recent decades (Castro-Martin & Bumpass, 1989; Gottman, 1994), identifying individual factors and interpersonal processes that contribute to marital quality has become the focus of much research investigation (Karney & Bradbury, 1995). The present study examined the role of adult attachment orientations, depressive symptoms, and conflict resolution behaviors in marital quality.

Among the numerous attributes identified as having a significant impact on marital quality is depression (Beach, Sandeen, & O’Leary, Downey & Coyne, 1990), with studies showing that 50% of depressed women reported serious marital difficulties.
Some researchers have attempted to better understand how depression impacts marital quality by considering the factors that contribute to depression (Carnelley, Pietromonaco, & Jaffe, 1994). Interpersonal processes are commonly noted as factors that may promote and maintain depression (Beck, 1967; Brown & Harris, 1978; Paykel & Weissman, 1973). According to interpersonal perspectives, depressed persons demonstrate a range of maladaptive behaviors during their interactions with others (Lewinsohn, 1974), including impaired problem-solving abilities (Christian, O’Leary, & Vivian, 1994; Schmaling & Jacobson, 1990). The depressed person’s maladaptive interactions with his/her significant other have been identified as playing a particularly salient role (Hinchliffe, Hooper, & Roberts, 1978).

Marital conflict is one context in which depressed persons’ maladaptive behaviors have been observed (Schmaling & Jacobson, 1990). Conflict is an inevitable relationship experience, and conflict resolution strategies reflect interpersonal behaviors used to resolve disagreements in the marriage. How conflict is managed has important relevance to relationship functioning (Shantz & Hartup, 1992). Gottman (1994) has consistently found that without effective conflict resolution strategies relationships are more likely to dissolve. Because maladaptive interpersonal behaviors are believed to promote and maintain depression (Beck, 1967; Brown & Harris, 1978; Paykel & Weissman, 1973), less constructive conflict resolution approaches may be more common in couples wherein one or both spouses are experiencing elevated levels of depressive symptoms. Indeed, research has shown that more depressive symptoms were associated with fewer problem-solving behaviors (Schmaling & Jacobson, 1990) and more avoidance and attacking behaviors in the marriage (Marchand & Hock, 2000; Nelson & Beach, 1990).

Researchers have also begun to use Attachment Theory (Bowlby, 1969/1982) to better understand the role of individual attributes and interpersonal processes in marital quality (Carnelley et al., 1994; Karney & Bradbury, 1995). According to attachment theory (Bowlby, 1977), internal working models of self and attachment figures develop in the context of early parent–child interactions. Internal working models are cognitive representations of early caregiving experiences, and individual differences in the quality of these working models are believed to reflect the degree to which the primary caregiver provided sensitive and consistent caregiving to the infant. A basic assumption of attachment theory is that internal working models that develop in infancy and childhood are highly stable and are carried forward into adolescent and adult relationships where they serve as a guide for one’s expectations, perceptions, and behaviors. However, attachment theory also assumes that working models can change as they accommodate and assimilate current interpersonal experiences (Bowlby, 1969/1982, 1980).

Three patterns of attachment were identified by Ainsworth, Blehar, Waters, and Wall (1978) in their research using mother–infant dyads. Securely attached children use their caregiver as a secure base from which to explore and seek comfort from their caregivers in times of distress. Avoidantly attached children do not seek comfort from their caregivers. Instead, they choose to alleviate negative emotions through their own efforts. Anxiously/ambivalently attached children are inconsistent in their attempts to seek comfort from their caregivers. Their conflict attempts are thought to reflect their uncertainty about the caregiver’s availability.

Research on adult relationships has revealed similar patterns of attachment (Collins & Read, 1990; Hazan & Shaver, 1987; Kobak & Hazan, 1991). Adult attachment
orientations are a conscious set of expectancies for how to behave in intimate relationships, as well as attitudes and attributions regarding the behaviors of others, and they are believed to have a significant bearing on one’s intimate relationships (Simpson & Rholes, 1998). Because conflict threatens the security of the relationship, Kobak and Duemmler (1994) have suggested that conflict is one context in which the behaviors associated with a particular attachment orientation are likely to be observed. Indeed, research has shown that insecure adult attachment orientations were associated with fewer constructive problem solving behaviors during marital interaction tasks (Kobak & Hazan, 1991) and more verbal aggression and withdrawal in the marriage (Senchak & Leonard, 1992).

The aforementioned research provides support for links between adults’ attachment orientations and depressive symptoms and their conflict resolution behaviors. Additionally, recent theoretical perspectives suggest that the joint consideration of these attributes can further our understanding of marital quality. For example, according to Karney and Bradbury’s (1995) Vulnerability – Stress – Adaptation Model of marriage, adult attachment orientations and depressive symptoms would be considered ‘enduring vulnerabilities’ that contribute to marital quality through their impact on adaptive processes that are used by husbands and wives to cope with marital difficulties. Conflict resolution behaviors reflect interpersonal behaviors used to address disagreements in the marriage and thus, are processes that have a significant bearing on marital quality.

Only one study to date has considered adults’ attachment orientations, depressive symptoms, conflict resolution behaviors, and marital quality together. Carnelley et al. (1994) examined working models of parents, romantic attachment styles, and depression status as predictors of women’s conflict resolution behaviors and relationship satisfaction. Only women’s romantic attachment styles significantly predicted their conflict resolution behaviors and relationship satisfaction; women who had insecure attachment styles were less likely than women with secure attachment styles to use a constructive conflict resolution approach and were more likely to report less relationship satisfaction.

The work of Carnelley et al. (1994) has provided important information on the contributions of adult attachment styles and depression to women’s conflict resolution behaviors and marital satisfaction. However, it is uncertain whether this same pattern of findings applies to married men. Some research has suggested that women tend to be more relationship-oriented than men (e.g., Markus & Oyserman, 1989). This tendency might account for the salient role of women’s romantic attachment styles in predicting their conflict resolution behaviors and relationship satisfaction in Carnelley’s et al. (1994) research. In order to address the role of adult attachment orientations, depressive symptoms, and conflict resolution strategies in the marital quality of women and men, the present study was based on a community sample of married couples.

The findings of Carnelley et al. (1994) may have also been influenced by the researchers’ decision to measure depression as a categorical variable. This approach would have resulted in depression having a more restricted range than adult attachment style, which was measured as a continuous variable, and may account for the more salient role of adult attachment style. In the present study, depression was measured as a continuous variable.

With regard to conflict resolution, the present study considered two approaches: attack and compromise. Attack refers to physical or verbal attacks on another person,
and compromise includes listening to the other person and attempting to understand or work out a solution that is mutually acceptable (Rubenstein & Feldman, 1993). In a previous study by Marchand and Hock (2000), marital satisfaction was shown to be significantly correlated with attacking and compromising behaviors in the marriage; more attacking behaviors and fewer compromising behaviors were associated with less marital satisfaction.

Finally, the present study focused on three underlying dimensions of adult attachment orientations: one’s comfort with closeness in intimate relationships, comfort depending on others, and anxiety over experiencing abandonment and rejection. Researchers have typically considered discrete attachment styles, (e.g., Carnelley et al., 1994; Kobak & Hazan, 1991; Senchak & Leonard, 1992), with individuals being classified as either secure (e.g., is comfortable with closeness in relationships), avoidant (e.g., is uncomfortable with closeness and depending on others), or anxious (e.g., has concerns over being rejected or unloved by others). However, Collins and Read (1990) have argued that examining the underlying dimensions of adult attachment styles may provide a more accurate understanding of attachment processes by identifying which component of one’s attachment style accounts for a specific association. Further, in at least one study researchers applied taxometric techniques to a large sample of attachment data and found no evidence for a categorical interpretation of adult attachment patterns (Fraley & Waller, 1998). With regard to husbands’ and wives’ conflict styles, some research has identified anxiety over experiencing abandonment and rejection as a key variable, with higher scores on anxiety associated with conflict styles characterized as more coercive and distressing (Feeney, Noller, & Callan, 1994).

The general model for the present study, represented by Figure 1, shows the hypothesized links among the study variables. The model assumes that adult attachment orientations, depressive symptoms, and conflict resolution behaviors influence marital satisfaction directly. The model also includes the possibility that adult attachment orientations and depressive symptoms may be related to conflict resolution behaviors and that conflict resolution behaviors may mediate the association between adult attachment orientations (or depressive symptoms) and marital satisfaction. Based on the aforementioned research and current theoretical

![Figure 1](image-url)
perspectives (e.g., Karney & Bradbury, 1995), several specific hypotheses were tested. It was expected that husbands and wives who reported less comfort with closeness, less comfort depending on others, more anxiety over experiencing abandonment and rejection, and more depressive symptoms would report less marital satisfaction. It was also expected that husbands and wives who reported using more attacking behaviors and fewer compromising behaviors would report less marital satisfaction. Finally, it was expected that husbands and wives who reported less comfort with closeness, less comfort depending on others, more anxiety over experiencing abandonment and rejection, and more depressive symptoms would report more attacking behaviors and fewer compromising behaviors. Although similar patterns of associations were expected for husbands and wives, the research literature suggests that men and women orient to relationships differently (e.g., Markus & Oyserman, 1989). Women’s tendency to be more relationship-oriented may lead women to be more aware of their attachment to their partner and its impact on the dynamics of their intimate relationships and their relationship satisfaction. In order to consider the possibility that the importance of attachment orientations in conflict resolution behaviors and marital satisfaction may be different for husbands versus wives, data for husbands and wives were considered separately.

METHOD

Sample

Data were collected from a convenience sample of Caucasian couples who were participants in a larger study on child behavior problems. Couples lived in several communities located in two adjacent counties (Franklin County, Pennsylvania and Washington County, Maryland). They were recruited through announcements distributed to three elementary schools and advertisements in local community newspapers. Study participation criteria were: (a) being the parent of a 6- to 8-year-old child who did not have a chronic illness, physical or mental disability, or behavioral or mental disturbance for which the child was receiving medication, (b) being married to their present spouse for 2 or more years, and (c) residing in the same household with one’s spouse and the focal child at the time of the study.

The majority of couples were living with their biological offspring; only 14% of couples were residing with one or more children from a previous marriage. Family income ranged from $20,000 – 100,000 ($M = $53,067), with 27% of families earning between $20,000 – 39,000, 36% earning between $40,000 – 59,000, 23% earning between $60,000 – 79,000, and 17% earning between $80,000 – 100,000. On average, mothers were 36 years old (range: 26 – 53 years) and had 14 years of schooling (range: 12 – 19 years); the fathers were 38 years old (range: 28 – 77 years) and had 15 years of schooling (range: 12 – 26 years). The majority of mothers (70%) and fathers (66%) had some college education. Census data collected in 2000 indicated that 95.3% and 89.7% respectively of the county residents were Caucasian and that median household incomes were $37,843 and $37,327. These statistics suggest that the study sample was representative of the larger population in terms if racial diversity; however, in terms of socioeconomic status, the study sample had proportionately more middle-income families.
Procedure

In response to the announcements and advertisements, 75 couples contacted the primary investigator by phone or postcard and provided their home address. Husbands and wives were then mailed separate packets that included an informed consent form and self-administered questionnaires along with explicit instructions for the completion of the questionnaires. In addition, couples were told that they would receive $20 for returning completed questionnaires. The questionnaires were used to obtain data on husbands’ and wives’ sociodemographic characteristics, adult attachment orientations, depressive symptoms, conflict resolution behaviors, and marital satisfaction. Sixty-six couples returned questionnaires. The present study is based on 64 couples who provided complete data.

Measures

**Adult attachment orientations** The 18-item Adult Attachment Scale (AAS; Collins & Read, 1990) was used to assess husbands’ and wives’ comfort with closeness, comfort depending on others, and anxiety over experiencing abandonment and rejection. Each subscale consists of six items. Item responses were scored on a Likert scale that ranged from 1 = ‘not at all characteristic of me’ to 5 = ‘very characteristic’. Item responses were summed to obtain a scale score that ranged in value from 6 – 30; higher scores indicated that the individual experienced the dimension to a greater degree. Example items from the Close subscale include ‘I find it relatively easy to get close to people’ and ‘I am comfortable developing close relationships with people’. Example items from the Depend subscale include ‘I am comfortable depending on others’ and ‘I know that people will be there when I need them’. Examples items from the Anxiety subscale include ‘In relationships, I often worry that my partner doesn’t really love me’ and ‘In relationships, I often wonder whether my partner really cares about me’. Cronbach’s alphas, reported previously by Collins and Read (1990), ranged from .69 to .75. In the present study, Cronbach’s alphas for the Close subscale were .82 and .77 for husbands and wives, respectively. Cronbach’s alpha for the Depend subscale was .76 for husbands and .79 for wives. Cronbach’s alpha for the Anxiety subscale was .84 for husbands and wives. Construct validity of the AAS has been demonstrated by Collins and Read (1990) using Hazan and Shaver’s single-item measure (Hazan & Shaver, 1987).

**Depressive symptoms** The 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) was used to assess depressive symptoms in husbands and wives. The CES-D Scale is a commonly used, self-report measure of depressive symptoms that was intended for use with the general population. Participants responded to each item using the following four-point scale: 0 = ‘rarely or none of the time (less than 1 day)’, 1 = ‘some or a little of the time (1 – 2 days)’, 2 = ‘occasionally of a moderate amount (3 – 4 days)’, and 3 = ‘most or all of the time (5 – 7 days)’. CES-D scale scores range in value from 0 to 60, with higher scores indicating greater depressive symptomatology. Internal consistency has been shown to be about .85 in the general population (Radloff, 1977). In the present study, Cronbach’s alpha was .92 and .89 for husbands and wives, respectively.

**Conflict-resolution behavior** The 22-item Conflict-Resolution Behavior Questionnaire (CRBQ; Rubenstein & Feldman, 1993) was used to assess the extent to which
husbands and wives used attacking and compromising behaviors to resolve disagreements in the marriage. The attacking subscale consists of nine items, and the compromise scale consists of five items. Each Likert-type item is scored on a scale that ranges from 1 = ‘never’ to 5 = ‘almost always’. Scale scores are obtained by summing item scores. Example items that represent attacking behavior are ‘Really get mad and start yelling’ and ‘Say or do something to hurt his/her feelings’. Example items that represent compromise behavior are ‘Listen to your partner and try to understand’ and ‘Try to work out a compromise’. Although an earlier version of the CRBQ has been used to assess parent-adolescent conflict (Rubenstein & Feldman, 1993), a more recent version was used in the present study to assess husbands’ and wives’ marital conflict-resolution behaviors. This version has been shown to correlate with other indices of the marital relationship (Marchand & Hock, 2000). Studies have reported estimates of internal consistency that ranged from .81 to .87 for the Attack scale and .78 to .91 for the Compromise scale (Reese-Weber & Bartle-Haring, 1998). In the present study, Cronbach’s alpha for the Attack scale was .83 for husbands and .68 for wives. Cronbach’s alpha for the Compromise scale was .73 for husbands and .71 for wives.

Marital satisfaction The 32-item Marital Comparison Level Inventory (MCLI; Sabatelli, 1984) was used to assess husbands’ and wives’ perceptions of the quality of their marital relationship. This commonly used instrument (Booth, 1990) provides a measure of the contrast between marital experiences and marital expectations. This Likert-type scale requires respondents to indicate the degree to which their current marital relationship experiences, favorably or unfavorably, compare to their expectations by circling scores ranging from +3 (much better than expected) to −3 (much worse than expected). The midpoint (0) of the scale indicates that the person’s expectations exactly match their experiences within the relationship. Item responses are summed to obtain scale scores; higher scores indicate that the respondent’s current marital relationship experiences favorably match or exceed his/her expectations. Example items include, ‘The amount of mutual respect you experience’ and ‘The amount of arguing over petty issues you experience’. The MCLI has been shown to relate to other indices of marital quality and measures of marital commitment (Sabatelli, 1988). In the present study, alpha coefficients were .96 for husbands and .97 for wives.

RESULTS

Preliminary analyses

Pearson’s r was used to examine bivariate relations among the study variables. Considerable support was found for the hypothesized links between husbands’ and wives’ attachment orientations, depressive symptoms, and conflict resolution behaviors and their marital satisfaction. Table 1 shows that husbands who reported less comfort with closeness, less comfort depending on others, and more anxiety over experiencing abandonment and rejection reported less marital satisfaction. Further, husbands who reported experiencing more depressive symptoms reported less marital satisfaction, and husbands who reported using more attacking behaviors and fewer compromising behaviors reported less marital satisfaction. Additionally, Table 2
shows that wives who reported more anxiety over experiencing abandonment and rejection reported less marital satisfaction. As well, wives who reported using more attacking behaviors and fewer compromising behaviors reported less marital satisfaction.

Some support was also found for the hypothesized links between husbands’ and wives’ adult attachment orientations, depressive symptoms, and their conflict resolution behaviors. As shown in Table 1, husbands who reported less comfort with closeness, less comfort depending on others, and more anxiety over experiencing abandonment and rejection reported using more attacking behaviors, and husbands who reported experiencing more depressive symptoms reported using more attacking behaviors and fewer compromising behaviors.

Further, as shown in Table 2, wives who reported less comfort depending on others and more anxiety over experiencing abandonment and rejection reported using more attacking behaviors and fewer compromising behaviors. Additionally, wives who reported less comfort with closeness reported fewer compromising behaviors, and...
wives who reported experiencing more depressive symptoms reported using more attacking behaviors.

**Mediating role of conflict resolution behaviors**

In order to determine whether conflict resolution behaviors mediated the association between husbands’ and wives’ attachment anxiety and depressive symptoms and their marital satisfaction, a regression series recommended by Baron and Kenny (1986) was utilized. According to Baron and Kenny (1986), in order for a variable to have a mediating effect the following conditions must be met: (1) The independent variable must be significantly related to the mediator; (2) the independent variable must be significantly related to the dependent variable; and (3) the mediator must be significantly related to the dependent variable when the dependent variable is regressed on the independent variable and the mediator. Additionally, the relation between the independent variable and the dependent variable should no longer be significant when independent variable and the mediator are regressed on the dependent variable. Partial mediation occurs when the association between the independent variable and the dependent variable continues to be significant when the independent variable and the mediator are regressed on the dependent variable, but the strength of the association is reduced. Using the aforementioned regression series, several regression analyses were conducted. The models tested were based on results from the preliminary analyses. The results, presented in Tables 3 and 4, provide some support for mediation.

*Table 3* Regression analyses testing the mediating effects of husbands’ attacking and compromising conflict resolution behaviors

<table>
<thead>
<tr>
<th>Predicted variable</th>
<th>Variables in equation</th>
<th>$R^2$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Husbands’ attacking behaviors</td>
<td>Husbands’ close</td>
<td>.10</td>
<td>-.32**</td>
</tr>
<tr>
<td>2. Husbands’ marital satisfaction</td>
<td>Husbands’ close</td>
<td>.06</td>
<td>.25</td>
</tr>
<tr>
<td>3. Husbands’ marital satisfaction</td>
<td>Husbands’ close</td>
<td>.14</td>
<td>.16</td>
</tr>
<tr>
<td>1. Husbands’ attacking behaviors</td>
<td>Husbands’ attacking behaviors</td>
<td>-.30*</td>
<td></td>
</tr>
<tr>
<td>2. Husbands’ marital satisfaction</td>
<td>Husbands’ depend</td>
<td>.18</td>
<td>-.43**</td>
</tr>
<tr>
<td>3. Husbands’ marital satisfaction</td>
<td>Husbands’ depend</td>
<td>.26</td>
<td>.51**</td>
</tr>
<tr>
<td>1. Husbands’ attacking behaviors</td>
<td>Husbands’ attacking behaviors</td>
<td>.20</td>
<td>.32*</td>
</tr>
<tr>
<td>2. Husbands’ marital satisfaction</td>
<td>Husbands’ anxiety</td>
<td>.11</td>
<td>-.34**</td>
</tr>
<tr>
<td>3. Husbands’ marital satisfaction</td>
<td>Husbands’ anxiety</td>
<td>.16</td>
<td>-.40**</td>
</tr>
<tr>
<td>1. Husbands’ attacking behaviors</td>
<td>Husbands’ depressive symptoms</td>
<td>.21</td>
<td>.46**</td>
</tr>
<tr>
<td>2. Husbands’ marital satisfaction</td>
<td>Husbands’ depressive symptoms</td>
<td>.12</td>
<td>-.34**</td>
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<tr>
<td>3. Husbands’ marital satisfaction</td>
<td>Husbands’ depressive symptoms</td>
<td>.16</td>
<td>-.26</td>
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<tr>
<td>1. Husbands’ compromising behaviors</td>
<td>Husbands’ attacking behaviors</td>
<td>-.11</td>
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* $p < .05$; ** $p < .01$
As shown in Table 3, the independent variable, husbands’ depressive symptoms, was significantly associated with the mediator, husbands’ compromising behaviors, supporting condition 1 of the Baron and Kenny test. Additionally, condition 2 was met; the independent variable, husbands’ depressive symptoms, was significantly related to the dependent variable, husbands’ marital satisfaction. Finally, condition 3 was supported; the mediator, husbands’ compromising behaviors, was significantly associated with the dependent variable, husbands’ marital satisfaction, when controlling for the independent variable, husbands’ depressive symptoms. Further, the strength of the association between the independent variable, husbands’ depressive symptoms, and the dependent variable, husbands’ marital satisfaction, was reduced with the entry of the mediator, husbands’ compromising behaviors, in the regression equation.

As Table 4 shows, the independent variable, wives’ anxiety over experiencing abandonment and rejection, was significantly related to the mediator, wives’ attacking behaviors, supporting condition 1 of the Baron and Kenny test. Condition 2 was also met; the independent variable, wives’ anxiety over experiencing abandonment and rejection, was significantly associated with the dependent variable, wives’ marital satisfaction. Finally, Condition 3 of the test was met; the mediator, wives’ attacking behaviors was significantly associated with the dependent variable, wives’ marital satisfaction, when controlling for the independent variable, wives’ anxiety over experiencing abandonment and rejection. Further, the strength of the association between the independent variable, wives’ anxiety over experiencing abandonment and rejection, and the dependent variable, wives’ marital satisfaction, was reduced with the entry of the mediator, wives’ attacking behaviors, in the regression equation.

**DISCUSSION**

In the present study, the role of adult attachment orientations, depressive symptoms, and conflict resolution behaviors (attacking and compromising) in marital quality was considered in a community sample of married couples. An earlier study examining these individual attributes together was based on a sample of married women (Carnelley et al., 1994). By considering both spouses’ attributes, the present study provided important information on the differential associations among husbands’ vs.
wives’ attachment orientations, depressive symptoms, conflict resolution behaviors, and marital satisfaction.

Results from the correlational analyses indicated that husbands’ attachment orientations and depressive symptoms were significantly related to their marital satisfaction. Additionally, husbands’ attachment orientations were significantly related to their attacking behaviors, and husbands’ depressive symptoms were significantly related to their attacking and compromising behaviors. In contrast, wives’ attachment orientations, but not wives’ depressive symptoms, were significantly related to their marital satisfaction. Further, wives’ attachment orientations were significantly related to their attacking and compromising behavior, and wives’ depressive symptoms were significantly related to their attacking behaviors.

Current theoretical perspectives suggest that adult attachment orientations and depressive symptoms are enduring vulnerabilities that impact marital satisfaction by effecting the adaptive processes husbands and wives use to address marital difficulties (i.e., Karney & Bradbury, 1995). Results from the present study provide some support for this idea. When a regression series was applied to the data in order to further explore the links between husbands’ and wives’ attachment orientations, depressive symptoms, conflict resolution behaviors and their marital satisfaction, results indicated that husbands’ compromising behaviors partially mediated the association between husbands’ depressive symptoms and their marital satisfaction. That is, when husbands’ compromising behaviors were considered after their depressive symptoms, the association between husbands’ depressive symptoms and marital satisfaction continued to be significant, but the strength of the association between husbands’ depressive symptoms and marital satisfaction was reduced. Interestingly, wives’ compromising behaviors did not mediate the association between wives’ depressive symptoms and marital satisfaction. Instead, a different pattern was found; wives’ attacking behaviors partially mediated the association between wives’ anxiety over experiencing abandonment and rejection and marital satisfaction. The findings for husbands and wives suggest that additional processes may need to be considered in order to more fully understand husbands’ and wives’ marital satisfaction. An important avenue for future research is the consideration of the contributions of the spouse’s conflict resolution behaviors to his/her partner’s marital satisfaction. Additionally, spouses’ cognitive appraisals of behavioral exchanges with their partners have been identified as important variables to consider in future research (Bradbury & Fincham, 1991).

A few methodological limitations of the present study warrant further research on this topic. Specifically, findings from the present study were based exclusively on self-report data. Because husbands and wives reported on their own attributes, common method variance may have influenced the results. That is, a portion of the variance in the scores may be due to the idiosyncratic manner in which an individual responds to the measures (Sabatelli & Bartle, 1995). In addition, husbands and wives may have different perceptions of the conflict resolution behaviors used in their marriage. Consequently, findings from the present study should be interpreted with caution until they can be replicated by future research using multiple informants of husbands’ and wives’ attributes.

Further, because findings were based on data collected from a relatively small, homogeneous sample, they may not be generalized to other populations because differences in level of functioning or ethnicity may result in a pattern of findings that
differs from the one found in the present study. For example, husbands and wives in
the present study reported relatively low levels of depressive symptoms and low rates
of attacking behaviors. Thus, it is uncertain whether the same patterns of findings
would be found among couples wherein one or both spouses were experiencing
clinical levels of depressive symptoms or using attacking behaviors more frequently.
Additionally, the power to detect significant effects in the mediational analyses may
have been limited by the small sample size. A retrospective power analysis indicated
that power ranged from 49–99%, suggesting that a larger sample may be needed in
order to detect significant effects for some of the models tested in the present study.
Future research based on larger, more diverse samples of married couples can address
these methodological shortcomings.

Finally, the general model tested in the present study assumes that adult attachment
orientations, depressive symptoms, and conflict resolution behaviors are important
causal agents of marital satisfaction. However, due to the use of cross-sectional data,
inferences about causality cannot be made. It is likely that the relations between the
study variables are reciprocal, leaving open the possibility of an alternative model –
one wherein husbands’ and wives’ marital satisfaction has an impact on their adult
attachment orientations, depressive symptoms, and conflict resolution behaviors.
Indeed, findings from two recent longitudinal studies provide some support for an
alternative model. Davila, Karney, and Bradbury (1999) found that as husbands and
wives reported less marital satisfaction over time, they also reported less security.
Additionally, Dehle and Weiss (1998) found that initial levels of marital satisfaction
predicted greater increases in subsequent depressed mood. Future research in this area
of inquiry can provide information on the causal direction of influence by using
longitudinal data.

The present study does contribute to the literature. Overall, findings from the
present study provided important information on the role of adult attachment
orientations, depressive symptoms, and conflict resolution behaviors in husbands’
and wives’ marital satisfaction. Further, by considering underlying dimensions of
adult attachment, this study provided information on the specific processes by which
attachment orientations may impact the marriage. Findings suggest that wives’
anxiety over experiencing abandonment or rejection may manifest as angry or
attacking behaviors in the context of marital disagreements. In turn, their angry and
attacking behaviors may lead them to experience less marital satisfaction. Findings
from the present study also suggest that husbands’ depressive symptoms may
interfere with their ability to use more positive forms of conflict resolution in the
marriage, which in turn can effect their marital satisfaction.

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