

The Influence of Adult Attachment Styles on the Association Between Marital Adjustment and Depressive Symptoms

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This study tested the hypothesis that attachment styles moderate the relationship between marital adjustment and depressive symptoms among husbands and wives. In a sample of 91 married couples, ratings of the anxious–ambivalent attachment style moderated the relationship between marital adjustment and depressive symptoms for both husbands and wives. Additionally, ratings of the secure attachment style moderated the relationship between marital adjustment and depressive symptoms for wives, with a trend for husbands. These findings suggest a relationship between insecurity and a predisposition to depressive symptoms in marital relationships.

Over the past two decades, the association between marital dysfunction and depressive symptoms has been demonstrated within several community-based and clinic samples (Beach, Arias, & O'Leary, 1987; Beach & O'Leary, 1993). Weissman's (1987) epidemiological study revealed that happily married couples are three times less likely to be depressed than are single, separated, or divorced individuals and that men and women who report marital dysfunction are 25 times more likely to be depressed than their satisfied counterparts. Among clinic samples presenting with marital problems, 50% have been found to suffer from a combination of both marital dysfunction and depressive symptoms (Beach, Jouriles, & O'Leary, 1985). Among newlyweds, distressed partners have been found to have 10 times the risk for developing depressive symptoms than nondistressed partners (O'Leary, Christian, & Mendell, 1994). Furthermore, 22% of distressed wives have been found to meet diagnostic criteria for a current major depressive episode, compared with 8% of nondistressed wives (Cascardi, O'Leary, Lawrence, & Schlee, 1995).

Although there is evidence that depressive symptoms can precede marital problems (Beach & O'Leary, 1993), increases in depressive symptoms are frequently preceded by increases in marital distress (Markman, Duncan, Storaasli, & Howes, 1987; Schaefer & Burnett, 1987). For example, in a sample of newlyweds, Beach and O'Leary (1993) found that relationship distress at the time of the first assessment predicted depressive symptoms 18 months later. Further-

more, in a prospective cohort design, Whisman and Bruce (1999) found that community couples who were maritally distressed at baseline had three times the risk of meeting criteria for a major depressive episode within the subsequent year than did nondistressed couples. In sum, there is compelling evidence of an association between marital dysfunction and depressive symptoms.

The marital discord model of depressive symptoms (Beach, Sandeen, & O'Leary, 1990) suggests that marital relationships are important in understanding the development of depressive symptoms for some groups of vulnerable persons. According to the model, marital dysfunction decreases available support from partners. Marital dysfunction is also said to increase overt hostility, threats of divorce, severe denigration, and disrupted marital routines. These by-products of marital dysfunction may account for the relationship between marital dysfunction and depressive symptoms. However, not all individuals experiencing an increase in marital dysfunction also experience an increase in depressive symptoms, suggesting the presence of additional variables that moderate this relationship. For example, in a longitudinal study, Beach and O'Leary (1993) found that persons who were chronically dysphoric were more vulnerable to depressive symptoms when stresses arise in the marital relationship. One limitation of the current literature, however, is that it has largely ignored the role adult attachment styles should play in moderating the effect of marital dysfunction on depressive symptoms (e.g., O'Leary, Christian, & Mendell, 1994; Beach & O'Leary, 1993). Our contention is that adult attachment style may be one of the more important variables moderating the association between marital distress and depressive symptoms.

Attachment Theory

Elaborating on Bowlby's work (1960, 1969, 1973, 1977, 1980), Ainsworth, Blehar, Waters, and Wall (1978) identified three patterns of attachment behaviors in infants during the Strange Situation laboratory experiment. When distressed by separation from their mothers, *secure* infants,

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upon reunion, approached their mothers for comfort and support. *Anxious-ambivalent* infants approached their mothers for support but also displayed anger and resistance to comforting. *Avoidant* infants did not seek comfort from their mothers after separation.

Hazan and Shaver (1987) theorized that the attachment behaviors observed in infants could be used as a paradigm for understanding adult romantic relationships. With the descriptions of securely, anxiously, and avoidantly attached infants in mind (Ainsworth et al., 1978), Hazan and Shaver (1987) developed a self-report measure of the three attachment styles adapted to measure the attachment styles of adults to their adult romantic partners. Within Hazan and Shaver's paradigm, secure adults are said to trust in the reliability of romantic partners, and to find it easy to both depend on and be depended on by others. Consequently, they have little difficulty establishing and maintaining intimate relationships. Anxious-ambivalent adults are said to fear abandonment and oftentimes distrust their romantic partners' availability and commitment. Anxious-ambivalent adults are often clingy, jealous, and preoccupied with emotional closeness. In contrast, individuals with an avoidant attachment style are said to be characterized by a desire to avoid emotional dependence. Thus, avoidant adults deny their own attachment needs as well as the needs of others, making it difficult for avoidant persons to develop genuinely intimate relationships with romantic partners.

Attachment Styles and Depressive Symptoms

Attachment theory posits that a pattern of dysfunctional relationships with attachment figures during childhood can lead to psychological distress and disorder in adulthood. Insecure adult attachment has been found to be related to depressive symptoms among samples of college students (Carnelley, Pietromonaco, & Jaffe, 1994; Cole-Detke & Kobak, 1996; Murphy & Bates, 1997). Carnelley et al. (1994) found that anxious-ambivalent women and avoidant men scored higher in depressive symptoms than did other attachment prototypes. Depressive symptoms have also been found to be negatively correlated with secure attachment and positively correlated with the anxious-ambivalent and the avoidant styles (Roberts, Gotlib, & Kassel, 1996). However, there has been relatively little work examining the potential impact of attachment style on depressive symptoms among husbands and wives.

Attachment Styles and Relationship Satisfaction

Several studies have found a robust association between adult attachment styles and relationship satisfaction (e.g., Collins & Read, 1990; Feeney, Noller, & Callan, 1994; Kirkpatrick & Davis, 1994; Kobak & Hazan, 1991; Simpson, 1990). Attachment theory suggests that how a person responds to relationship distress is partly a product of the attachment style that he or she developed over a lifetime of interactions with attachment figures (Bowlby, 1980; Rholes, Simpson, & Stevens, 1998; Simpson, Rholes, & Nelligan, 1992). Secure individuals are said to regard themselves as

generally lovable and interpersonally competent and to regard others as generally trustworthy and reliable (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). Anxious-ambivalent adults, on the other hand, are thought to have serious doubts about their own lovability and to regard others as very desirable but generally unreliable. Finally, avoidant adults are thought to disregard and deny their need for others' love and tend to be generally mistrusting of others. In general, individuals with secure attachment styles are expected to cope more effectively with relationship conflict than are individuals with insecure attachment styles.

We posit that secure adults maintain their generally positive interpersonal evaluation of themselves and others during periods of relationship distress, thus protecting themselves from depressive symptoms. Anxious-ambivalent adults, on the other hand, are likely to become deeply critical of themselves and to question their basic lovability when confronted with relationship distress and thus are especially likely to begin manifesting the symptoms of depression. In contrast, given the tendency for avoidant adults to defensively suppress negative emotional experiences, they are likely to remain relatively detached from their relationships whether or not they are experiencing increases in marital dysfunction. Therefore, avoidant adults should remain relatively unaffected, in terms of depressive symptoms, by relationship distress.

The main hypothesis is that attachment styles moderate the association between marital dysfunction and depressive symptoms. More specifically, the first hypothesis is that the association between marital adjustment and depressive symptoms will be moderated by spouses' ratings of their degree of secure attachment. We hypothesize that for spouses high on secure attachment, there will be no association between marital adjustment and depressive symptoms, but for spouses low on secure attachment there will be a significant association between marital adjustment and depressive symptoms. The second hypothesis is that the association between marital adjustment and depressive symptoms will be moderated by spouses' ratings of their degree of anxious-ambivalent attachment. Specifically, for spouses high on anxious-ambivalent attachment, there is expected to be a significant association between marital adjustment and depressive symptoms, and for spouses low on anxious-ambivalent attachment, there is expected to be no association between marital adjustment and depressive symptoms. The third hypothesis is that the association between marital adjustment and depressive symptoms will not be moderated by spouses' ratings of their degree of avoidant attachment.

Method

Participants

The participants were 91 married couples living in Champaign County, Illinois. They were recruited through advertisements in local newspapers, announcements placed in bulletins in local churches, and fliers that were displayed throughout the community to participate in either a brief marital relationship assessment and feedback session study or a basic questionnaire study of marriage.

Husbands ranged in age from 19 to 78 years ($M = 40.9$, $SD = 12.2$) and wives ranged from 20 to 72 years ($M = 38.7$, $SD = 10.8$). With the exception of 5 African Americans, 2 Asian Americans, 1 Latina, and 3 multiracial participants, all participants were White. The couples had been married for an average of 11.4 years ($SD = 10.8$). These were first marriages for 97.7% of husbands and 97.7% of wives. Sixty-eight couples (74.7%) had children. Of the couples that had children, the average number of children per couple was two ($M = 9.2$ years old, $SD = 10.8$) with an average of one boy and one girl. On average, husbands had 16.5 ($SD = 3.4$) and wives had 16.0 ($SD = 2.7$) years of education. With regard to highest degree earned, 23% ($n = 21$) of husbands had high school diplomas, 2% had a graduate equivalency diploma, 36% had a bachelor's degree, 16% had a master's degree, 9% had a doctoral degree and 14% reported "other" as their highest degree. Among the wives, 17% ($n = 16$) had high school diplomas, 3% had a graduate equivalency diploma, 38% had a bachelor's degree, 27% had a master's degree, and 14% reported "other" as their highest degree. The median household income for the couples was between \$30,001 and \$45,000, which was representative given the county median income of approximately \$38,000 at the time of the study (U.S. Census Bureau, 2000). The participants in the marital assessment and feedback study received a written feedback report about their marriage and those in the basic questionnaire study were entered into a \$150 raffle for their participation in the study.

Measures

Attachment styles. Shaver and Hazan's (1993) attachment styles, as measured by their Adult Attachment Questionnaire, were used to assess spouses' adult attachment styles in romantic relationships. The measure consists of three vignettes that describe the avoidant, the anxious-ambivalent, and the secure adult attachment style. Examples from each vignette are as follows: "I find it relatively easy to get close to others and am comfortable depending on them" (secure); "I find that others are reluctant to get as close as I would like" (anxious-ambivalent); and "I am somewhat uncomfortable being close to others" (avoidant). Hazan and Shaver (1987) provided support for the validity of the adult attachment construct. They found that college students and older adults classify themselves in the same proportions of the secure, anxious-ambivalent, and avoidant style as found in infant attachment studies. Furthermore, the attachment styles have been found to discriminate among individuals having different attitudes about love (Hazan & Shaver, 1987).

Rather than using Hazan and Shaver's (1987) original forced choice categorical approach, we asked husbands and wives to rate the degree to which each of the three styles described them on a 7-point scale ranging from *strongly disagree* (1) to *strongly agree* (7) (see Shaver & Hazan, 1993). This approach afforded us the opportunity to investigate the individual differences within adult attachment categories and enabled some individuals to be best characterized by a combination of two or more attachment styles (Roberts et al., 1996). Roberts et al. (1996) used this method with a 10-point scale and found that 54% of their participants rated the secure style as most descriptive, 23% rated the avoidant style as most descriptive, 15% rated the anxious-ambivalent style as most descriptive, and 8% of the participants gave identical high ratings on two styles. In the current sample, 57% of the participants gave their highest rating to the secure style, 18% rated the avoidant style highest, 9% rated the anxious-ambivalent style highest, and 16% gave identically high ratings to two or all three styles.

Marital satisfaction. The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a 32-item questionnaire and is one of the most widely used measures of marital satisfaction. The DAS measures

dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. For the purposes of this study's emphasis on overall dyadic functioning, we computed a total score across all four subscales. The DAS has been demonstrated to have excellent psychometric properties (Spanier, 1976; Spanier & Thompson, 1982).

Depressive symptoms. The Beck Depression Inventory (BDI; Beck & Steer, 1993) is a widely used 21-item measure of the affective, cognitive, motivational, and somatic symptoms of depressive symptoms. The BDI has shown test-retest correlations ranging from .48 to .86 among psychiatric patients and correlations ranging from .60 to .90 among nonpsychiatric patients (Beck & Beasmesderfer, 1974). The BDI has also shown good discriminant, construct, and concurrent validity in previous studies (as cited in Beck & Steer, 1993).

Procedure

Participants in both samples were mailed a battery of questionnaires, which husbands and wives were instructed to complete separately. Participants in the marital assessment and feedback study returned their questionnaires when they came to our lab for their assessment. Participants in the basic relationship study returned their questionnaires by mail. Couples in the two groups were not significantly different on any of the study variables.

Results

Descriptive Statistics

Descriptive statistics are presented in Table 1. Paired sample *t* tests were performed in order to examine differences between husbands' and wives' responses. No significant differences were found in how husbands and wives rated the secure, anxious-ambivalent, and avoidant adult attachment styles. Husbands and wives also did not differ significantly on either dyadic adjustment or depressive symptoms. As husbands' and wives' responses were not independent, separate analyses will be reported for husbands and wives. Intercorrelations between the attachment styles, dyadic adjustment, and depressive symptoms are presented in Table 2.

Table 1
Means and Standard Deviations of Attachment Styles,
Dyadic Adjustment and Depressive Symptoms

Measure	Husbands ($n = 91$)		Wives ($n = 91$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Attachment Style				
Sec	4.8	1.8	4.8	2.0
Anx	2.5	1.5	2.7	1.8
Avoid	3.1	1.9	2.8	1.8
DAS	108.8	14.7	109.7	16.1
BDI	6.0	5.1	7.8	7.1

Note. Sec = secure; Anx = anxious-ambivalent; Avoid = avoidant; DAS = Dyadic Adjustment Scale; BDI = Beck Depression Inventory.

Table 2

Pearson Product-Moment Correlations for Self-Report Ratings of Attachment Styles, Marital Adjustment, and Depressive Symptoms for Husbands (n = 91) and Wives (n = 91)

Variable	1	2	3	4	5
Attachment style					
1. Sec	—	-.25*	-.49**	.39**	-.33**
2. Anx	-.39**	—	.16	-.18	.34**
3. Avoid	-.63**	-.00	—	-.30**	.34**
4. DAS	.22*	-.26*	-.21†	—	-.46**
5. BDI	-.31**	.30**	.09	-.41**	—

Note. Husbands' correlations are presented above the diagonal, and wives' correlations are presented below the diagonal. Sec = secure; Anx = anxious-ambivalent; Avoid = avoidant; DAS = Dyadic Adjustment Scale; BDI = Beck Depression Inventory. † $p = .07$. * $p < .05$. ** $p < .01$.

Do Attachment Styles Moderate the Association Between Dyadic Adjustment and Depressive Symptoms?

The hypotheses concerning attachment styles as moderators of the association between dyadic adjustment and depressive symptoms were tested with hierarchical multiple regression (Baron & Kenny, 1986). Analyses were conducted separately for husbands and wives. For each, dyadic adjustment and the three attachment styles were entered together in the first step, and the attachment style by dyadic adjustment interaction terms were added together in the second step. Interaction terms were the products of attachment style multiplied by dyadic adjustment. Summaries of the analyses are presented in Tables 3 and 4.

Table 3 shows the main and two-way interaction effects for dyadic adjustment and adult attachment styles for husbands. Analyses revealed significant main effects for dyadic adjustment, the anxious-ambivalent style, and the avoidant attachment style. The interaction between the secure attachment style and dyadic adjustment approached significance

Table 3

Hierarchical Regression Analysis Predicting Depressive Symptoms for Husbands (n = 91)

Variable	B	SE B	β
Step 1			
DAS	-.13	.04	-.34**
Secure	-.01	.38	-.01
Anxious	.79	.35	.23*
Avoidant	.74	.33	.26*
Step 2			
Secure \times DAS	.04	.03	.25†
Anxious \times DAS	-.05	.02	-.25**
Avoidant \times DAS	-.00	.02	.03

Note. $R^2 = .34$ for Step 1 ($p < .001$); R^2 change = .14 for Step 2 ($p < .001$). All interactions in Step 2 were entered simultaneously. DAS = Dyadic Adjustment Scale; Secure = secure attachment style; anxious = anxious-ambivalent attachment style; avoidant = avoidant attachment style.

† $p = .07$. * $p < .05$. ** $p < .01$.

Table 4

Hierarchical Regression Analysis Predicting Depressive Symptoms for Wives (n = 91)

Variable	B	SE B	β
Step 1			
DAS	-.15	.04	-.37**
Secure	-1.21	.50	-.37*
Anxious	.18	.46	.05
Avoidant	-1.02	.51	-.28†
Step 2			
Secure \times DAS	.09	.03	.44**
Anxious \times DAS	.06	.03	.33*
Avoidant \times DAS	.03	.03	.11

Note. $R^2 = .27$ for Step 1 ($p < .001$); R^2 change = .09 for Step 2 ($p < .05$). All interactions in Step 2 were entered simultaneously. DAS = Dyadic Adjustment Scale; secure = secure attachment style; anxious = anxious-ambivalent attachment style; avoidant = avoidant attachment style.

† $p = .07$. * $p < .05$. ** $p < .01$.

as a predictor of husbands' depressive symptoms distinct from the four main variables and the other two interaction variables ($p = .07$; see Figure 1). Additionally, there was an interaction between dyadic adjustment and the anxious-ambivalent attachment style ($p < .01$) that was distinct from the other independent variables. Separate regression analyses for those husbands scoring high or low on anxious-ambivalent attachment revealed that the negative relationship between dyadic adjustment and depressive symptoms was significant for husbands who rated themselves high (above the mean) on the anxious-ambivalent attachment style. For husbands who rated themselves as low on anxious-ambivalent attachment (below the mean), there was no association between dyadic adjustment and depressive symptoms (see Figure 2). Note that the positive beta for the anxious-ambivalent style in Step 1 and the negative anxious by DAS interaction in Step 2 indicates an interference interaction effect, suggesting that the slope of dyadic adjustment predicting depressive symptoms for husbands high on anxious-ambivalent attachment crosses the slope of those husbands low on anxious-ambivalent attachment. In sum, the results revealed that an anxious-ambivalent attachment style moderated the association between dyadic adjustment and depressive symptoms for husbands. The data also suggested, though less persuasively, that a secure attachment style moderates the association between dyadic adjustment and depressive symptoms for husbands.

Table 4 shows the main and interaction effects for dyadic adjustment and adult attachment styles in the prediction of depressive symptoms for wives. There were main effects for dyadic adjustment, the secure attachment style, and the avoidant attachment style. As predicted, interaction effects demonstrated that the association between dyadic adjustment and depressive symptoms depended on ratings of the secure and anxious-ambivalent attachment styles. Note that the negative beta for the secure style in Step 1 and the positive secure by DAS interaction in Step 2 indicates an interference interaction effect, suggesting that the slope of dyadic adjustment predicting depressive symptoms for

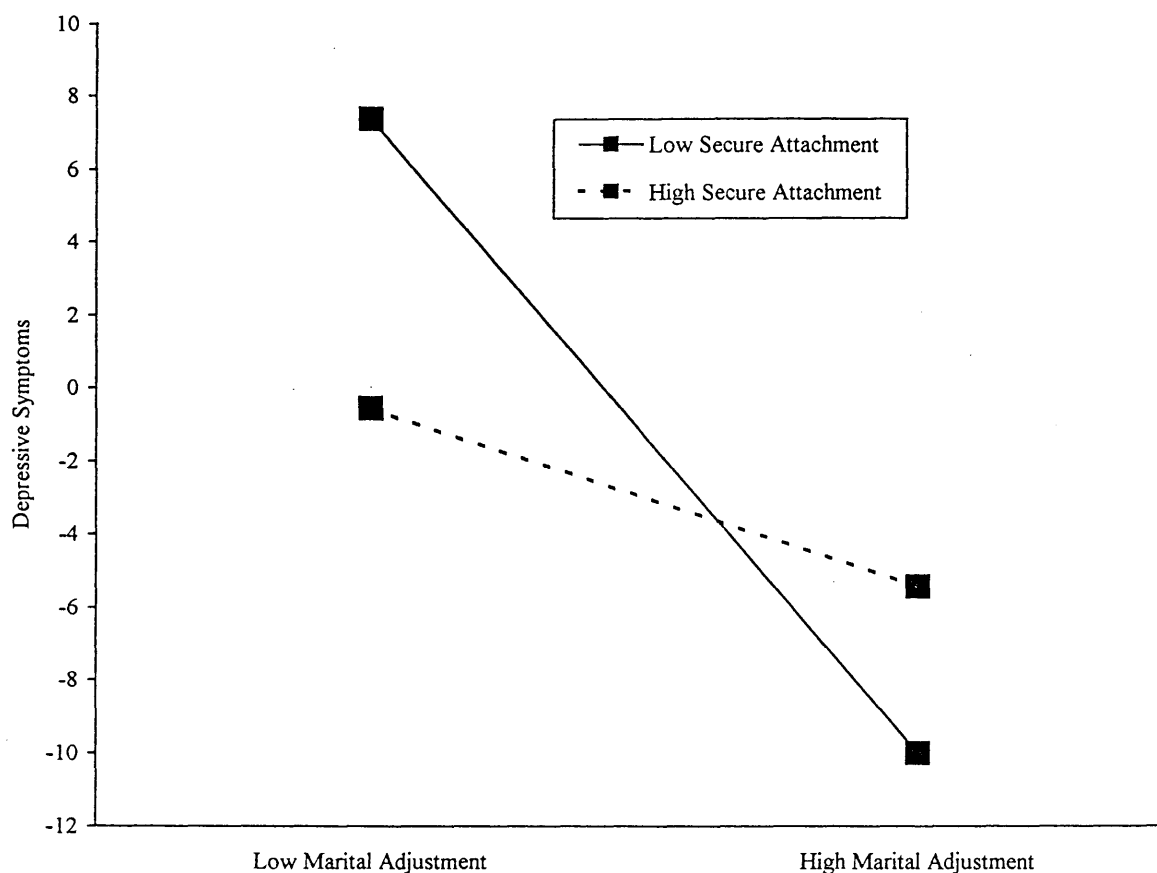


Figure 1. Secure attachment style by marital adjustment interaction for husbands. Positive numbers represent scores above the mean. Negative numbers represent scores below the mean.

wives high on secure attachment crosses the slope of those wives low on secure attachment (see Figure 3). For wives who rated themselves as more secure (above the mean), there was no association between dyadic adjustment and depressive symptoms. For wives who rated themselves low on secure attachment (below the mean), there was a negative association between dyadic adjustment and depressive symptoms.

Figure 4 illustrates the interaction between anxious-ambivalent attachment style ratings and dyadic adjustment for wives. There was a negative association between dyadic adjustment and depressive symptoms for wives who rated themselves as more anxious-ambivalent (above the mean). In contrast, there was no association between dyadic adjustment and depressive symptoms for wives who rated themselves as less anxious-ambivalent (below the mean). Note that the positive beta for the anxious-ambivalent style in Step 1 and the positive anxious by DAS interaction in Step 2 indicates a reinforcement effect, suggesting that the slope of dyadic adjustment predicting depressive symptoms for wives high on anxious-avoidant attachment is larger but does not cross the slope for wives low on anxious-avoidant attachment. As predicted, both ratings of secure and anxious-ambivalent attachment functioned as distinct moderators.

Discussion

Although there is ample evidence in the literature for a robust association between marital distress and depressive symptoms, it appears that depressive symptoms are more strongly associated with marital dysfunction for some individuals than others. It was hypothesized that adult attachment styles would help explain this differential association with depressive symptoms. It was found that adult attachment styles clearly moderate the association between marital adjustment and depressive symptoms, suggesting that adult attachment styles are one of the key variables identifying those for whom marital dysfunction and depressive symptoms are related. As predicted, there was no association between marital adjustment and depressive symptoms for wives who rated themselves high on secure attachment. The robust association between marital dysfunction and depression found in previous studies only held for those wives who rated themselves low on secure attachment in the present study. Although the interaction only approached significance for husbands, subsequent analyses conducted for illustrative purposes showed the same relationship as for wives. No association was found between marital adjustment and depressive symptoms for husbands rating themselves high on secure attachment. The association was only

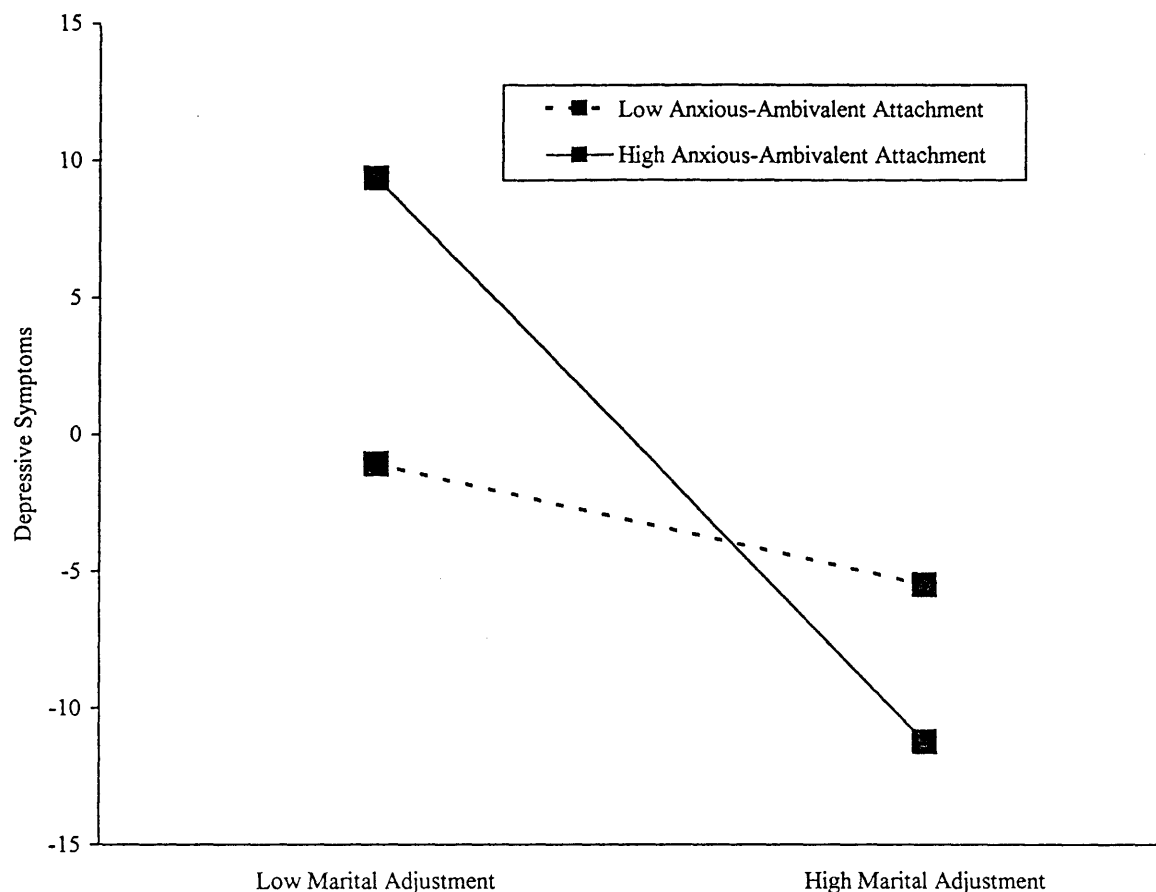


Figure 2. Anxious-ambivalent attachment style by marital adjustment interaction for husbands. Positive numbers represent scores above the mean. Negative numbers represent scores below the mean.

present for those husbands who rated themselves low on secure attachment.

These results supported the main hypothesis that attachment security identifies those for whom the depressive symptoms-marital dysfunction relationship will hold. It appears that attachment insecurity may predispose people to depressive symptoms in the context of marital dysfunction. Theoretically, this buffering may be a product of the generally positive view of self and others that is said to characterize securely attached adults (Bartholomew & Horowitz, 1991). Alternatively, given that secure individuals are said to be more exploratory than insecure individuals, they may develop additional areas of efficacy in their lives outside of their primary relationship that may buffer them from depressive symptoms during times of relationship distress (Cordova & Jacobson, 1997).

Different predictions were made about the moderating effects of the two types of insecure attachment styles. Consistent with our hypothesis, dyadic adjustment was only negatively associated with depressive symptoms for husbands and wives who rated themselves high (above the mean) on anxious-ambivalent attachment. Dyadic adjustment was not associated with depressive symptoms for

husbands and wives who rated themselves low (below the mean) on anxious-ambivalent attachment.

Being very anxious-ambivalent appears to confer a stronger association between depressive symptoms and relationship dysfunction than being very secure. In contrast to the more securely attached, this association may be a product of the generally negative view of the self in relation to others that characterizes anxious-ambivalent individuals (Bartholomew & Horowitz, 1991). Attachment theory posits that people with anxious-ambivalent attachment styles have persistent doubts about their self-worth and basic lovability (Hazan & Shaver, 1987), which we suggested should make them particularly vulnerable to becoming extremely self-critical and hopeless when faced with relationship dysfunction. Additionally, given the limited amount of self-confidence and exploratory behavior characteristic of anxious-ambivalent individuals, they may develop few areas in which they are effective outside of their primary relationship. Thus, when their relationship is faltering, they may have few areas of self-efficacy outside the relationship to protect them from experiencing depressive symptoms (Cordova & Jacobson, 1997).

As predicted, we found no interaction between avoidant attachment style ratings and dyadic adjustment in the pre-

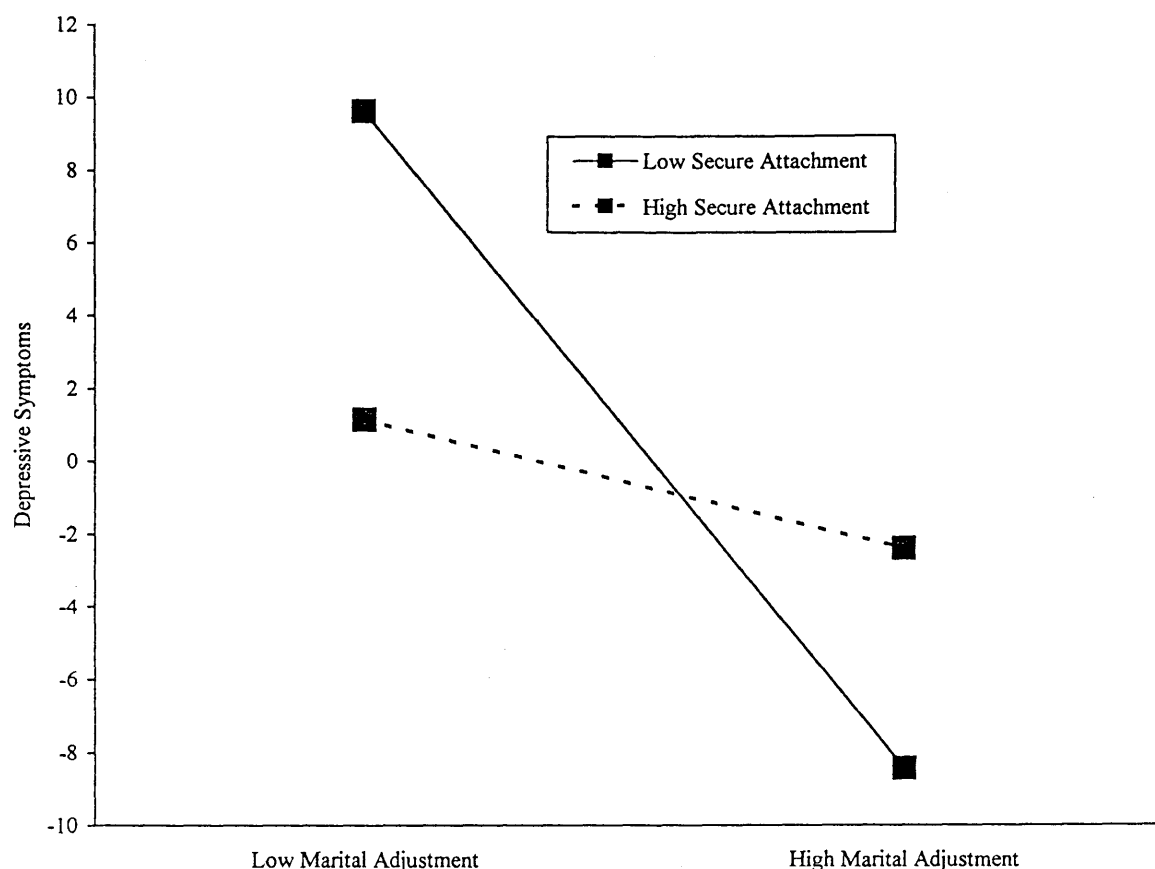


Figure 3. Secure attachment style by marital adjustment interaction for wives. Positive numbers represent scores above the mean. Negative numbers represent scores below the mean.

diction of depressive symptoms for either husbands or wives. More avoidant spouses had no more or less depressive symptoms in the context of marital dysfunction than less avoidant spouses did. Theoretically, avoidant spouses may remain emotionally aloof from their primary relationship regardless of the level of marital adjustment, thus rendering their depressive symptomatology immune to fluctuations in relationship functioning. Alternatively, given a general avoidance of intimate relationships, the avoidantly attached may focus primarily on areas of efficacy outside of the relationship, in a sense isolating themselves from being affected by relationship deterioration.

Although there was no interaction effect, our analyses did show a main effect for avoidant attachment ratings for both wives and husbands, suggesting that those who are more avoidantly attached endorse more depressive symptoms, regardless of the level of their dyadic adjustment. Although the data suggest that more avoidant persons are not predictably more depressed given relationship dysfunction, they do tend to be more depressed in general. In addition, particularly for husbands, avoidant attachment was negatively correlated with dyadic adjustment, suggesting that the detachment that protects the avoidantly attached from fluctuations in marital functioning also serves to generally decrease marital functioning.

Additionally, and consistent with previous literature, there were moderate to large correlations between marital adjustment and depressive symptoms (e.g., Whisman, 2001). Attachment style ratings were associated with depressive symptoms (e.g., Carnelley et al., 1994; Cole-Detke & Kobak, 1996; Roberts et al., 1996; Murphy & Bates, 1997). An association between adult attachment style ratings and marital adjustment was also found (e.g., Kobak & Hazan, 1991). Finally, we found that husbands and wives who rated themselves as more secure rated their marriages as better adjusted. Wives who rated themselves as more anxious-ambivalent rated their marriages as more distressed, as did husbands who rated themselves as more avoidant.

In sum, although marital dysfunction and depressive symptoms have consistently been found to be strongly associated, not everyone who experiences marital discord also experiences depressive symptoms. The current study supports our hypothesis that depressive symptoms and marital dysfunction are associated primarily for those with anxious-ambivalent attachment styles. In addition, those with a more secure attachment style tend to have marriages that are better adjusted and to have fewer symptoms of depression. Spouses with a more avoidant attachment style tend to have

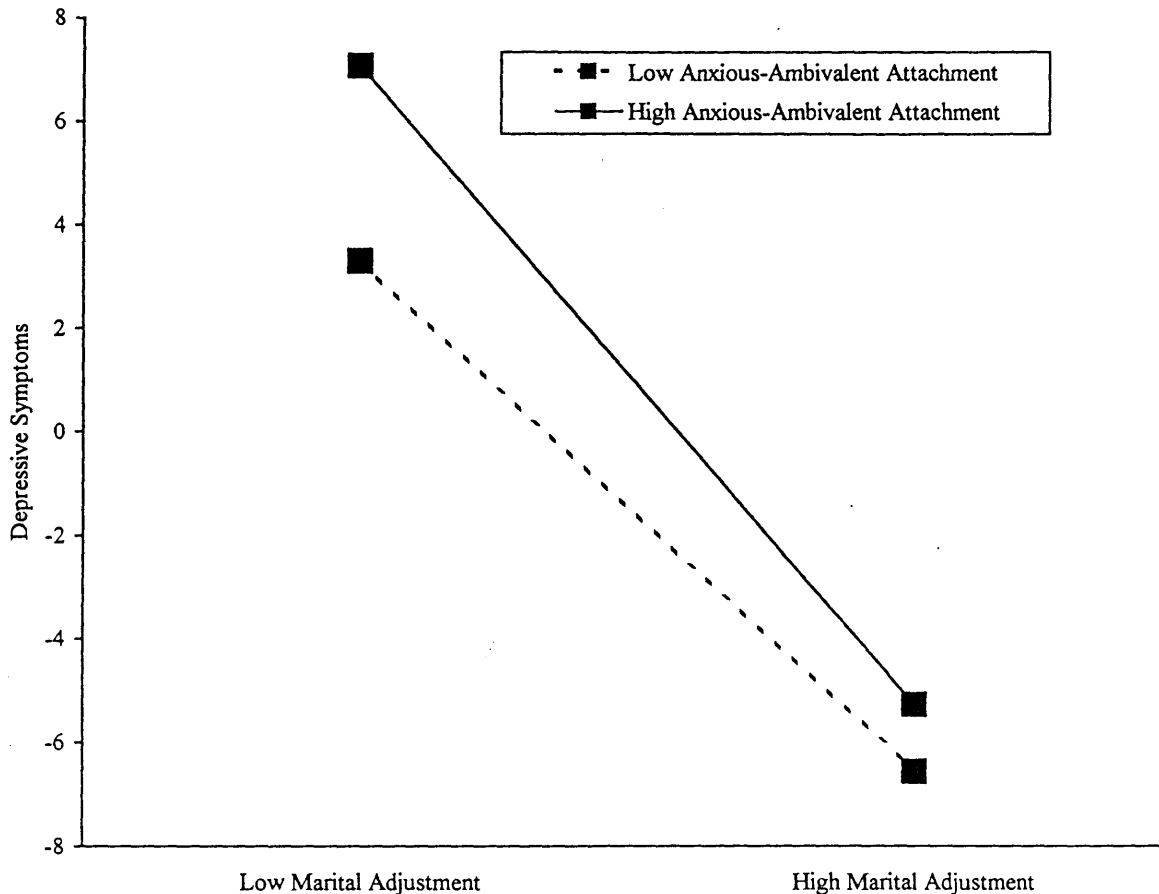


Figure 4. Anxious-ambivalent attachment style by marital adjustment interaction for wives. Positive numbers represent scores above the mean. Negative numbers represent scores below the mean.

marriages that are more dysfunctional and tend to have more depressive symptoms.

It is important to note that overall the moderating effects of attachment styles on the association between marital adjustment and depressive symptoms was stronger for wives than for husbands. Research has shown that women tend to put more effort into maintaining romantic relationships than men do (Huston, Surra, Fitzgerald, & Cate, 1981). Because traditional female sex roles encourage women to take responsibility for maintaining relationships (Surra & Longstreth, 1990), and women tend to self-blame when things go wrong and base their self-esteem on their relationships with others (Kaplan, 1986), insecure, anxious-ambivalent wives may be more likely to blame themselves for problems within their marriage and experience more depressive symptoms than insecure, anxious-ambivalent men.

Several caveats should be considered when interpreting the results of this study. The reliance on cross-sectional, self-report data is an obvious limitation. We were unable to infer the direction of the effects, and it is possible that some of the obtained relationships may have been strengthened by the procedure of measuring the various constructs with a common method and at the same point in time. It is also

important to note that the small variance in depressive symptoms for those who were high on secure attachment may have prevented us from detecting an association between marital dysfunction and depressive symptoms. Further research is needed with samples experiencing a wider range of depressive symptoms. The majority of the participants in this study were White; therefore, the results of the study may not generalize to couples from different racial backgrounds. Future research will be required to investigate the longitudinal effects of attachment styles and marital adjustment on depressive symptoms.

Implications for Application and Public Policy

If insecure attachment styles, particularly a high anxious-ambivalent style, confer an added vulnerability to depressive symptoms given marital distress, two clinical implications are clear. First, in the context of couple therapy with distressed couples (e.g., Christensen & Jacobson, 2000), assessing partners' attachment styles prior to treatment can inform the clinician whether more regular monitoring of depressive symptoms may be necessary. Furthermore, clinicians treating partners high on the anxious-ambivalent style may want to include efforts to educate partners about

the symptoms of depression, the potential link between attachment style and depression, and measures for preventing the onset of depressive symptoms (e.g., Cordova & Gee, 2001).

The second clinical implication is that targeted interventions should be developed and deployed in couples therapy with people at risk because of an anxious-ambivalent style (e.g., Johnson & Greenberg, 1995). It appears that therapies that specifically address an individual's attachment style may modify the deleterious effects insecure styles have on both relationships and general mental health. In sum, assessing clients' attachment styles may provide clinicians with information about clients' vulnerability to depressive symptoms when confronted with relationship deterioration and may also provide a potentially important point of intervention.

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