COPING STRATEGY AS A MEDIATOR BETWEEN PARENTAL ATTACHMENT AND THE PARENT-CHILD RELATIONSHIP

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Thesis Prepared for the Degree of

MASTER OF SCIENCE

UNIVERSITY OF NORTH TEXAS

December 2016

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Baxter, Lauren N. *Coping Strategy as a Mediator between Parental Attachment and the Parent-Child Relationship.* Master of Science (Psychology), December 2016, 81 pp., 4 tables, 3 figures, references, 130 titles.

Previous research has shown that adult attachment anxiety and attachment avoidance are associated with both coping strategy use and the parent-child relationship. Additionally, research has shown that coping strategy is associated with aspects of the parent-child relationship. The current study aimed to further examine associations between parental romantic attachment, coping strategy use, and the parent-child relationship. It was hypothesized that coping strategy use would mediate the relationship between parental romantic attachment and aspects of the parent-child relationship. Participants included 86 heterosexual couples ($N = 176$ parents) from the Family and Kid Connection project archival dataset. Instruments included a demographic questionnaire, the Experiences in Close Relationships Scale, a brief measure of coping, and the Attachment and Relational Frustration Subscales of the Parenting Relationship Questionnaire. An actor-partner independence model was proposed and tested via multilevel modeling. Higher levels of parental attachment anxiety predicted poorer parent-child relationships. Father’s attachment avoidance also predicted poorer father-child relationships. Higher levels of both parental attachment dimensions predicted greater use of avoidant emotional coping. Finally, greater use of avoidant emotional coping predicted poorer parent-child relationships. Results partially supported proposed mediational hypotheses. Two mediational paths were supported by results: an actor-actor path in which fathers’ avoidant emotional coping mediated the association between fathers’ romantic attachment avoidance and father-child attachment, and an actor-actor path in which mothers’ avoidant emotional coping mediated the association between mothers’ romantic attachment anxiety and mother-child attachment.
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ACKNOWLEDGEMENTS

I owe the completion of this project to the kindness and generosity of a number of people. I would like to thank my committee for all of their helpful feedback and support, and also for their flexibility in scheduling my proposal and defense. I consider it an honor and a privilege to work with and learn from each of my committee members. I am especially grateful to Dr. Riggs for years of teaching and inspiration that spurred my interest in attachment theory, for her willingness to serve as my thesis advisor at late notice, and for her hard work in reviewing and returning drafts more quickly than I would have dared hope. I am also especially grateful to Dr. Riggs for the use of her dataset and her invaluable guidance, feedback, and support. Finally, I am indebted and incredibly grateful to my parents and husband for their innumerable ways of providing support (that would rival the length of this thesis if I tried to list them), but most especially for caring for my precious Eleanor and giving me time to complete my work.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapters</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES AND FIGURES</td>
<td>vi</td>
</tr>
</tbody>
</table>

### 1. LITERATURE REVIEW

- Introduction ............................................................. 1
- Attachment Theory ...................................................... 2
  - Early Attachment ..................................................... 2
  - Attachment Stability ................................................ 5
  - Adult Romantic Attachment ....................................... 6
  - Adult Attachment, Emotion, and Coping ....................... 8
- Coping ............................................................................. 12
  - Correlates of Coping Strategies ................................. 13
  - Attachment and Coping ............................................. 14
- Parent-Child Relationship ....................................... 21
  - Attachment and the Parent-Child Relationship ............... 21
  - Coping and the Parent-Child Relationship ..................... 23
- The Current Study ....................................................... 24

### 2. METHOD

- Participants ............................................................... 26
- Instruments ................................................................. 26
- Procedure ......................................................................... 29

### 3. RESULTS

- Preliminary Analyses ................................................... 33
- Primary Analyses ........................................................ 33

### 4. DISCUSSION

- Direct Associations ..................................................... 43
- Parental Romantic Attachment and the Parent-Child Relationship .... 43
LIST OF TABLES AND FIGURES

Table

1. Correlations, Means, Standard Deviations, T-tests for Men and Women .........................31
4. Multilevel Model of Mediation by Avoidant Emotional Coping Strategy Use in Association between Adult Romantic Attachment Anxiety and Relational Frustration ...42

Figures

1. Diagram showing how attachment styles correspond to attachment dimensions ...........7
2. Actor-actor mediation found only among mothers. Avoidant emotional coping mediating the association between romantic adult attachment anxiety and parent-child attachment ............................................................................................................................................38
3. Actor-actor mediation found only among fathers. Avoidant emotional coping mediating the association between romantic adult attachment avoidance and parent-child attachment ............................................................................................................................................39
CHAPTER 1
LITERATURE REVIEW

Introduction

Attachment theory posits that children develop internal working models, or mental representations, of relationships that are informed by interactions with significant caregivers (Bowlby, 1969/1982). For infants, their earliest significant relationships are with their caregivers, and their most significant attachment is generally with a parent. The internal working models serve to inform expectations of relationships. Particularly important factors to a working model of relationships are the perceived availability and responsiveness of the relationship partner (Bowlby, 1973). The working models influence the way in which the infant, and eventually child, and finally adult, experiences and behaves in relationships (Bowlby, 1969/1982), which in adulthood is known as attachment style.

The attachment system exerts a powerful influence on relationships across the lifespan, including the way in which individuals eventually care for their own children. In such a way, attachment styles are often transmitted through multiple generations (Benoit & Parker, 1994). Individuals’ attachment styles are most heavily influenced by their early life experiences (Bowlby, 1969/1982). Attachment styles continue to be changeable and subject to new experiences across the lifespan, but are considered more difficult to modify as a person increases in age (Bowlby, 1969/1982; Fraley, 2002). The earliest and often most influential attachment relationship is typically with a parent, and previous research suggests that parents’ attachment styles are correlated with aspects of the parent-child relationship (for review, see Jones, Cassidy, & Shaver, 2015).
The purpose of the proposed study is to further investigate links between parent attachment style and the parent-child relationship. Furthermore, attachment styles affect emotions and behavior not only in relationships, but in the face of stressors. Previous research suggests that people with certain attachment styles are more likely to rely on specific coping strategies in stressful situations (for review, see Mikulincer & Shaver, 2007). The current study hypothesizes that parents’ coping styles will mediate the association between parental attachment style and the parent-child relationship. If the hypothesis were supported, specific coping strategies could be identified to target for clinical interventions to improve the health of parent-child relationships. Additionally, such interventions could also have a positive impact on the child’s attachment style, which is likely affected by the health of the parent-child relationship. This chapter reviews the literature on attachment theory, and ways in which previous research suggests attachment styles can influence coping styles and the parent-child relationship.

Attachment Theory

Early Attachment

John Bowlby, credited with the origins of attachment theory, initially brought attention to the need to investigate how certain early childhood experiences might influence the development of psychological problems in a paper he presented to the British Psycho-Analytic Society in 1940. From his clinical work as a psychiatrist in a child treatment center, Bowlby had noticed two factors that he suspected played a role in engendering children’s psychiatric problems (Karen, 1994). The first factor was children’s loss of their mother to death or a prolonged separation from her for some other reason. The second factor was a negative attitude of the mother towards her children and the related way in which she interacted with them. Following his call to his professional society for research on these types of early childhood factors and how
they might lead to psychological disorders, he continued investigating the problem in his own
work (Bowlby, 1944; Bowlby, 1958; Bowlby, 1960; Karen, 1994).

In addition to his own clinical work and research, Bowlby drew heavily from the
ethological knowledge at the time in developing his ideas about attachment, which were initially
laid out in 1969 in the first volume of what later became a 3-volume opus. Bowlby proposed
that infants and children are naturally motivated to stay close to their attachment figure, usually a
parent. Attachment behaviors are defined as behaviors performed to achieve or maintain
proximity with an attachment figure. Attachment behaviors are normal and expected for all
humans, but are exhibited more frequently in times of distress (Bowlby, 1982). Bowlby stated
that our innate drive to seek proximity to attachment figures, particularly in times of distress, has
the biological survival purpose of providing protection to offspring (Bowlby, 1969/1982).

Bowlby (1969/1982) went on to propose that by interacting with their caregivers, infants
and children begin to form an internal working model of relationships, which serves as the basis
for knowledge and expectations about how relationships work and how others can be expected to
respond and interact. For an infant or child to feel secure and comfortable, his or her perception
of the caregiver’s availability and responsiveness is key (Ainsworth, 1979). When a caregiver is
perceived as available and responsive, the infant or child is more likely to feel safe in exploring
the environment. When children perceive a threat and subsequently experience stress, they are
likely to exhibit attachment behaviors, such as crying or moving towards the caregiver (Bowlby,
1969/1982). As children grow older and their internal working models are continuously
informed by the unique interactions experienced with a caregiver, the attachment behaviors
relied on by each child differ. The internal working model includes knowledge and expectations
about others and the self. In the caregiver/child relationship, the caregiver is the basis for the
model of others and shows the child how much others can be trusted and relied upon to meet the child’s needs. Children also form conceptions of self in their interactions with the caregiver, interpreting the treatment they receive as indicative of their own worth and how they deserve to be treated by others (Bowlby).

Bowlby (1969/1982) recognized that children’s early interactions with caregivers made a profound impact on their experiences of relationships, expectations of relationship partners, and emotional responses to stress, thereby creating individual differences between children with regard to these factors (Bowlby, 1969/1982). Ainsworth expanded on Bowlby’s research and theories by systematically gathering longitudinal data on mother-infant pairs in their homes in Uganda (Ainsworth, 1967). Ainsworth also recognized individual differences in the level of security infants exhibited in their attachment with their mothers. Infants who seemed the most securely attached tended to have the most available and responsive mothers (Ainsworth, 1979). Infants who seemed insecurely attached tended to have mothers who were often absent or unresponsive.

In subsequent research in New England, Ainsworth devised a scenario in which to observe mother-infant pairs within a laboratory setting, the Strange Situation procedure (Ainsworth & Bell, 1970). The Strange Situation is a brief series of events that mother and infant are led through in order to assess the infant’s attachment security. In the Strange Situation, the infant is observed in a room with toys and allowed to explore. At different times in the procedure, a stranger is brought into the room, the mother leaves the room, and the mother returns to the room. The procedure allows observations to be made about the infant’s behavior with strangers, upon separation from the mother, and upon reunion with the mother. By observing behavior throughout the Strange Situation, Ainsworth and her student, Mary Main,
noticed more differences between the different pairs, finding that they could categorize the infants according to their attachment styles (Ainsworth, 1979). The attachment styles identified were secure, anxious-ambivalent, and anxious-avoidant. Later research has added an additional fourth attachment style, disorganized attachment (Main & Solomon, 1990).

Attachment Stability

Although Bowlby (1982) focused largely on infant and children attachment, he recognized that attachment processes operate throughout the lifespan. Theoretically, attachment security is expected to be most malleable early in life as repeated caregiver interactions exert an influence on the child’s internal working model (Bowlby, 1969/1982). Bowlby (1973) suggested that, as time goes on, each individual’s working model of relationships and subsequent attachment style, becomes increasingly more stable. A sensitive period in which relationship experiences are the most influential on the attachment system is thought to exist during the early years of life (Bowlby, 1969/1982). Indeed, meta-analysis of longitudinal studies has indicated that attachment styles over time in adulthood are more stable than attachment styles over time in childhood (Fraley, 2002). A self-sustaining process, in which the current internal working model influences behavior in relationships and thereby future experiences in relationships, has been suggested (Mikulincer & Shaver, 2007). Additionally, attachment style has a strong influence on the way in which people interpret others’ behavior, and therefore, how they internally experience future interactions (Mikulincer & Shaver).

Longitudinal research in samples with stable life circumstances shows that even early attachment patterns are fairly stable over time (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). However, discontinuity of attachment styles across time was found in a high-risk sample that experienced many stressful, negative life events (Weinfield, Sroufe, &
Egeland, 2000). Additionally, when changes in attachment style were seen in samples that were otherwise stable, the individuals whose attachment styles changed had experienced negative life events (Waters et al., 2000). Overall, there appears to be a moderate level of stability of attachment style across the lifespan, with some predictable factors affecting instances of change. In particular, negative life events (e.g., parental divorce, death of parent) and severe stressors (e.g. parent drug problem, child abuse) appear to be related to changes from a secure to an insecure attachment style (Vaughn, Egeland, Sroufe, & Waters, 1979). Family support, increasing stability in lifestyle, and the availability of additional attachment figures seem to be factors that influence changes from an insecure to secure attachment style (Egeland & Sroufe, 1981). In fact, research suggests that children can have one type of an attachment relationship with one parent and another type with the other parent (Main & Weston, 1981).

Adult Romantic Attachment

Adult romantic relationships are subject to many of the same attachment processes as infant-caregiver relationships (Hazan & Shaver, 1987). Zeifman and Hazan (2008) outlined shared features between the two types of relationships, including physical contact, the search for security, and mental health correlates; however, whereas infant-caregiver attachment is unidirectional, adult attachment is reciprocal with both partners providing and seeking a secure base. In a seminal study, Hazan and Shaver (1987) created a self-report measure of adult romantic attachment that divided participants’ romantic attachment styles into three categories that paralleled the original three categories of infant attachment proposed by Ainsworth: secure, avoidant, and anxious-ambivalent.

As research expanded in adult romantic attachment and more sophisticated assessment measures were developed, subsequent studies suggested that adult romantic attachment seems to
be more accurately conceptualized along two continuous variables, rather than categorically (Bartholomew & Horowitz, 1991). The two factors identified are attachment-related anxiety and attachment-related avoidance (Brennan, Clark, & Shaver, 1998). Attachment-related anxiety represents one’s concept of self in relationships, with high scores indicating negative self-worth and low scores indicating positive self-worth. Attachment-related avoidance represents one’s concept of others in relationships, with high scores indicating a negative view of others and low scores indicating a positive view of others.

Figure 1. Diagram showing how attachment styles correspond to attachment dimensions.

Although driven by a two-factor model of continuous variables, Bartholomew and Horowitz’s (1991) conception of attachment remains conducive to identifying attachment types categorically (see Figure 1). The combination of a low score of attachment-related anxiety and a
low score of attachment-related avoidance represents secure attachment. Low scores of attachment-related anxiety with high scores of attachment-related avoidance characterize a dismissing attachment style. High scores of attachment-related anxiety with low scores of attachment-related avoidance characterize a preoccupied attachment style. High scores of both attachment-related anxiety and attachment-related avoidance characterize a fearful attachment style.

More recently, Brennan, Clark, and Shaver (1998) developed a self-report measure, the Experiences in Close Relationships Scale (ECR), through factor analysis using items from multiple previously empirically validated measures. The ECR is consistent with the two-factor model earlier proposed by Bartholomew and Horowitz, and can similarly be used to classify participants into secure, dismissing, preoccupied, and fearful attachment styles. Taxometric analysis reveals that the dimensional characterization of attachment appears more empirically sound (Fraley & Waller, 1998), and the proposed study will measure and conceptualize adult attachment as such using the ECR. However, in the interest of completeness, the following review of the literature will include research where attachment was measured both dimensionally and categorically.

**Adult Attachment, Emotion, and Coping**

*Secure attachment.* Bowlby (1973) first suggested that the attachment system is used to organize and evaluate experiences and to manage distress. Later authors have agreed and expanded upon this idea, suggesting that secure attachment processes serve as an inner resource for coping with stress and insecure attachment processes are a liability in coping and adjustment (Mikulincer & Florian, 1998). Through early interactions with caring and responsive caregivers, individuals develop a secure attachment style, trust in themselves and others, and a belief that
difficult experiences tend to be manageable. When caregivers are not consistently caring and responsive, individuals develop attachment-related anxiety and/or avoidance, distrust in themselves and/or others, and a belief that difficult experiences are unmanageable (Mikulincer & Florian).

Secure individuals tend to evaluate and respond to stressors in more optimistic and adaptive ways than insecure individuals (for review, see Shaver & Mikulincer, 2007). With consistent support from attachment figures, securely attached individuals are given opportunities to experience successful attempts to deal with stressors, thereby developing confidence in themselves to effectively seek out solutions and cope with problems. Interactions with sensitive and supportive attachment figures also teach individuals that they can try new and untested strategies for solving problems without fear of ridicule or embarrassment (Shaver & Mikulincer). Finally, receiving consistent support from attachment figures leads secure individuals to have confidence in others’ willingness and ability to provide help when necessary. In sum, securely attached individuals possess optimistic beliefs about distress as manageable, themselves as capable, and others as kind and helpful (Mikulincer, Shaver, & Pereg, 2003). These beliefs comprise a “secure base script,” which allows individuals to regulate affect through “security-based strategies” (Mikulincer et al.). Security-based strategies involve acknowledging and expressing negative emotion, seeking support, and problem solving. Securely attached individuals are able to reduce their distress by expressing their emotion and receiving support from others, which allows them to engage successfully in problem-solving (Mikulincer et al.). Accordingly, attachment security is associated with problem-focused coping and healthy seeking of social support, as well as a lower likelihood of reality-distorting or avoidant coping strategies (Shaver & Mikulincer).
Insecure attachment. Although insecure individuals with attachment-related anxiety or attachment-related avoidance appear to share lower confidence in their ability to cope with stressful situations and lower coping efficacy, their behavioral and emotional reactions to stress and their most frequently used coping strategies differ (for review, see Shaver & Mikulincer, 2007). Individuals with high levels of attachment-related anxiety are likely to employ hyperactivation of the attachment system when confronted with stressors, whereas individuals with high levels of attachment-related avoidance are likely to employ deactivation of the attachment system.

Behaviorally, hyperactivation of the attachment system involves intense efforts toward gaining proximity to an attachment figure and obtaining attention and care from that person (Shaver & Mikulincer, 2007). This response is thought to be a result of previous experiences where attachment figures were unavailable, unresponsive, inconsistent, or intrusive. Individuals with high attachment anxiety are also hypersensitive to any potential sign of abandonment (Shaver & Mikulincer). Ironically, their overly intense and often clingy efforts to seek attachment security may increase the likelihood that their partners will ignore or leave them. However, their fear of being without support is so extreme due to their poor sense of self-efficacy, that intense seeking of closeness tends to persist, despite receiving negative feedback from others. Theoretically, the times when these behaviors are rewarded tend to occur on a partial reinforcement schedule (variable ratio) that is particularly effective in encouraging the behaviors’ recurrence (Cassidy & Berlin, 1994). Variable ratio reinforcement may also play a role in the development of high attachment anxiety in babies and children with inconsistent caregivers.
Emotionally, attachment anxiety is associated with amplification of distressing emotions (Mikulincer & Florian, 1998). Individuals high on attachment anxiety tend to ruminate on sources of distress, have more cognitive access to negative emotion and memories, and hold distressing thoughts in their working memory (Mikulincer & Florian, 2000; Woodhouse & Gelso, 2008). Amplification and exaggeration of distress is used to elicit sympathy and attention from others, and thus serves as a strategy in seeking attachment security (Cassidy & Berlin, 1994). The negative self-concept associated with attachment anxiety plays a role in the intensification of distress due to the individual’s belief that their ability to cope with any distress is insufficient (Collins & Read, 1994). Individuals high on attachment anxiety also attend more to the physiological symptoms of their emotional distress, serving to intensify their negative emotions (Shaver & Mikulincer, 2002).

Behaviorally, deactivation of the attachment system involves seeking independence and distance from attachment figures, avoidance of reliance on others, and a determination to cope with stress on one’s own (Shaver & Mikulincer, 2007). This response is thought to be a result of previous experiences where attachment figures were rejecting or punishing of attempts to gain closeness, or who discouraged any demonstration of vulnerability. Therefore, when a stressor is encountered, an individual high in attachment avoidance has learned that attachment figures are unhelpful at best and potentially even punishing or abusive when approached for security needs. This concept of others results in what Bowlby (1969/1982) referred to as “compulsive self-reliance.”

Emotionally, attachment avoidance is associated with ignoring or discounting distressing thoughts and feelings (for review, see Shaver & Mikulincer, 2007). Attending to threats or vulnerable emotions can result in activation of the attachment system, which can cause painful
thoughts and feelings for individuals with attachment avoidance, who have had negative experiences with proximity seeking behaviors (Mikulincer & Shaver, 2003). Therefore, individuals with attachment avoidance endeavor to avoid distressing emotions in order to keep the attachment system deactivated. Furthermore, avoidant attachment is associated with avoidance of non-vulnerable negative emotions, such as anger (Shaver & Mikulincer, 2007). Cassidy (1994) argued that anger is avoided because it would imply an emotional investment in the relationship.

Coping

Coping has been defined as, “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). Lazarus and Folkman conceived of coping strategies as falling into two categories: problem-focused and emotion-focused. Later researchers have divided coping strategies into additional categories (Carver, 1997; Eisenbarth, 2012; Schnider, Elhai, & Gray, 2007). The categorization of different coping strategies is not uniform across studies and differs according to constructs under investigation (see Skinner, Edge, Altman, & Sherwood, 2003, for a review).

The current study will utilize a three category system similar to three categories first proposed by Billings and Moos (1981). The categories are problem focused coping, active emotional coping, and avoidant emotional coping (Schnider et al., 2007). These three categories are the result of Schnider et al.’s (2007) work, which grouped subscales from Carver’s Brief COPE (1997) instrument based on previous research and theory (Billings & Moos, 1981; Carver & Scheier, 1994; Holahan & Moos, 1987). Problem focused coping is defined as coping strategies that are aimed at enacting change upon the source of the stressor (Lazarus & Folkman,
Active emotional coping is defined as active attempts to regulate one’s emotions, and includes strategies such as positive reframing, acceptance, and using humor (Schnider et al., 2007). Avoidant emotional coping (sometimes referred to as distancing coping) is defined as attempts to avoid the source of negative emotions, and includes strategies such as behavioral disengagement, substance use, and self-distraction (Schnider et al.).

Correlates of Coping Strategies

Previous research suggests that certain coping strategies are more likely to be effective than others and are associated with higher levels of positive affect and psychological well-being or lower levels of psychological distress and negative affect. Multiple studies have suggested that problem-focused coping is associated with reduced depression levels, while avoidant coping, particularly if used long-term, has been associated with poorer outcomes (Billings & Moos, 1981; see McNamara, 2000, for a review). Problem-focused coping during the three months prior to a partner’s death from AIDS were shown in a longitudinal study of AIDS caregivers to be positively correlated with positive affect during the same period (Moskowitz, Folkman, Collette, & Vittinghoff, 1996). An association between positive affect and positive reappraisal, an active emotional coping strategy, was also shown (Moskowitz et al., 1996). A study of third-year medical students showed active coping mechanisms to be associated with lower levels of depression, and avoidant coping to be associated with higher levels of depression (Mosley et al., 1994). Avoidant coping also predicted depressive symptomatology in first year college students (Dyson & Renk, 2006).

However, as the area of coping research has grown, new findings demonstrated that the associations between certain coping strategies and certain outcomes do not always hold (Coyne & Racioppo, 2000). Differences across studies may be due to several factors. First, no uniform
coping categories and measures are used throughout the coping literature (see Skinner et al., 2003, for a review). Some researchers divide coping strategies into only two categories, while others use four or more (Eisenbarth, 2012; Lazarus & Folkman, 1984). Second, these coping types can and do frequently co-occur (Carver & Scheier, 1994; Lazarus, 2000). Some studies suggest that coping “profiles” involving usage of multiple coping types seem to best predict outcomes, rather than single coping types (Eisenbarth, 2012). Third, no one coping strategy is the best fit for every situation (Sideridis, 2006). Some authors have suggested that the flexibility with which a person employs coping strategies across various situations is likely to predict the adaptiveness of their coping strategies (Cheng, 2003; Cheng & Cheung, 2005). Other studies have shown that although a particular coping strategy may be effective for minor stresses, it may not be sufficient in the case of more severe or prolonged stressors (Berant, Mikulincer, & Florian, 2001). Finally, associations between coping and outcomes may differ based on the length and magnitude of a stressor, personality traits and resources of the individual, and differences in the interpersonal and cultural context in which the stressor occurs (Lazarus, 2000). More research is needed to discover which personal, situational, and cultural factors combine together in such a way to reliably make one type of coping strategy more effective than others.

**Attachment and Coping**

Although efforts to link certain coping strategies with specific outcomes has had limited success, efforts to link coping strategies with attachment security have been more fruitful (for review, see Mikulincer & Shaver, 2007). The research examining the link between attachment and coping strategies tends to show a more consistent relationship between certain coping strategies and positive or negative outcomes. An earlier section discussed hyperactivation and deactivation of the attachment system that is associated with attachment related anxiety and
avoidance, respectively. Here, more information about emotional and behavioral responses to stress associated with attachment styles will be reviewed as they relate to coping strategies and coping efficacy.

Through previous positive experiences with attachment figures, securely attached individuals, or those low on both attachment anxiety and avoidance, have come to see problems as manageable, and others as available and willing to help when needed (Bowlby, 1973; Mikulincer & Florian, 1998). Theoretically, securely attached individuals can be expected to more successfully handle stressors than insecurely attached individuals through the use of more effective coping mechanisms. Research findings are supportive of this expectation (for review, see Mikulincer & Shaver, 2007).

Securely attached individuals report fewer instances of distress when compared to individuals with insecure attachment (Mikulincer, Florian, & Weller, 1993). Additionally, secure individuals, and those low on attachment anxiety and avoidance, appraise stressful situations as less threatening and have more optimistic beliefs about their ability to cope with those situations (Berant et al., 2001; Mikulincer & Florian, 1995; Wei, Heppner, & Mallinckrodt, 2003). As theory would predict, a high level of coping resources have been associated with both attachment security and memories of receiving a high level of parental care (Buelow, Lyddon, & Johnson, 2002). Like insecurely attached individuals, people low on attachment anxiety and avoidance still experience negative affect. However, these secure individuals are able to tolerate and effectively utilize adaptive aspects of negative affect to inform their plans and actions, instead of becoming overwhelmed by it (Cassidy, 1994; Mikulincer & Shaver, 2007; Shaver & Mikulincer, 2007).
Secure attachment, measured both categorically and dimensionally, has often been associated with a higher frequency of problem-focused coping (Lussier, Sabourin, & Turgeon, 1997; Raskin, Kummel, & Bannister, 1998; Scharf, Mayseless, & Kivenson-Baron, 2004), but this finding has not held true in every study (Mikulincer et al., 1993). Mikulincer and Shaver (2007) noted that in many of the studies where problem-focused coping was not significantly associated with low attachment anxiety and avoidance, participants had been given problem-solving instructions, which may have increased the frequency with which insecurely attached individuals used this form of coping. Secure attachment style and low attachment anxiety and avoidance dimensions are also associated with effective use of seeking support (Crowell et al., 2002), with secure individuals more likely to seek support from close friends, parents, romantic partners (Florian, Mikulincer, & Bucholtz, 1995), and from professionals (Larose, Bernier, Soucy, & Duchesne, 1999; Riggs, Jacobovitz, & Hazen, 2002). Additionally, positive event appraisals, which are more characteristic of secure individuals, are less likely to result in avoidant coping measures (Major, Richards, Cooper, Cozzarelli, & Zubek, 1998). However, research has shown that there are times when individuals low on attachment anxiety and avoidance rely on distancing coping strategies (for review, see Mikulincer & Shaver, 2007). For example, when stressors are so severe that they would otherwise interfere with the individual’s ability to function effectively, research has shown that individuals low on attachment anxiety and avoidance engage in distancing coping (Berant et al., 2001). This flexibility in coping to best fit the situation is likely adaptive (Cheng, 2003; Cheng & Cheung, 2005) and has been observed most frequently in secure individuals (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002).
Individuals with high attachment anxiety, or those with an ambivalent/preoccupied attachment style, report more distress when confronted with a stressor (Maunder, Lancee, Nolan, Hunter, & Tannenbaum, 2006) or a traumatic experience (Mikulincer et al., 1993). They tend to view stressful events as more threatening and themselves as less competent to deal with the events than do secure individuals low in attachment anxiety and avoidance (Mikulincer & Florian, 1995; Mikulincer & Shaver, 2007; Shaver & Mikulincer, 2007). Not surprisingly, attachment anxiety and anxious-ambivalent/preoccupied attachment style, are associated with higher levels of distress and lower levels of psychological well-being when compared to low attachment anxiety and avoidance, and secure attachment (Mikulincer et al., 1993; Mikulincer & Florian, 1998; Mikulincer & Shaver, 2007). Attachment anxiety and ambivalent/preoccupied attachment style, are also associated with more anger, hostility, and violence towards friends and relationship partners (Bartholomew & Allison, 2006; Kobak & Sceery, 1988; Shaver & Mikulincer, 2007; Simpson, Rholes, & Phillips, 1996).

In general, research has shown that individuals with high attachment anxiety, or an anxious/preoccupied attachment style, rely heavily on emotion-focused coping and to engage less in problem-focused coping than individuals with low attachment anxiety and avoidance, or secure attachment styles (Mikulincer & Florian, 1998; Scharf et al., 2004; Shaver & Mikulincer, 2007). It has been theorized that problem-focused coping is avoided because it would actually thwart attempts to intensify negative emotion and hyperactivate the attachment system to garner attention and support from others that individuals high on attachment anxiety are driven to seek (Cassidy, 1994; Mikulincer & Shaver, 2007). Instead, individuals high on attachment anxiety often engage in emotion-focused coping strategies such as rumination and excessive attention to physiological symptoms of emotions, intensifying their negative thoughts and emotions.
Due to their desire for close connection and low self-efficacy, one might expect attachment anxiety to be associated with the frequent use of support-seeking as a coping strategy. However, the research presents a more complicated picture, with mixed findings regarding the frequency of support seeking among individuals with high attachment anxiety and ambivalent/preoccupied attachment style (Mikulincer & Shaver, 2007; Ognibene & Collins, 1998; Rholes, Simpson, Campbell, & Grich, 2001; Vogel & Wei, 2005). Although people with high attachment anxiety do strongly desire attachment, their support seeking behavior is inhibited when they doubt the availability of help from others (Vogel & Wei, 2005).

Additionally, likely due to their interpersonal sensitivity and worries about abandonment, individuals high on attachment anxiety tend to seek support in less direct and less effective ways than secure individuals (Collins & Feeney, 2000; Fraley & Shaver, 1998). For instance, they may pout, sulk, or cry to garner attention and support from a partner instead of directly asking for the help that they need (Collins & Feeney, 2000; Fraley & Shaver, 1998).

Individuals who score high in attachment avoidance typically do not report high levels of distress (for review, see Mikulincer & Shaver, 2007). However, findings indicate that avoidantly attached individuals do report more somatization when confronted with a traumatic experience than secure individuals (Mikulincer et al., 1993). In addition, both projective tests and physiological measures of distress indicate that individuals high on attachment avoidance, or those with an avoidant/dismissing attachment type, experience elevated levels of distress compared to securely attached individuals when facing a stressor, even when they do not report more distress (Dozier & Kobak, 1992; Fuendeling, 1998; Maunder et al., 2006; Mikulincer, Florian, & Tolmacz, 1990; Mikulincer & Shaver, 2007). Interestingly, despite lower levels of self-reported distress, research has shown that attachment avoidance in the face of a prolonged
stressor predicts a greater level of mental health deterioration than is seen in securely or anxiously attached individuals facing the same stressor (Berant et al., 2001).

Individuals who score high on attachment avoidance are theorized to prefer coping strategies that contribute to attachment system deactivation and inhibition of emotion (Mikulincer & Shaver, 2007). As theory would predict, individuals high on attachment avoidance tend to rely heavily on avoidant (also called “distancing”) coping strategies, such as denial, repression, distraction, and cognitive and behavioral disengagement (for review, see Mikulincer & Shaver). They frequently deny and suppress any thoughts or memories related to emotion and also inhibit expression of emotion. People high on attachment avoidance are less likely to believe they need social support and also less likely to believe that others are willing and available to provide support (Mikulincer et al., 2003; Vogel & Wei, 2005). Accordingly, research consistently shows that individuals high on attachment avoidance, or those with dismissing attachment styles, are less likely to seek support from others than are securely attached individuals (Kobak & Sceery, 1988; Larose, Boivin, & Doyle, 2001; Vogel & Wei, 2005). Additionally, when help is given to individuals high in attachment avoidance, they more frequently report dissatisfaction with the assistance than do secure individuals, likely because it threatens their need to be completely self-sufficient (Campbell, Simpson, Boldry, & Kashy, 2005). When individuals high on attachment avoidance are faced with stressors that are severe and long-term stressors, research has shown that they are likely to switch to emotion-focused coping strategies instead of their usual avoidance or distancing strategies (Berant et al., 2001). Other research shows that individuals high on attachment avoidance are able to suppress painful thoughts when under a low cognitive load, but not under a high cognitive load (Mikulincer, Dolev, & Shaver, 2004). Accordingly, researchers have theorized that there is a limit to the
utility and effectiveness of distancing strategies used preferentially by individuals high on attachment avoidance, and these strategies do not suffice in highly or chronically stressful situations (Mikulincer & Shaver, 2007).

Individuals with high levels of attachment anxiety and attachment avoidance fit into the fearful attachment category (Simpson & Rholes, 2002). Research has found fewer consistent findings about coping and fearful attachment than for the other attachment types. The lack of consistency in research findings for this type may be due to “approach-avoidance” behaviors that fearful individuals tend to engage in when under stress (Simpson & Rholes). Simpson and Rholes proposed two hypotheses for this behavior. First, it is possible that fearful attachment represents the collapse of an avoidant/dismissing style that has become ineffectual in managing current distress. Alternatively, this attachment style may develop from early interactions with a caretaker who was feared. In early life, when the fearful individual’s attachment system was activated, the infant or child was motivated to seek proximity to a person that was also a source of fear (Simpson & Rholes). The confusing and contradictory nature of this type of attachment relationship is thought to contribute to chaotic and contradictory behaviors when under stress (e.g., approach-avoidance).

Overall, people with each attachment style or dimension have preferred coping strategies, but may use different strategies in different situations, such as when stress is prolonged or severe (for review, see Mikulincer & Shaver, 2007). However, the coping strategies used by secure individuals, or those low on attachment anxiety and avoidance, appear to lead to better outcomes than coping strategies used by insecure individuals. Insecure attachment, or high levels of attachment anxiety or avoidance, are associated with poor coping efficacy, marital dysfunction, and psychological distress (Onishi, Gjerde, & Block, 2001; Riggs et al., 2007). Perceived coping
has been found to mediate the relationship between high attachment anxiety or avoidance and psychological distress variables including depression, anxiety, anger, hopelessness, and interpersonal problems (Wei et al., 2003). Additionally, when individuals low on attachment anxiety and avoidance use avoidant strategies, they are more likely to choose healthier methods, like exercising or listening to music (Howard & Medway, 2004), whereas insecure individuals are more likely to use negative avoidant strategies, such as drug use or other risky behaviors (Levitt, Silver, & Franco, 1996).

Parent-Child Relationship

The relationship between a parent and child has far reaching implications in developmental outcomes for a child. Research shows that the parent-child relationship plays a role in children’s emotional well-being (Dawson & Ashman, 2000), and the health and success of their future relationships (Lerner & Castellino, 2002). Negative parenting practices are consistently associated with both internalizing (Brumariu & Kerns, 2010) and externalizing (Rothbaum & Weisz, 1994) problems among children. Additionally, the parent-child relationship is associated with children’s coping skills and problem-solving abilities (Lerner & Castellino, 2002).

Attachment and the Parent-Child Relationship

Research has demonstrated a cyclical pattern between the parent-child relationship and the attachment systems of parents and children. Specifically, adult attachment style affects the way parents interact with their children, which then affects the children’s attachment systems, and eventually the adult children’s relationships with their future romantic partners and children (Benoit & Parker, 1994). The bulk of the research on parent-child relationship factors and parental attachment has used the Adult Attachment Interview (George, Kaplan, & Main, 1984).
However, the research using self-report measures of adult attachment to examine this link has grown (for review, see Jones et al., 2015). Here, a brief review of findings using the AAI will be followed by a more detailed review of findings using self-report measures of attachment.

Research utilizing the AAI to measure parental attachment security has shown that secure mothers are more sensitive and responsive to their infants and toddlers (Van IJzendoorn, 1995), and show more affection to their children (Crowell & Feldman, 1991). Parents who were classified as secure using the AAI were also rated as more supportive and warmer in interactions with their children (Cohn, Cowan, Cowan, & Pearson, 1992). Additionally, insecure mothers married to a man classified as secure using the AAI showed greater warmth toward their children than insecure mothers married to insecure men (Cohn et al.). Additionally, secure parents reported experiencing more pleasure and joy in their relationship with their children than insecure parents (Slade, Belsky, Aber, & Phelps, 1999). Parents classified as insecure with the AAI reported less confidence in their ability to cope with their children’s distress (DeOliveira, Moran, & Pederson, 2005). Insecurely attached mothers also are more likely to view infants’ ambiguous emotional expressions as negative, and more likely to attribute negative characteristics to infants (Zeanah et al., 1993).

The remainder of the reviewed literature on parental attachment and the parent-child relationship will focus solely on studies that utilized self-report measures of adult attachment. Research has found that an avoidant/dismissing attachment style and high scores on attachment avoidance in parents are negatively associated with parental sensitivity (Mills-Koonce et al., 2011; Selcuk et al., 2010), parental responsiveness (Edelstein et al., 2004; Goodman, Quas, Batterman-Faunce, Riddlesberger, & Kuhn, 1997), and parental supportiveness (Berlin et al., 2011; Rholes, Simpson, & Blakely, 1995). Findings also suggest that the effect of attachment
avoidance on parenting may vary based on degree of current stress. For example, Mills-Koonce et al. (2011) found that when avoidantly attached mothers were under a high level of stress, they were less sensitive to their 6- to 12-month-old infants than when they were under less stress. Edelstein et al. (2004) reported that when 3- to 7-year-old children were experiencing a high level of distress, high scores of parental attachment avoidance were associated with low levels of parental responsiveness and high parental distress. Additionally, parents with high attachment avoidance were more responsive to their children when their children were less distressed than when their children were more distressed (Edelstein et al.). Attachment avoidance (Berlin et al., 2011) and avoidant/dismissing attachment style (Rholes et al., 1995) are associated with low levels of maternal supportiveness towards their preschool aged children. In a study where 3- to 10-year-old children underwent a painful medical procedure, secure parents were the most responsive to their child’s distress, by explaining the procedure and physically comforting the child (Goodman et al., 1997). In the same study, children with insecurely attached parents (i.e., high attachment anxiety and/or avoidance) experienced more distress as a result of the procedure than children with parents low on both attachment dimensions. High parental attachment anxiety was also associated with low levels of parental responsiveness.

**Coping and the Parent-Child Relationship**

Fewer studies have examined the relationship between coping and parent-child relationships than have examined the relationship between self-reported attachment and parent-child relationships. However, studies looking at how coping affects parent-child relationships have consistently found better outcomes among parents who engage in more active coping strategies (Bynum & Brody, 2005; Levy-Shiff, Dimitrovsky, Shulman, & Har-Even, 1998; Margalit & Ankonina, 1991; Podolski & Nigg, 2001; Tein, Sandler, & Zautra, 2000). For
instance, Bynum and Brody (2005) found that mothers’ active coping strategies were associated with a better parent-child relationship, as well as more self-regulatory behavior and fewer emotional and behavioral problems in their children between the ages of 8 and 16 years. Similarly, in parents of children with an attention deficit hyperactivity disorder diagnosis (ages 7-11), Podolski and Nigg (2001) found that the active coping strategy of positive reframing by parents was associated with less child misbehavior and appeared to also reduce parental distress.

Levy-Shiff et al. (1998) found that mothers who engaged in more active coping strategies were more involved with their infants and mothers who engaged in more emotion-focused coping strategies experienced more distress. In a sample of parents of disabled children, Margalit and Ankonina (1991) found that active coping strategies were a protective factor against stress and associated with higher levels of positive affect. Finally, Tein et al. (2000) found that mothers’ use of active coping was associated with more consistent discipline practices with their children between the ages of 8 and 12. Additionally, avoidant coping was associated with more psychological distress among the mothers, which in turn was more highly predictive of inconsistent discipline practices when mothers used more avoidant coping strategies (Tein et al., 2000).

The Current Study

The current study aims to further investigate the predictive value of parental self-reported romantic attachment and coping strategy to aspects of the parent-child relationship. Coping strategy was also investigated as a potential mediator in the association between parental romantic attachment and the parent-child relationship. Specifically, the aspects of interest in the parent-child relationship were parental perceptions of attachment and relational frustration. For the purpose of the study, parent-child attachment is defined as the parent’s report of attunement
to the child’s thoughts and feelings and the ability to effectively comfort the child (Kamphaus & Reynolds, 2006). Previous research suggests that these qualities of parenting contribute positively to the parent-child relationship (for review, see Jones et al., 2015). Relational frustration is defined as the amount of distress a parent reports as a result of the child’s affect and behaviors and the tendency of the parent to become frustrated and overreact to common parenting situations (Kamphaus & Reynolds). Previous research suggests that both attachment insecurity and poor coping strategies can lead to increased levels of distress (for review, see Mikulincer & Shaver, 2007), which is associated with poor parenting practices (Smith, Cichy, & Montoro-Rodriguez, 2015) and thus expected to contribute to relational frustration. Parental attachment will be measured as a dimensional, two-factor (attachment anxiety and attachment avoidance) construct (Brennan et al., 1998). Coping strategies were analyzed on three scales: problem-focused, active emotional, and avoidant emotional coping (Schnider et al., 2007). Theoretically, this categorization scheme of coping strategies is the most relevant to previous findings regarding attachment dimensions and their associations with coping strategies, and also has been empirically supported in the literature.

Multiple hypotheses were proposed. The first hypothesis predicted a statistically significant relationship between parental romantic attachment and the parent-child relationship. Second, a significant relationship was hypothesized between parental romantic attachment and coping strategy use. Third, a significant relationship was predicted between coping strategy use and the parent-child relationship. Finally, coping strategy use was expected to mediate the relationship between parental romantic attachment and the parent-child relationship. Details about the operationalization of the variables are outlined in the “Method” section and the specific sub-hypotheses are in Appendix B.
CHAPTER 2

METHOD

Participants

The current study used archival data from the Family and Kid Connection project led by Dr. Shelley Riggs. Each family that participated in the data collection (N=86) was comprised of two heterosexual married parents and at least one child between the ages of 8 and 12 years. Only the parents’ data (N=172; 86 women, 86 men) were analyzed for the current study. The mean age of the fathers was 38.36 years (SD= 5.59) and the mean age of the mothers was 36.65 years (SD=5.14). One hundred and thirty-two parents identified themselves as European American (76.7%), 16 as Hispanic (9.3%), 13 as African American (7.6%), 3 as Asian American (1.7%), 3 as bi-racial or multi-racial (1.7%), and 1 as Native American (0.6%). In terms of annual family income, 2.6% of participants reported less than $15,000, 5.6 % reported $15-30,000, 9.9% reported $30-45,000, 12.5% reported $45-60,000, 12.9% reported $60-75,000, and 25.9% reported more than $75,000.

Instruments

The Background Information Questionnaire (BGI; Riggs, 2003) is a self-report measure used to collect basic demographic and family history data from the adult participants. Demographic questions covered age, ethnicity, education level, and family income. Family history questions included information regarding length of marriage, age and number of children, and mental health history for the participant and his or her family of origin.

The Experiences in Close Relationships Scale (ECR; Brennan et al., 1998) is a self-report measure designed to assess adult romantic attachment. The ECR is 36-items in total and comprised of two 18-item scales to evaluate two different domains of attachment, Anxiety and
Avoidance. High scores on the Anxiety and Attachment scales are representative of high levels of attachment anxiety and attachment avoidance, respectively. Participants indicate how much they agree with each item statement by selecting the appropriate number on a 7-point Likert scale, with 1 indicating “Disagree Strongly” and 7 indicating “Agree Strongly.” The internal consistency reliability coefficient is .91 for the Anxiety subscale and .94 for the Avoidance subscale (Brennan et al.). High levels of construct, discriminant, and predictive validity have been demonstrated for the ECR (Brennan et al.; Crowell, Fraley, & Shaver, 1999).

The Brief COPE is a 28-item self-report measure of coping style use (Carver, 1997). The Brief COPE was designed to be a short version of the longer COPE inventory (Carver, Scheier, & Weintraub, 1989). Items were selected for inclusion in the Brief COPE based on previous utility in research, strength of factor loading on scales, and clarity. The Brief COPE consists of 14 subscales, each comprised of two items. The internal consistency reliability coefficients reported for the subscales range from .50 to .90, with most of the scales’ coefficients greater than .65 (Carver, 1997). Later researchers categorized and combined the subscales into three larger scales (problem-focused coping, active emotional coping, and avoidant emotional coping) using both conceptual and empirical rationale (Schnider et al., 2007). These three coping strategy categories were utilized in the current study. Problem-focused coping includes the subscales of planning, active coping, religion scales, and instrumental support. Active emotional coping includes the subscales of venting, humor, acceptance, positive reframing, and emotional support. Avoidant emotional coping includes the subscales of denial, self-distraction, self-blame, behavioral disengagement, and substance use. High scores on each of the scales corresponds to increased use of coping strategies within each category. Schnider et al. reported that the internal
consistency reliability coefficients for the 3 larger subscales were .80 for problem-focused coping, .81 for active emotional coping, and .88 for avoidant emotional coping.

The Parenting Relationship Questionnaire (PRQ; Kamphaus & Reynolds, 2006) is a 71-item self-report measure designed to assess parents’ perceptions of the parent-child relationship. Parents indicate the degree to which each item describes their recent experiences with their child by choosing a number on a 4-point Likert scale with responses ranging from 1 (never) to 4 (almost always). Good convergent and discriminant validity has been demonstrated for the PRQ (Kamphaus & Reynolds). Seven different scales evaluate different aspects of the parent-child relationship. The current study utilized two of the seven subscales: the Attachment Scale and the Relational Frustration Scale. The Attachment Scale measures parents’ level of awareness of their child’s thoughts and feelings and the ability of the parent to comfort their child when distressed. Examples of the types of items that make up the Attachment Scale include: “I know what my child is feeling,” “When my child is upset, I can calm him or her,” and “I know when my child needs to be left alone.” Higher scores on the Attachment Scale indicate a greater awareness of the thoughts and feelings of the child and a greater ability to comfort him or her. The Attachment Scale’s reported internal consistency reliability coefficients range from .82 to .86 for parents of children between the ages of 6 and 12 (Kamphaus & Reynolds). The Relational Frustration Scale measures the parent’s level of distress resulting from attempts to relate and control the child’s behavior and affect, and also the parent’s tendency to become frustrated and overreact in common parenting situations. Examples of the type of items that make up the Relational Frustration Scale include: “It is difficult for me to communicate with my child,” “My child tests my limits,” and “I lose my patience with my child.” Higher scores on the Relational Frustration scale represent more frustration and overreaction of the parent. The
Relational Frustration Scale’s reported internal consistency reliability coefficient is .85 (Kamphaus & Reynolds).

Procedure

The data for the proposed study was gathered as part of a larger project, which was approved by the University of North Texas Institutional Review Board. Participants were recruited via flyers posted at public recreation areas, local businesses, and educational facilities. Once interested families contacted the project manager, their eligibility to participate was confirmed and research assistants scheduled them for data collection times. Data collection took place at the Family Attachment Lab at The University of North Texas. Prior to data collection, participants were informed of the study’s procedures and purpose, and each spouse gave written consent. Data collection included 3-4 family interaction tasks, verbal interviews, and a packet of written questionnaires. The three instruments to be used in the proposed study were included in the questionnaire packets. As an incentive to participate, each family received $30-40, coupons for local businesses, and tickets for admission to recreational events.

Data were double entered into SPSS by undergraduate research assistants. Data were compared and examined for missing values by graduate research assistants. In cases where two or more instruments had not been completed, those participants’ and their partners’ data were excluded from analysis, resulting in a final sample of 164 participants. Little’s (1988) MCAR test was used to evaluate the pattern of missingness of data for each instrument. Missing data were determined to be missing at random for all instruments, and case mean replacement was used to replace missing values for items before scale scores were calculated. Appropriate item data were then summed to calculate the scale scores that comprised the variables of interest to the hypotheses (attachment anxiety, attachment avoidance, problem-focused coping, active
emotional coping, avoidant emotional coping, parent-child attachment and parent-child relational frustration).

Due to the non-independent nature of data from married couples, data was conceptualized using the actor partner interdependence model (APIM; Kenny, Kashy, & Cook, 2006). APIM assumes that, in non-independent pairs, outcomes for one individual, the “actor,” will not only be affected by that individual’s characteristics or behaviors (actor effects), but also by characteristics or behaviors from the other individual in the pair, the “partner” (partner effects). Additionally, APIM allows the examination of interaction effects between actor and partner variables in the prediction of mixed variable outcomes (Campbell & Kashy, 2002). Using APIM, the married couple is considered the unit of analysis, instead of the individual. Data were organized in pairwise structure, as recommended in the literature (Campbell & Kashy, 2002; Cook & Kenny, 2005; West, Popp, & Kenny, 2008), with each individual represented by a row of data that includes the individual’s own variable scores and his or her partner’s variable scores. Because the variables of interest are mixed variables, multilevel linear modeling (MLM) was utilized to estimate APIM model parameters.

Pearson correlations were used to test the non-independence of the variables of interest between married couples. Married partners’ levels of attachment avoidance, problem focused coping, and relational frustration were positively correlated with their spouses levels of the same constructs (see Table 1), indicating non-independence of the data and affirming the appropriateness of dyadic analysis.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Attachment Anxiety</th>
<th>Attachment Avoidance</th>
<th>Problem-Focused Coping</th>
<th>Active Emotional Coping</th>
<th>Avoidant Emotional Coping</th>
<th>Parent-Child Attachment</th>
<th>Relational Frustration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Correlation Matrix</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Anxiety</td>
<td>.001</td>
<td>.435**</td>
<td>.023</td>
<td>.074</td>
<td>.495**</td>
<td>-.396**</td>
<td>.394**</td>
</tr>
<tr>
<td>Attachment Avoidance</td>
<td>.450**</td>
<td>.164*</td>
<td>-.307**</td>
<td>-.104</td>
<td>.452**</td>
<td>-.297**</td>
<td>.234*</td>
</tr>
<tr>
<td>Problem-focused Coping</td>
<td>.050</td>
<td>-.073</td>
<td>.216**</td>
<td>.592**</td>
<td>-.039</td>
<td>.061</td>
<td>.154</td>
</tr>
<tr>
<td>Active Emotional Coping</td>
<td>.115</td>
<td>.052</td>
<td>.563**</td>
<td>.086</td>
<td>.192</td>
<td>-.014</td>
<td>.132</td>
</tr>
<tr>
<td>Avoidant Emotional Coping</td>
<td>.600**</td>
<td>.303**</td>
<td>-.030</td>
<td>.049</td>
<td>.058</td>
<td>-.357**</td>
<td>.230*</td>
</tr>
<tr>
<td>Parent-Child Attachment</td>
<td>-.241*</td>
<td>-.162</td>
<td>.075</td>
<td>-.099</td>
<td>-.345**</td>
<td>.120</td>
<td>-.471**</td>
</tr>
<tr>
<td><strong>Relational Frustration</strong></td>
<td>.417**</td>
<td>.128</td>
<td>.094</td>
<td>.186</td>
<td>.368**</td>
<td>-.469**</td>
<td>.381**</td>
</tr>
<tr>
<td><strong>Means (SD)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>52.13</td>
<td>42.23</td>
<td>23.90</td>
<td>25.19</td>
<td>16.47</td>
<td>49.40</td>
<td>52.64</td>
</tr>
<tr>
<td>Husbands</td>
<td>(18.58)</td>
<td>(19.21)</td>
<td>(4.93)</td>
<td>(4.43)</td>
<td>(4.07)</td>
<td>(9.74)</td>
<td>(10.16)</td>
</tr>
<tr>
<td>Wives</td>
<td>49.18</td>
<td>45.74</td>
<td>22.96</td>
<td>24.27</td>
<td>15.93</td>
<td>49.21</td>
<td>52.32</td>
</tr>
<tr>
<td></td>
<td>(18.05)</td>
<td>(20.53)</td>
<td>(5.10)</td>
<td>(4.67)</td>
<td>(4.06)</td>
<td>(10.02)</td>
<td>(10.56)</td>
</tr>
<tr>
<td>Wives</td>
<td>55.02</td>
<td>38.71</td>
<td>24.84</td>
<td>26.11</td>
<td>17.00</td>
<td>49.60</td>
<td>52.96</td>
</tr>
<tr>
<td></td>
<td>(18.74)</td>
<td>(17.19)</td>
<td>(4.60)</td>
<td>(3.98)</td>
<td>(4.05)</td>
<td>(9.51)</td>
<td>(9.80)</td>
</tr>
<tr>
<td><strong>Paired T-tests for husbands/wives</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husbands</td>
<td>-2.05*</td>
<td>2.38*</td>
<td>-2.48*</td>
<td>-2.72**</td>
<td>-1.78</td>
<td>-.26</td>
<td>-.41</td>
</tr>
</tbody>
</table>

*Note.* In the above matrix, husbands’ correlations are shown above the diagonal; wives’ correlations are shown below the diagonal. Correlations between dyad members are in bold along the diagonal.

*p*.05, **p*.01, ***p*.001
Prior to analyses, all data were checked for extreme outliers. Only two extreme outliers were present, both in the avoidant coping scores. Those values were moved in to 3 standard deviations from the mean. Additionally, all variables of interest were tested for normality assumptions of the proposed analyses. All variables were found to be within acceptable limits of normality (skewness between -1 and +1) with the exception of avoidant coping, which was positively skewed. Grand mean centering was used to transform the avoidant coping variable, as well as all other key variables, as recommended for APIM MLM (Kenny et al., 2006). MLM estimates can be interpreted accurately as unstandardized regression coefficients.
CHAPTER 3

RESULTS

Preliminary Analyses

Correlations and t-tests are presented in Table 1. T-tests were utilized to determine the presence of gender differences among the variables of interest. Romantic attachment anxiety scores were significantly higher among women ($M = 55.08, SD = 18.74$) than men ($M = 49.18, SD = 18.05$), $t(162) = -2.05, p = .042$. In contrast, romantic attachment avoidance scores were significantly higher among men ($M = 45.74, SD = 20.53$) than women ($M = 38.71, SD = 17.19$), $t(162) = 2.38, p = .019$. Problem-focused coping scores were significantly higher among women ($M = 24.84, SD = 4.60$) than men ($M = 22.96, SD = 5.10$), $t(162) = -2.48, p = .014$. Similarly, active emotional coping scores were significantly higher among women ($M = 26.11, SD = 3.98$) than men ($M = 24.27, SD = 4.67$), $t(162) = -2.72, p = .007$. No significant gender differences were found for avoidant emotional coping, parent-child attachment, or relational frustration.

One-way ANOVAs were used to evaluate potential relationships between the variables of interest and the demographic variables of ethnicity, education level, and household income. None of the variables of interest significantly differed according to ethnicity or education level. Relational frustration and household income level were significantly associated, $F(5,150) = 2.92, p = .015$, with lower relational frustration reported by participants whose families earned $15-30,000 per year ($M = 47.00, SD = 9.47$) than participants whose families earned $60-$75,000 per year ($M = 57.41, SD = 11.00$).

Primary Analyses

The hypothesized mediating effect of coping strategies is considered lower-level mediation because the independent variable, the proposed mediating variable, and the dependent
variable, are all lower-level variables (Kenny, Korchmaros, & Bolger, 2003). To find a meditational effect, a significant relationship is required between: parental romantic attachment and the parent-child relationship, parental romantic attachment and coping strategy use, and coping strategy use and the parent-child relationship (Kenny et al., 2003). MLM was conducted using SPSS mixed models procedure to investigate a series of direct models to test the relationships between the variable pairs listed above. The two-intercept method was utilized in order to allow investigation of the relationships between the variables of interest separately for men and women.

The first set of MLM analyses examined the association between parental romantic attachment and the parent-child relationship. An actor effect for a negative association between attachment anxiety and parent-child attachment was supported among both mothers (Estimate = -.120, \( t = -2.179, p = .032 \)) and fathers (Estimate = -.220, \( t = -3.829, p < .001 \)). Additionally, an actor effect for a positive association between attachment anxiety and relational frustration was supported among mothers (Estimate = .216, \( t = 4.045, p < .001 \)) and fathers (Estimate = .229, \( t = 3.803, p < .001 \)). An actor effect for a negative association between attachment avoidance and parent-child attachment was supported among fathers (Estimate = -.136, \( t = -2.555, p = .013 \)), but not mothers. Similarly, an actor effect for a positive association between attachment avoidance and relational frustration was supported among fathers (Estimate = .121, \( t = 2.107, p = .038 \)), but not mothers. There were no significant partner effects.

The second set of MLM analyses examined the association between parental romantic attachment and coping strategy use. An actor effect for a positive association between attachment anxiety and avoidant emotional coping was supported among both mothers (Estimate = .131, \( t = 6.787, p < .001 \)) and fathers (Estimate = .109, \( t = 4.909, p < .001 \)). Similarly, an actor
effect for a positive association between attachment avoidance and avoidant emotional coping was supported among mothers (Estimate = .077, t = 2.988, p = .004) and fathers (Estimate = .088, t = 4.305, p < .001). An actor effect for a negative association between attachment avoidance and problem-focused coping was supported among fathers (Estimate = -.077, t = -2.814, p = .006), but not mothers. A partner effect for a positive association between attachment anxiety and problem-focused coping was supported among mothers (Estimate = .066, t = 2.379, p = .020), but not fathers. In other words, fathers’ higher attachment anxiety predicted higher levels of problem-focused coping among mothers.

The third set of MLM analyses examined the association between coping strategy use and the parent-child relationship. An actor effect for a negative association between avoidant emotional coping and parent-child attachment was supported among both mothers (Estimate = -.749, t = -3.011, p = .004) and fathers (Estimate = -.812, t = -3.106, p = .003). An actor effect for a positive association between avoidant emotional coping and relational frustration was supported among only mothers (Estimate = .928, t = 3.712, p < .001). A partner effect for a negative association between active emotional coping and parent-child attachment was supported among fathers (Estimate = -.588, t = -2.116, p = .037), but not mothers. In other words, mothers’ high active emotional coping was associated with lower father-child attachment.

In cases where direct models between relevant variable pairs were supported, mediational models were tested via a final set of MLM analyses. These analyses used coping strategy use as a mediator, parental attachment patterns as a predictor variable, and parent-child relationship functioning as the outcome variable. Four potential mediational models were suggested by direct model results.
Results of the previous MLMs suggested actor-actor mediation in which avoidant coping mediated the association between attachment anxiety and parent-child attachment. In an MLM analysis using parental attachment anxiety and avoidant emotional coping as predictors and parent-child attachment as an outcome variable (see Table 2), Pseudo $R^2$ (Kenny et al., 2006) indicated that 12.5% of the variance in the parent-child attachment relationship was explained. Two mediational paths were explored. First, avoidant coping as a mediator between fathers’ attachment anxiety and father-child attachment was investigated. Actor father attachment anxiety remained a significant predictor ($\text{Estimate} = \text{-} .174, t = \text{-} 2.672, p = .009$) of father-child attachment, but actor avoidant coping no longer reached significance ($\text{Estimate} = \text{-} .428, t = \text{-} 1.470, p = .146$) as a predictor in this model. The reduction of the predictive value of actor avoidant coping suggested that it is not likely to be playing a mediating role in this model. Using Medgraph (Jose, 2013), the Sobel test confirmed that avoidant coping did not play a significant mediational role in the association between attachment anxiety and parent-child attachment among fathers ($\text{Sobel} Z = \text{-} 1.757, p = 0.079$).
Table 2

Multilevel Model of Mediation by Avoidant Emotional Coping Strategy Use in Association between Adult Romantic Attachment Anxiety and Parent-Child Attachment

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Estimate</th>
<th>SE</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image_url" alt="Image of the table with the data" /></td>
<td><img src="table_data" alt="Table data" /></td>
<td><em>p</em>&lt;.05</td>
<td></td>
</tr>
</tbody>
</table>
The second mediational path investigated via the same MLM analysis was avoidant coping as a mediator between mothers’ attachment anxiety and mother-child attachment (see Figure 2). Actor mother avoidant coping remained a significant predictor (Estimate = -.640, \(t = -2.009, p = .048\)) of mother-child attachment, but actor attachment anxiety no longer reached significance (Estimate = -.039, \(t = -.563, p = .575\)) as a predictor in the mediational model (see Table 2). The reduction of the predictive value of actor attachment anxiety suggested that actor avoidant coping may be playing a mediating role in this model. A Sobel test was conducted using Medgraph (Jose, 2013) to examine the significance of the indirect effect and a partial mediational effect was found (Sobel \(Z = -2.260, p = 0.024\)).

Figure 2. Actor-actor mediation found only among mothers. Avoidant emotional coping mediating the association between romantic adult attachment anxiety and parent-child attachment.

The third mediational path that was suggested by direct paths was an actor-actor mediation among fathers in which avoidant coping mediated the association between attachment avoidance and parent-child attachment (see Figure 3). In an MLM analysis using parental attachment avoidance and avoidant emotional coping as predictors and parent-child attachment
Figure 3. Actor-actor mediation found only among fathers. Avoidant emotional coping mediating the association between romantic adult attachment avoidance and parent-child attachment.

as an outcome variable (see Table 3), actor avoidant coping remained a significant predictor (Estimate = -.629, t = -2.175, p = .033) of parent-child attachment among fathers, but actor attachment avoidance no longer reached significance (Estimate = -.083, t = -1.425, p = .158) as a predictor in this model. The reduction of the predictive value of actor attachment avoidance suggested that actor avoidant coping may be playing a mediating role in this model. A Sobel test was conducted using Medgraph (Jose, 2013) to examine the significance of the indirect effect of parental romantic attachment avoidance on parent-child attachment via avoidant coping strategy use. A partial mediational effect was found (Sobel Z = -2.172, p = 0.030). Pseudo $R^2$ (Kenny et al., 2006) indicated that 6.3% of the variance in the parent-child relationship can be explained through the mediational model.

The final mediational path that was suggested by direct paths was an actor-actor mediation among mothers in which avoidant coping mediated the association between attachment anxiety and relational frustration. In an MLM analysis using parental attachment
Table 3

**Multilevel Model of Mediation by Avoidant Emotional Coping Strategy Use in Association between Adult Romantic Attachment Avoidance and Parent-Child Attachment**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Estimate</th>
<th>SE</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent-Child Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actor Attachment Avoidance Among Fathers</td>
<td>-.083</td>
<td>.058</td>
<td>-1.425</td>
</tr>
<tr>
<td>Actor Attachment Avoidance Among Mothers</td>
<td>-.038</td>
<td>.064</td>
<td>-.587</td>
</tr>
<tr>
<td>Partner Attachment Avoidance Among Fathers</td>
<td>-.049</td>
<td>.066</td>
<td>-.741</td>
</tr>
<tr>
<td>Partner Attachment Avoidance Among Mothers</td>
<td>-.002</td>
<td>.057</td>
<td>-.035</td>
</tr>
<tr>
<td>Actor Avoidant Emotional Coping Among Fathers</td>
<td>-.629</td>
<td>.289</td>
<td>-2.175*</td>
</tr>
<tr>
<td>Actor Avoidant Emotional Coping Among Mothers</td>
<td>-.700</td>
<td>.266</td>
<td>-2.633*</td>
</tr>
<tr>
<td>Partner Avoidant Emotional Coping Among Fathers</td>
<td>-.157</td>
<td>.275</td>
<td>-.569</td>
</tr>
<tr>
<td>Partner Avoidant Emotional Coping Among Mothers</td>
<td>-.289</td>
<td>.279</td>
<td>-1.034</td>
</tr>
</tbody>
</table>

*p<.05
anxiety and avoidant emotional coping as predictors and relational frustration as an outcome variable (see Table 4), actor attachment anxiety remained a significant predictor (Estimate = .143, \( t = 2.149, p = .035 \)) of relational frustration among mothers, but actor avoidant coping no longer reached significance (Estimate = .529, \( t = 1.714, p = .090 \)) as a predictor in this model. The reduction of the predictive value of actor avoidant coping suggested that it is not likely to be playing a mediating role in this model. A Sobel test was conducted using Medgraph (Jose, 2013) to further examine any potential indirect effect of parental romantic attachment anxiety on relational frustration via avoidant coping strategy use among mothers. The Sobel test confirmed that avoidant coping did not play a significant mediational role in the association between attachment anxiety and relational frustration among mothers (Sobel Z = 1.421, \( p = 0.155 \)).
Table 4

Multilevel Model of Mediation by Avoidant Emotional Coping Strategy Use in Association between Adult Romantic Attachment Anxiety and Relational Frustration

<table>
<thead>
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<th>Predictor</th>
<th>Estimate</th>
<th>SE</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent-Child Attachment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actor Attachment Anxiety Among Fathers</td>
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<td>.070</td>
<td>3.261*</td>
</tr>
<tr>
<td>Actor Attachment Anxiety Among Mothers</td>
<td>.143</td>
<td>.066</td>
<td>2.149*</td>
</tr>
<tr>
<td>Partner Attachment Anxiety Among Fathers</td>
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<td>.074</td>
<td>.526</td>
</tr>
<tr>
<td>Partner Attachment Anxiety Among Mothers</td>
<td>.069</td>
<td>.062</td>
<td>1.109</td>
</tr>
<tr>
<td>Actor Avoidant Emotional Coping Among Fathers</td>
<td>.017</td>
<td>.312</td>
<td>.055</td>
</tr>
<tr>
<td>Actor Avoidant Emotional Coping Among Mothers</td>
<td>.529</td>
<td>.309</td>
<td>1.714</td>
</tr>
<tr>
<td>Partner Avoidant Emotional Coping Among Fathers</td>
<td>.151</td>
<td>.343</td>
<td>.440</td>
</tr>
<tr>
<td>Partner Avoidant Emotional Coping Among Mothers</td>
<td>-.458</td>
<td>.279</td>
<td>-1.644</td>
</tr>
</tbody>
</table>

*p < .05
CHAPTER 4

DISCUSSION

The current study examined associations between parental romantic attachment, coping strategy use, and the parent-child relationship. Analyses yielded partial support for hypothesized direct and mediated associations. Broad and specific findings will be discussed in the context of previous research and how the current study’s findings may indicate important areas for future research will be explored. Potential limitations of the current study will be considered, and implications of results and their applicability to clinical interventions will be explored.

Direct Associations

*Parental Romantic Attachment and the Parent-Child Relationship*

The hypothesized association between parental romantic attachment and the parent-child relationship was partially supported. For both parents, attachment anxiety was negatively associated with parenting that promotes secure attachment (e.g., attunement, comfort-giving) and positively associated with relational frustration, as hypothesized. The demonstrated associations between attachment anxiety and both parent-child relationship factors are consistent with theory and findings of previous research (for review, see Jones et al., 2015). While actor and partner effects were expected, only actor effects were found between parental romantic attachment and the parent-child relationship. The lack of partner effects suggests that spousal romantic attachment does not affect one’s parenting behavior directly.

A negative association between parental attachment avoidance and parent-child attachment was hypothesized for both mothers and fathers, but was only found in fathers. Additionally, a positive association between parental attachment avoidance and relational frustration emerged only in fathers. The lack of an association between mother’s attachment
avoidance and her attachment-related parenting was surprising. Previous research has consistently found an association between self-reported parental attachment avoidance and parental sensitivity and responsiveness (for review, see Jones et al., 2015), which the PRQ attachment scale measures as an awareness of children’s feelings and the ability to comfort.

The differential findings across genders regarding the association between romantic attachment avoidance and the parent-child relationship were unexpected and would be an interesting topic to explore in future research. Instances of differential findings across genders in the association between parent’s romantic attachment and the parent-child relationship are few in the existing literature. Only two previous studies reported a significant association between attachment avoidance and perception of closeness to children among mothers, but not fathers (Feeney, 2006; Wilson, Rholes, Simpson, & Tran, 2007). However, many studies investigating parental attachment and parent-child relationships have only studied mothers and not fathers, so there may be differential relationships between these factors across genders that have not yet fully come to light. One potential area for future study is whether attachment avoidance is manifested in different parental behaviors among men versus women. Alternatively, men and women with high levels of attachment avoidance may behave similarly with their children, but still differ from one another in the way in which they perceive their relationships with their children.

Interestingly, all previous studies that examined mothers’ romantic attachment avoidance and mother-child attachment reported an association between the two constructs among mothers, whereas the current study did not (for review, see Jones et al., 2015). One factor that makes the current study different from previous studies that examined the association between adult romantic attachment and parent-child attachment is the way in which parent-child attachment
was assessed. Whereas the current study used a self-report measure to assess the parents’ perception of their own ability to act as a secure base, previous studies utilized observational methods to code parental behavior with children (Berlin et al., 2011; Edelstein et al., 2004; Goodman et al., 1997; Mills-Koonce et al., 2011; Rholes et al., 1995; Selcuk et al., 2010). Due to society’s messages of women’s worth being partially tied up in the caregiver role (Hall, 1972), women may be more susceptible to social desirability bias when reporting on their own parenting behavior. Future research could examine this possibility by assessing parenting behavior through both observational and self-report measures.

The positive association between parental attachment avoidance and relational frustration among fathers was not hypothesized due to mixed findings in the literature regarding associations between parent’s self-reported attachment and parent stress or conflict in their relationship with their child (for review, see Jones et al., 2015). Theoretically, higher levels of relational frustration would be expected when a parent has a high level of attachment avoidance (Rholes, Simpson, & Friedman, 2006). However, individuals with high levels of attachment avoidance tend to underreport their relationship stress and distress overall as part of the deactivation of the attachment system (Shaver & Mikulincer, 2007). Findings may vary according to how stress or conflict in the parent-child relationship is measured. Future examination of the association between these two variables would be valuable.

*Parental Romantic Attachment and Coping Strategy Use*

The hypothesized association between parental romantic attachment and coping strategy use was also partially supported. As expected, there was an actor effect for a negative association between parental attachment avoidance and problem-focused coping among fathers, but the same actor effect was not supported for mothers. Again, differential findings between
genders were demonstrated where they had not been anticipated. Some previous studies have looked at how gender plays a role in coping, finding that women tend to seek social support more often than men, while men use more aggressive (active and antisocial), but less assertive (active and prosocial) coping strategies (Felsten, 1998; Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994; Sigmon, Stanton, & Snyder, 1995). To date, the role of gender in moderating the way in which attachment style is associated with coping strategies remains unexplored. The gender difference found in the current study is interesting and may suggest a gap in the literature and important areas of future study.

A single partner effect was found among mothers, but it was in the opposite direction of the hypothesized partner effect for the variables involved. Specifically, mothers’ use of problem-focused coping was positively associated with their husband’s reported attachment anxiety. Previous research has documented links between individuals’ problem-focused coping and their positive outcomes (for review, see McNamara, 2000), as well as between attachment anxiety and negative psychological (for review, see Shaver & Mikulincer, 2007) or relational outcomes (for review, see Jones et al., 2015). It may be the case that in families where fathers have a high level of romantic attachment anxiety, mothers tend to compensate by increasing their use of efficacious coping methods. Future research examining attachment styles and partner choice may be helpful in understanding the unexpected pattern of partner effects that was found in the current study.

Hypotheses predicted a positive association between parental attachment avoidance and avoidant emotional coping, but a negative association between parental attachment anxiety and avoidant emotional coping. An actor effect was demonstrated between adult romantic attachment and avoidant emotional coping, with positive associations found between both
attachment dimensions (avoidance and anxiety) and avoidant emotional coping in both mothers and fathers. So, the association between parental attachment avoidance and avoidant emotional coping was in the predicted direction, but the association between parental attachment anxiety and avoidant emotional coping was in the opposite direction from what was predicted.

One potential factor in the unexpected positive association between parental attachment anxiety and avoidant emotional coping may have been the significant positive correlation between participants’ romantic attachment anxiety scores and their own romantic attachment avoidance scores. The positive association between adult attachment avoidance and adult attachment anxiety suggests that some participants in the current study who scored high on attachment anxiety likely also scored high on attachment avoidance and could be categorized as having a fearful attachment type. Previous research has not demonstrated consistent associations between a fearful attachment style and coping strategies. Some authors have suggested the lack of consistent coping strategies found among individuals with fearful attachment may be due to the characteristic “approach-avoidance” behaviors engaged in by these individuals while they are under stress (Simpson & Rholes, 2002).

Another explanation for the association between attachment anxiety and avoidant coping may lie in the assessment of avoidant coping. The avoidant emotional coping scale used in the current study included a substance use subscale, and previous research has shown an association between attachment anxiety and substance use (Ognibene & Collins, 1998). Furthermore, the avoidant coping scale used here includes a self-blame subscale, a construct that could potentially tap into the poor self-concept common in people who score high on attachment anxiety. In further examination of the literature, a previous study was found that also showed an association between attachment anxiety and distancing coping (Holmberg, Lomore, Takacs, & Price, 2011).
Interestingly, that study assessed coping using items from the Brief COPE, and the larger COPE inventory (Carver et al., 1989) from which the Brief COPE was derived, lending credence to the idea that the association found between adult attachment anxiety and avoidant coping in the current study may be related to how we measured and defined avoidant coping.

No hypothesized associations between parental romantic attachment and use of active emotional coping were supported. The active emotional coping scale (Schnider et al., 2007) used in the current study included more positive constructs (i.e. humor and positive reframing) than other similar categorizations of emotional coping strategies that have been utilized in the attachment and coping literature. The more positive nature of active emotional coping that was measured in the current study may help to explain why the predicted associations between parental attachment and active emotional coping did not emerge in the current study. Additionally, potential associations between adult romantic attachment and active emotional coping may have been affected by inconsistent coping strategies among individuals with both high attachment anxiety and high attachment avoidance.

Overall, results that were contrary to the current study’s hypotheses for associations between adult attachment and coping strategy use were not entirely surprising due to the inconsistency of findings in previous studies. One potential explanation for inconsistencies in associations between these two variables is the wide variability in how coping strategies are measured and categorized across studies (Skinner et al., 2003). Furthermore, coping strategies are not mutually exclusive and individuals frequently use more than one strategy. Additionally, there is evidence that individuals choose different coping strategies for different stressors, particularly depending on the length and magnitude of the stressors (Berant et al., 2001). In fact,
individuals with secure attachment tend to be more flexible in their use of different coping strategies to fit different situations (Schmidt et al., 2002).

**Coping Strategy Use and the Parent-Child Relationship**

Results also partially supported the hypothesized association between coping strategy use and the parent-child relationship. Although hypothesized, no association between problem-focused coping and the parent-child relationship was found. The lack of an association between problem-focused coping and the parent-child relationship was surprising, as previous research indicated that parents’ active coping strategies are linked to better parent-child relationships (Bynum & Brody, 2005). In addition, actor effects for associations between active emotional coping and the parent-child relationship were hypothesized, but not found. However, Bynum and Brody used a coping measure that asked about coping strategies when dealing with three specific situations instead of coping strategies used in general as were assessed in the current study. Furthermore, the previous study used a rural, African-American sample, as opposed to the predominantly white middle-class sample used in the current study.

An unhypothesized partner effect indicated that fathers’ attachment-related parenting is negatively associated with their wives’ use of active emotional coping strategies. It is unclear what might be responsible for this finding. Perhaps when men’s wives frequently engage in active emotional coping, which includes seeking emotional support and venting, the men use more of their emotional energy in their relationships with their wives, and have less emotional energy left to dedicate to their relationships with their children. Alternatively, women who score high in active emotional coping may seek more closeness in their relationship with their children, perhaps leaving less space or need for the fathers in those families to engage with the children as much.
Results supported hypothesized actor effects, but not partner effects for a negative association between avoidant emotional coping and parent-child attachment among mothers and fathers. An unhypothesized actor effect for a positive association between avoidant emotional coping and relational frustration was found among only mothers. The positive association between avoidant emotional coping and relational frustration in mothers had not been hypothesized due to the tendency for individuals who engage in avoidant coping to underreport stress and frustration, but the result was also not surprising in light of previous findings.

Previous research showed that parents who report engaging in active coping mechanisms report lower levels of parental distress (Podolski & Nigg, 2001), and use of avoidant coping strategies by mothers is associated with higher levels of parental distress (Tein et al., 2000). Furthermore, when mothers use avoidant coping strategies more frequently, there is a stronger negative association between their psychological distress and the consistency with which they discipline their children (Tein et al., 2000).

Mediated Associations

Only one hypothesized mediational model was supported by direct associations and mediational analysis. Additionally, one unhypothesized mediational model was supported by statistical analyses. First, as hypothesized, an actor-actor mediation demonstrated that avoidant emotional coping mediated the association between parental romantic attachment avoidance and parent-child attachment among fathers. This model is consistent with previous research and theory, which indicate associations between romantic attachment avoidance and parent-child attachment (for review, see Jones et al., 2015), romantic attachment avoidance and avoidant coping (for review, see Mikulincer & Shaver, 2007), and avoidant coping and parent-child attachment (Bynum & Brody, 2005). The same mediational model was also expected to be true
among mothers; however, as discussed earlier, no direct association was found between attachment avoidance and the parent-child relationship among mothers.

Although not hypothesized, results also indicated actor-actor mediation in which mother’s avoidant emotional coping mediated the association between mothers’ romantic attachment anxiety and their attachment with their children. This finding suggests that mothers with high attachment anxiety engage in avoidant emotional coping, which in turn diminishes their attachment related parenting behaviors. No other hypothesized mediation models were tested because the direct associations necessary to make those mediational models valid were not supported.

Strengths and Limitations

Strengths of the current study include a sound theoretical basis for hypotheses and the use of psychometrically sound measures. Additionally, collection of data from both spouses, and dyadic data analysis allowed for examination of partner effects within a complex system. Examination of potential differences in variable associations between male and female parents was also a strength. However, evaluation of possible differences in variable associations depending on the gender of the child in the parent-child relationship was not performed and may also have provided additional information.

Participants in the current study were all married heterosexuals with a child between the ages of 8 and 12 years. The sample was also mostly white and middle-class. Inclusion of a more diverse sample of couples and families may provide more information about how particular demographic factors may influence variable associations, and the results of such a study would be more generalizable. Another limitation of the current study is the exclusive use of self-report measures, which introduces the potential for common method bias. Inclusion of observational
data or the children’s perspective would be particularly useful for evaluation of the parent-child relationship variables. The cross-sectional design of the current study limits causal conclusions. Although expensive and time-consuming, longitudinal data collection would allow for more information to be gathered regarding the direction of relationships between variables.

Summary, Conclusions, and Clinical Implications

The primary aim of the current study was to investigate whether coping strategy use among parents mediated the association between parental romantic attachment and the parent-child relationship. This hypothesized mediation was largely unsupported, with the data only supporting one out of the 15 hypothesized mediational models, and only in fathers. Ultimately, the current study reaffirms how complicated the direct associations are between the three variables: parental romantic attachment and the parent-child relationship, parental romantic attachment and coping strategy use, and coping strategy use and the parent-child relationship. Continuing examination of these areas with careful attention to how participant selection (e.g., including both mothers and fathers) and measurement of variables can affect outcomes will be important to future research.

Despite a lack of support for most of the hypothesized mediational models, the current study does provide some interesting findings that may inform clinical practice in addition to inspiring future research. Although attachment patterns are fairly stable over time (Waters, Weinfield, & Hamilton, 2000), particular life events have been reliably connected to positive changes in individual’s attachment patterns over time (Egeland & Sroufe, 1981). More research is needed into factors that can have a positive impact on attachment security, and attempts at improving individual’s attachment security would likely be time intensive, but improving attachment security among parents is a potential target for improving both their coping strategies.
and their relationships with their children. However, a potentially more easily malleable target for intervention may be parents’ use of coping strategies. Arguably, teaching coping skills and impacting the coping strategies individuals use is more feasible and less time-intensive than improving their attachment security. The results of the current study suggest that providing alternatives to avoidant emotional coping would be particularly useful in terms of potential benefit to the parent-child relationship. Additionally, targeting coping strategy use would also be expected to improve both the parent-child relationship and, of course, coping strategy use itself, which would likely lead to improvements in numerous other areas.
APPENDIX A

BACKGROUND INFORMATION QUESTIONNAIRE – FORM FKC
Part I: Demographic Information

1. Age: ____________________

2. Sex:  
   a. Male  
   b. Female

3. Ethnicity
   a. African-American
   b. Native American
   c. Asian/Pacific Islander
   d. White/European American
   e. Hispanic/Latino/Mexican American
   f. Bi-racial or Multi-racial
      (Specify: ____________)
   g. Other (Specify: ____________)

4. Educational Achievement:
   a. Below high school
   b. High school degree
   c. Some college
   d. Technical/2-year degree
   e. Bachelor’s degree
   f. Graduate degree

5. Occupational Status:
   a. Employed full time
   b. Employed part time
   c. Student
   d. Unemployed

6. Length of current marriage? ______________

7. How many children? ______________

8. How many previous marriages? ______________

9. How many children from past relationship? ______

10. Please list all persons living in your home at the present time, their age & relationship to you:

11. Family Income Level
   a. Below $15,000
   b. $15,000-$30,000
   c. $30,000-$45,000
   d. $45,000-$60,000
   e. $60,000-$75,000
   f. over $75,000

Part II: Family Background

12. Number of siblings: ____________  Ages: ________________________________

13. Were you adopted?  
   A. Yes  
   B. No

14. Did your parents divorce?  
   A. Yes, before I was 18  
   B. Yes, after I was 18  
   C. No

15. If your parents divorced, did your mother remarry?  
   A. Yes  
   B. No
   If yes, how many times? __________  If yes, how old were you? __________  

55
16. If your parents divorced, did your father remarry?  
   A. Yes        B. No
   If yes, how many times? ________  If yes, how old were you? ________

17. Did you experience the death of a close family member (e.g. parent, sibling, grandparent) before the age of 18?
   A. Yes        B. No
   If yes, please circle the relevant relationship of the deceased family member to you.
   a. Mother    c. Stepmother   e. Brother   g. Grandmother
   b. Father    d. Stepfather   f. Sister     h. Grandfather

18. Which of the following best describes your religious orientation?
   a. Pentecostal   e. Methodist   i. Judaism  m. Spiritual, but not religious
   c. Presbyterian g. Baptist     k. Islam    o. No religious affiliation
   d. Lutheran     h. Catholic    l. Buddhist p. Other: ______________

19. How religious was your family?  Not at all  a little  somewhat  fairly  very
   (While you were growing up)  1.............. 2............. 3............ 4............ 5

20. How religious is the family of which you are a parent currently?
   Not at all  a little  somewhat  fairly  very
   1.............. 2............. 3............ 4............ 5

21. Have you ever sought counseling services?  A. Yes        B. No
   If yes, please circle all relevant services and indicate duration in MONTHS. Using the following scale, indicate how helpful you found these experiences in the far right column below.

<table>
<thead>
<tr>
<th>Not at all helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

   a. Individual Therapy   A. Yes B. No
   b. Premarital Therapy  A. Yes B. No
   c. Couple Therapy      A. Yes B. No
   d. Family Therapy      A. Yes B. No
   e. Group Therapy       A. Yes B. No
   f. Career Counseling   A. Yes B. No
   g. AA/NA/etc           A. Yes B. No

   Months: ___________ Helpful?: ________

56
For questions 22-32: Please indicate by checking Yes or No whether you or any of your family members (including aunts, uncles, grandparents) have experienced the concerns/problems listed below.

If you check Yes, please indicate who it refers to using the corresponding letter in the following list (You may indicate more than one person):

a. Mother  
e. Brother  
i. Uncle  
b. Father  
f. Sister  
j. Aunt  
c. Stepmother  
g. Grandmother  
k. Cousin  
d. Stepfather  
h. Grandfather  
l. Yourself

Yes  No  Who:

22. alcoholism or alcohol abuse
23. abused drugs (other than alcohol)
24. fatal or attempted suicide
25. criminal charges
26. was sexually abused
27. was physically abused
28. abused someone sexually
29. abused someone physically
30. took medicine prescribed for emotional problems
31. hospitalization due to emotional problems
32. diagnosed mental disorder (see #33)

33. If you checked “Yes” for #32, mental disorder, please choose the category or categories that describe to the best of your knowledge the specific mental disorder(s) and who it refers to. (You may indicate more than one person if applicable)

Yes  No  Who:

a. depression
b. bipolar (manic-depressive) disorder
c. anxiety
d. post-traumatic stress disorder
e. obsessive-compulsive disorder
f. attention-deficit hyperactivity disorder (ADD)
g. eating disorder (anorexia, bulimia)
h. schizophrenia
i. other disorder (specify:___________)

Part III: Family Status [Answer 34-35 if 8-12 y.o. child lives apart from one or more biological parent(s)]

34. Length of marriage to 8-12 y.o. child’s biological parent in years: ______

35. How old was your 8-12 y.o. child when you separated/divorced his/her biological parent? ______

36. Were you in your first marriage when your 8-12 y.o. child was born? Yes  No

37. How old was your 8-12 y.o. child when you remarried? ______
38. If your 8-12 y.o. child does not live with both biological parents, how often does your child see the other biological parent?

[ ] Almost every day
[ ] At least once a week
[ ] At least once a month
[ ] About once every 6 months
[ ] About once a year
[ ] About once every few years
[ ] Never
Hypothesis 1: It is hypothesized that parental romantic attachment will be significantly associated with the parent-child relationship. Due to the non-independent nature of married couples, it is hypothesized that, in some cases, participants’ report of parental romantic attachment will be significantly associated with their own (actor effect) as well as their spouse’s report (partner effect) of the parent-child relationship.

a) It is hypothesized that actors’ and partners’ attachment anxiety (as measured by the Attachment Anxiety Scale of the ECR) will be negatively associated with actors’ reports of parent-child attachment (as measured by the Attachment Scale of the PRQ).

b) It is hypothesized that actors’ attachment anxiety will be positively associated with actors’ reports of parent-child relational frustration (as measured by the Relational Frustration Scale of the PRQ). No hypothesis is made regarding associations between partners’ attachment anxiety and actors’ report of parent-child relational frustration, although this link will be explored.

c) It is hypothesized that actors’ and partners’ attachment avoidance (as measured by the Attachment Avoidance Scale of the ECR) will be negatively associated with actors’ parent-child attachment. Due to mixed findings in the literature (i.e., parental avoidance is generally associated with poor parent-child relationships, but avoidant parents deactivate the attachment system and thus may deny distress or frustration with their children), no hypothesis is made regarding associations between parents’ attachment avoidance and parent-child relational frustration, although this link will be explored.
Hypothesis 2: It is hypothesized that parental romantic attachment will be significantly associated with coping strategy use. In some cases, it is hypothesized that participants’ reports of parental attachment will be significantly associated with both their own (actor effect) and their spouses’ (partner effect) reports of coping strategy use.

   a) It is hypothesized that actors’ and partners’ attachment anxiety will be negatively associated with actors’ problem-focused coping (as measured by the Problem-focused Coping Scale of the Brief COPE).

   b) It is hypothesized that actors’ attachment anxiety will be negatively associated with actors’ avoidant emotional coping (as measured by the Avoidant Emotional Coping Scale of the Brief COPE).

   c) Based on the frequent couple composition of an avoidantly attached and an anxiously attached partner, as well as the commonly observed clinical pattern of “pursuer-distancer” in marital relationships, it is hypothesized that partners’ attachment anxiety will be positively associated with actors’ avoidant emotional coping.

   d) It is hypothesized that actors’ attachment anxiety will be positively associated with actors’ active emotional coping (as measured by the Active Emotional Coping Scale of the Brief COPE). No hypothesis is made regarding associations between partners’ attachment anxiety and actors’ active emotional coping, although this link will be explored.

   e) It is hypothesized that actors’ and partners’ attachment avoidance will be negatively associated with actors’ problem-focused coping.

   f) It is hypothesized that actors’ attachment avoidance will be positively associated with actors’ avoidant emotional coping.
g) Similar to 2c above, it is hypothesized that partners’ attachment avoidance will be negatively associated with actors’ avoidant emotional coping.

Hypothesis 3: It is hypothesized that coping strategy use will be significantly associated with the parent-child relationship. In some cases, both actor and partner effects are hypothesized.

a) It is hypothesized that actors’ and partners’ problem-focused coping will be positively associated with actors’ parent-child attachment.

b) It is hypothesized that actors’ and partners’ problem-focused coping will be negatively associated with actors’ relational frustration.

e) It is hypothesized that actors’ active emotional coping will be negatively associated with actors’ parent-child attachment. No hypothesis is made regarding associations between partners’ active emotional coping and actors’ report of parent-child attachment, although this link will be explored.

c) It is hypothesized that actors’ and partners’ active emotional coping will be positively associated with actors’ relational frustration.

d) It is hypothesized that actors’ and partners’ avoidant emotional coping will be negatively associated with actors’ parent-child attachment.

Hypothesis 4: It is hypothesized that coping strategy use will mediate the relationship between parental romantic attachment and the parent-child relationship.

a) It is hypothesized that problem-focused coping will mediate the relationship between parental attachment anxiety and parent-child attachment.

i. Actor-actor mediation is hypothesized: actor attachment anxiety → actor problem-focused coping → actor parent-child attachment.
ii. Actor-partner mediation is hypothesized: partner attachment anxiety $\rightarrow$ partner problem-focused coping $\rightarrow$ actor parent-child attachment.

iii. Partner-actor mediation is hypothesized: partner attachment anxiety $\rightarrow$ actor problem-focused coping $\rightarrow$ actor parent-child attachment.

iv. Partner-partner mediation is hypothesized: actor attachment anxiety $\rightarrow$ partner problem-focused coping $\rightarrow$ actor parent-child attachment.

b) It is hypothesized that problem-focused coping will mediate the relationship between parental attachment anxiety and relational frustration.

i. Actor-actor mediation is hypothesized: actor attachment anxiety $\rightarrow$ actor problem-focused coping $\rightarrow$ actor relational frustration.

ii. Partner-partner mediation is hypothesized: actor attachment anxiety $\rightarrow$ partner problem-focused coping $\rightarrow$ actor relational frustration.

c) It is hypothesized that problem-focused coping will mediate the relationship between parental attachment avoidance and parent-child attachment.

i. Actor-actor mediation is hypothesized: actor attachment avoidance $\rightarrow$ actor problem-focused coping $\rightarrow$ actor parent-child attachment.

ii. Actor-partner mediation is hypothesized: partner attachment avoidance $\rightarrow$ partner problem-focused coping $\rightarrow$ actor parent-child attachment.

iii. Partner-actor mediation is hypothesized: partner attachment avoidance $\rightarrow$ actor problem-focused coping $\rightarrow$ actor parent-child attachment.

d) It is hypothesized that active emotional coping will mediate the relationship between attachment anxiety and parent-child attachment. Actor-actor mediation is
hypothesized: actor attachment anxiety → actor active emotional coping → actor parent-child attachment.

e) It is hypothesized that active emotional coping will mediate the relationship between attachment anxiety and relational frustration. Actor-actor mediation is hypothesized:
actor attachment anxiety → actor active emotional coping → actor relational frustration.

f) It is hypothesized that avoidant emotional coping will mediate the relationship between attachment anxiety and parent-child attachment.

i. Partner-actor mediation is hypothesized: partner attachment anxiety → actor avoidant emotional coping → actor parent-child attachment.

ii. Partner-partner mediation is hypothesized: actor attachment anxiety → partner avoidant coping → actor parent-child attachment.

g) It is hypothesized that avoidant emotional coping will mediate the relationship between parental attachment avoidance and parent-child attachment.

i. Actor-actor mediation is hypothesized: actor attachment avoidance → actor avoidant emotional coping → actor parent-child attachment.

ii. Partner-partner mediation is hypothesized: actor attachment avoidance → partner avoidant emotional coping → actor parent-child attachment.
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doi:10.1037/0022-3514.66.1.184


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