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Author: Elina O. Alexandrov

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Berkeley, CA: Center for Working Families, University of California, Berkeley, 2001

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**Seeking and Giving Emotional Care:
When is Marriage a Safe Haven
for Working Parents?**

*Elina O. Alexandrov, M.A.**

*Working Paper No. 25
April 2001*

* Elina O. Alexandrov is a Pre-Doctoral Fellow at the Center for Working Families and a Ph.D. candidate in the Department of Psychology at the University of California, Berkeley.

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Abstract

What does the time deficit sharply experienced by most working parents have to do with marital adjustment? The results of a qualitative analysis of relationship interviews collected from working parents of 6-year-olds suggest that time, gender, and spouses' styles of attachment are among the major factors associated with emotional care in couple relationships. I argue that the "time bind" working parents endure might interfere with their ability to work out their conflicts and fulfill each other's emotional needs to mutual satisfaction. Although marital partners' styles of attachment to their partners are associated with their ability to seek and give emotional care, the decisive factor in how spouses feel about their relationship is whether they eventually take time to show mutual understanding and compassion with respect to one or both partners' emotional distress. In addition, the findings reveal gender differences in the ways husbands and wives deal with careseeking and caregiving and engage in every stage of emotion interaction process, confirming the earlier findings that women take on a greater share of emotion work than men.

[An] emotional situation was just coming home with [the extremely high pressure at work] on my mind, and [my wife] comes home and starts talking about how her day was...and then expecting some kind of sympathy and...not getting it but instead getting “When’s dinner going to be ready?” and then just triggering loss of control on my part. Typically what I would do in a case like that is occasionally is basically burst into tears...and “don’t you care about my problems?”, and then get into the problems and...in many cases on my part after that happens, like not wanting to talk about it at all, which is just compounding it, stuffing it even deeper inside.

Participant in the study

The Price of Marital “Time Bind”?

We just don't have much time for each other.

Participant in the study

It has become a cliché that dual-earner couples with children hardly have time for anything — children, friends, vacations, recreation (Polatnick, 2000). Given such a “time bind” (Hochschild, 1997), one of the first things sacrificed is the couple's relationship with each other. The “relationship crunch” seems to be primarily a function of both the responsibilities of parenthood (Belsky & Pensky, 1988; Cowan and Cowan, 1992) and family-work tension (Hochschild, 1997). Not surprisingly, longitudinal studies find that marital satisfaction not only drops sharply around the transition to parenthood, but also continues to stay at a relatively low level throughout the child-rearing years (Belsky & Kelly, 1994; Carstensen, Gottman, & Levenson, 1995; Cowan & Cowan, 1992). Even by the time their first child enters kindergarten and acquires relative independence, parents have little time and energy to devote to each other and their relationship. A typical middle-class father of a 6-year-old from this study confesses the way things work in his family:

As far as the marriage is concerned, I would say ever since our first child was born most of our time has been devoted towards him. And then, since he's sort of more independent now and but we have the younger one, a lot of our time is devoted to the younger one. But since he's started kindergarten, we've also devoted time towards gearing him for the homework part. A lot of our time, if it's not involving work, is

basically involved taking care of the house and the children. That's what it revolves around.

Although this situation is perceived as normative and even inevitable, husbands and wives in the study are extremely, and rightly, concerned about the effects of this allocation of resources on their marital relationship. A busy working mother of a kindergartener suggests the following: “Things are going to get to the point where we’re not really husband and wife...it becomes too much of a partnership and maybe not enough of a relationship. The fun stuff goes out of it, and life will become really gray and drudgy.”

The pressures of intense working schedules and high societal expectations for the quality of child-rearing and household maintenance pose a serious threat to relationship quality and, therefore, survival. What does the time deficit sharply experienced by most working parents have to do with marital adjustment? The results of a qualitative analysis of relationship interviews collected from dual-worker parents of 6-year-olds suggest that the “time bind” these parents endure might very well interfere with their ability to work out their conflicts and fulfill each other's emotional needs to mutual satisfaction. It appears that the complex process of “emotional repair” that is strongly associated with these partners' satisfaction with their relationship is a function not only of their abilities and efforts, but also of time. The emotional interaction process turns out to consist of several “phases.” During the first phase, partners' initial responses to their own or the partner's distress tend to be suboptimal, generally following the well-documented wife-demand-husband-withdraw pattern of interaction (Gottman & Levenson, 1992). However, the decisive factor in how spouses feel about their relationship is not so much their immediate reactions, but whether they eventually take time and make an effort to show mutual understanding and compassion with respect to distress. Although the time pressure is clearly only one of the factors that might stand in the couple's way doing emotional repair, the lack of time might limit couple interactions to the initial stage only, contributing to absence of resolution, piling up of feelings and misunderstandings, and a sense of hopelessness for being heard and understood. The findings highlight the deeply relational, systemic nature of the dance of couple emotional interactions in which one spouse's step is closely contingent on the other's, and both play equally unique and salient roles.

The second most salient factor associated with the way in which emotion work is done in couple relationships is gender. The findings reveal clear gender differences in the ways husbands and wives deal with careseeking and caregiving and engage in every stage of the emotional interaction process. The data confirm the earlier findings that women take on not only more housework and child-care (Alexandrov, 1999; Hochschild, 1989), but also more emotion work than men. The demands of paid work and parenting leave women little time and energy to pursue emotional repair, posing a real threat to the quality of the marital relationships and partners' satisfaction with it.

This study strives to understand care in couple relationships using partners' idiosyncratic and subjective narrative accounts, rather than extrapolating from the existing theories created to fit other relational contexts or quantitatively measuring constructs that are not yet understood conceptually. Theoretical background of the study incorporates ideas about attachment and caregiving from psychological, sociological, and philosophical literatures on care and empirical findings of observational marital research and adult romantic attachment research. This study attempts to create an interdisciplinary bridge between psychology and sociology as well as improve on the following limitations of several relevant research areas: (1) expand attachment theory to include caregiving and careseeking in adult romantic relationships as well as understand the role of gender and sociocultural factors in attachment behaviors, (2) expand observational marital research that focuses primarily on patterns of brief couple interactions by considering the extended nature of emotional interaction processes, and (3) expand sociological theories of care by focusing on intrapsychic and relational processes of emotional interaction.

Emotion Work and Gender

Feminine identification processes are relational, whereas masculine identification processes tend to deny relationship.

Nancy Chodorow (1978:176)

American individualism demands individual effort and stimulates great energy to achieve, yet it provides little encouragement for nurturance, taking a sink or swim approach to moral development as well as economic success. It admires toughness and strength, and fears softness and weakness.

Robert Bellah (1996: 2)

The caregiver-dependent relationship in the context of a marriage, especially with respect to emotional care, is the focus of the present study. Although various types of care are clearly interrelated, emotional care is likely to be on top of the hierarchy of significance because it permeates and defines all other kinds of care (Ruddick, 1998). Moreover, by contrast with children, whose physical (first and foremost, though not only) survival literally depends on their attachment behavior toward a caregiver, survival of adults is hardly contingent on physical protection or support from the adult partner. There is evidence, however, that adults' *emotional well-being* is in fact closely associated with the amount and quality of emotional care they receive from their primary attachment figure, such as a marital partner.

Previous research has consistently documented that division of *household* labor is a “barometer” of relative power and justice in a marital relationship (Greenstein, 1996) and, as such, is one of the most salient correlates of marital satisfaction (Alexandrov, 1999; Belsky & Pensky, 1988). Not until recently has research considered persistent and often painstaking efforts that spouses make in order to maintain a healthy emotional climate in the family as *emotional* labor, a set of activities that require time and energy and the responsibilities for which can also be divided among family members (Ruddick, 1998). Sociology and philosophy have contributed important ideas about instrumental, normative, and political obstacles for emotional labor to be both performed and appreciated (Ruddick, 1998; Tronto, 1993). Psychology has contributed to our understanding that the ability to perform emotion work and seek and accept its products is also associated with specific “intrapyschic” characteristics, such as a style of attachment (George & Solomon, 1999; Kunce & Shaver, 1994). Achieving the common goal of understanding emotional care in marital relationships is likely to benefit from a theoretical and methodological interchange among these disciplines, which I undertake in this paper.

When talking about labor division, one cannot avoid the subject of gender, including the fact that both employed and nonemployed women still do the lion's share of family work (Perkins & DeMeis, 1996; Thompson & Walker, 1989). However complicated the process of instrumental labor division and the power struggle associated with it (Hochschild, 1989), division of emotional labor is even trickier. First, emotional labor is only recently starting to be recognized as a responsibility to be divided (Hochschild, 1997; Ruddick, 1998); in the past, it was likely to

be unquestioningly relegated to women, either as a special privilege associated with femininity (Sattel, 1976) or a defining, intrinsic feature of their gender (Fishman, 1978). Second, given their differences in socialization patterns (Chodorow, 1978), men and women are likely to have different opinions about what their own and their partners' emotional needs are, in other words, what kind of and how much emotional labor is required, which has implications for what kind of and how much emotional labor is performed. Third, there is evidence that emotion work that men and women do is intricately associated with their power relations. For example, although women often *appear* to control interactions by initiating most emotional conversations or bringing up conflictual issues, men tend to be the ones who actually have the control because they determine whether an interaction will occur at all (Ball, Cowan, & Cowan, 1995; Fishman, 1978; Sattel, 1976). Thus, there is much to be said about the role of gender in the way emotion work is performed and experienced by males and females, yet little is known about the specifics of men's and women's experiences with marital caregiving and careseeking and especially the relational processes that accompany care dynamics. Importantly, gender itself is never a simple binary category, but has been theorized to have an idiosyncratic, projective emotional and fantasy-related meaning for each individual, which can be understood only as a function of the totality of an individual psyche as well as of particular relational dynamics (Chodorow, 1999). Although there is some evidence from the social psychology studies on attachment and caregiving for gender differences in marital caregiving, with men described as doing less caregiving of any kind than women (Feeney, 1996), attachment theory at large deemphasizes gender differences (Kunze & Shaver, 1994). Given the extensive evidence for gender differences in intimate interactions, questions arise as to how these differences are associated with and manifest themselves in attachment and caregiving behaviors in adult romantic relationships and why they might have been overlooked in the existing studies of attachment and caregiving that rely primarily on self-report methodology (Carnelley, Pietromonaco, & Jaffe, 1996.)

Attachment and Careseeking

It's difficult to praise care without idealizing it; care is replete with temptations and opportunities to dominate; its passions are complex, untidy.

Sarah Ruddick (1998: 4)

An independent and comprehensive theory of caregiving in its own right is still under development in psychology, but the best efforts at understanding care in parent-child and adult romantic relationships are associated with attachment theory (Kunze & Shaver, 1994; Solomon & George, 1996). Attachment theory is a unique framework for understanding both intrapsychic and relational processes of careseeking and caregiving because of its life-span developmental perspective, ability to integrate cognitive, emotional, and behavioral factors, and its fundamentally relational nature. Although not every romantic relationship is an attachment relationship, most marital relationships tend to be. Adult romantic attachment relationships have been described as relatively long lasting ties characterized by a desire to maintain closeness to a partner who is seen as unique, that is, not interchangeable with any other (Feeney, 1996). In contrast to other affectional bonds, in an attachment relationship, an individual seeks closeness to the attachment figure that, if achieved, results in feelings of comfort and felt security (Ainsworth, 1989).

Attachment theory postulates that humans are equipped with an attachment behavioral system that was designed by evolution to ensure a child's proximity to a caregiver, who provides protection in times of need or threat. Although everyone is believed to be "attached," differences in availability and responsiveness among caregivers are thought to produce differences in the *quality* of children's attachment behavior and, ultimately, in their "working models of attachment" (Bowlby, 1969). These models are construed as cognitive/emotional/behavioral systems that are developed in the process of early interactions with caregivers and are carried into new relationships. An essential characteristic of these models is that, on the one hand, the person's objective experiences shape his/her attachment-related mental representations; on the other hand, mental representations provide a mechanism through which a person's *subjective* view and experience, rather than solely *objective* experience, can influence behavior and development. Under threatening circumstances, the working models become activated and act as prototypes to filter perceptions and shape interpretations of what is happening in the current relationship. In adults, those attachment-activating moments are generally assumed to be situations in which they are physically sick or emotionally upset (Fraley & Shaver, 2000).

Attachment models have been distinguished as secure and insecure, with insecure being further subdivided into the categories of dismissing, preoccupied, and unresolved/disorganized (Hesse, 1999).¹ To be securely attached means that the individual is confident that s/he can rely on attachment figures to provide safety and protection. One of the implications of the theory is that secure individuals have working models of the self as worthy of protection and care. By contrast, the insecurely attached must rely on defensive exclusion to block from consciousness painful evaluations of the self as unworthy of protection and, to some degree, as vulnerable and unsafe. In particular, people with the *dismissing* type of insecure attachment might use “*idealization*” (i.e., global, semantic ideas of an attachment figure’s perfect availability and care that cannot be supported by actual concrete examples) or “*derogation*” (i.e., devaluation of attachment and/or attachment figures) to avoid keeping their attachment needs active. The ambivalence of people with the *preoccupied* type of insecure attachment manifests itself either in preoccupying anger with an attachment figure or in passive inability to reconcile with and reflect on negative attachment experiences.

Although relatively stable, working models of attachment are potentially open to revision as a function of significant attachment-related experiences, such as experiences in a marital relationship (Fraley, 2000; Waters et al., 2000). For example, a partner with a dismissing attachment style (that is, someone who has learned to expect attachment figures to be distant and unresponsive as a result of his/her early experiences with caregivers) might repeatedly reject his/her romantic partner’s caregiving attempts and thus reinforce his/her original model of relationships, in which partners are better off not expecting care and protection and being independent from each other. This person’s originally dismissing model may also be transformed in the course of a long-term committed relationship in which his/her securely attached partner does not give up sensitive and appropriate caregiving attempts, consistently values the partner and interdependence in the relationship, and is open to making himself/herself vulnerable by careseeking. Alternatively, a “secure” partner could “lose” his/her security as a result of consistently insensitive, rejecting or abusive marital experiences. Qualitative investigation of narrative accounts of couple relationships might shed light onto a potentially transformative role

of mutual emotional care, given each couple's particular combination of working models of attachment to partner.

Caregiving

[Caring is] the meeting of the needs of one person by another person where face-to-face interaction between carer and cared for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself.

Diemut Bubeck (1995:129)

The concept of caring or caregiving has been defined by many disciplines, sometimes as broadly as the “meeting of needs” (Bubeck, 1995), “social support” (Pierce, Lakey, Sarason, & Sarason, 1997), “emotion” (Bell & Richard, 2000), or a complex behavioral system complementary to the attachment system (Bowlby, 1969; George & Solomon, 1999). Although recently challenged as a “forgotten element of attachment” (Bell & Richard, 2000) due to the relatively small amount of attention it received in psychological research grounded in attachment theory, within the discipline of psychology, caregiving has been intimately linked to attachment theory from its inception.

Attachment relationships are sustained through complex mutual interactions between one partner's attachment behaviors, that is, careseeking and carereceiving, and the other partner's caregiving behavior. Thus, caring is not an attribute of a caregiver; it is a relational process. The caregiver's behavior might be interpreted and therefore received in a variety of ways by the other partner, depending on the partner's model of attachment models. For example, a mundane experience of one partner's failure to buy medicine for his/her sick partner can be seen as (1) a habitual and thus unimportant rejection not worthy of discussion because the help was unnecessary in the first place (dismissing model); (2) a serious, hurtful, possibly purposefully abusive act, a proof of the partner's unreliability (preoccupied model); or (3) a real but relatively minor transgression that can be explained by the circumstances of the day, yet discussed in order not to be repeated in the future (secure model). Focusing on the relational nature of caring labor makes obvious the influence of the recipients of care on caring work or, in other words, the fact that caring in the context of a relationship is dependent on and determined by at least two. Given

the time bind of working parents, they might be frustrated not only in their needs to receive care, but also in their desires to provide care (Ruddick, 1998).

Beginning with Ainsworth, attachment researchers have demonstrated that a child's attachment behaviors are associated with variations in maternal sensitivity and responsiveness (de Wolff & van Ijzendoorn, 1997) and maternal protection (George & Solomon, 1999), or what can together be called a maternal *caregiving style*. Caregiving, as used within attachment theory applied to nonreciprocal caregiving systems, often refers to a broad array of all the behaviors that complement a partner's attachment behavior and foster emotional connection, rather than a narrow range of instrumental caretaking behaviors, such as feeding or diaper changing. An optimal caregiving style includes a number of interrelated components: (1) paying attention to the signals of distress of the cared for, (2) interpreting the signals accurately, (3) giving appropriate feedback, and (4) responding contingently, that is, promptly enough for the cared for to feel that his/her signals caused the response (Solomon & George, 1999).

The adult-child and adult-adult caregiving literatures have developed independently and remain isolated (Berscheid & Collins, 2000). Adult romantic relationships differ from parent-child relationships in many crucial ways, including their reciprocal (dual-role) nature, sexuality, and nongenetic relatedness (Fraley & Shaver, 2000; Hazan & Shaver, 1987). How does the function of parents' caregiving for a child translate into parents' caregiving for their adult romantic partner? The ethological approach taken by Kuncie and Shaver (1994) proposes that the function of couple caregiving might have to do primarily with maintenance of attachment of the partner, assuming attachment is necessary for the long-term bonding considered advantageous for survival of the species. Similar to parental caregiving, couple caregiving behavior has been theorized to fulfill two major functions: (1) to meet the dependent partner's need for security (e.g., by remaining close to or comforting the partner), that is, the *safe haven function*; and (2) to support the attached person's autonomy and exploration of the environment, that is, the *secure base function* (Kuncie & Shaver, 1994).

Thus far, evidence is inconclusive regarding the role of the caregiving system in adult romantic relationships, especially vis-à-vis the attachment system. One research tradition of studying attachment and caregiving in couple relationships capitalized on the idea that

attachment and caregiving are closely related, but not redundant, behavioral systems. The results of the few existing empirical studies appear to support this hypothesis (Feeney, 1996; Shaver & Fraley, 2000). Another group of researchers, who assessed security of attachment by coding the narrative style of relationship interviews, conceptualized caregiving as part of an attachment behavioral system, assuming that caregiving is singularly determined by attachment style (Crowell & Owens, 1998). Therefore, questions regarding the relationship between attachment and caregiving models, as well as the relationship between those models and relationship satisfaction, remain wide open and are investigated qualitatively in this study of care in adult romantic relationships.

Missing Elements in Couple Relationship Research

Although attachment theory has been making headway into marital research, most studies of relationships are based on behavioral principles and observational techniques. With advances of modern observational methods, important breakthroughs have been made in our understanding of factors contributing to marital quality, satisfaction, and stability (Christensen & Heavey, 1990; Gottman & Levenson, 1992; Gottman & Notarius, 2000). However, one of the pieces still missing from the big picture painted by observational and questionnaire-based research is the “long-term” characteristics and consequences of marital interaction, both conflict and nonconflict. That is, 3- to 10-minute-long snippets of couple interactions videotaped in a lab, although empirically predictive of a number of relationship characteristics, can hardly reflect the entirety of the process in which couples deal with upsetting or conflicting issues because it often takes hours, days, or weeks to complete.

Interestingly, the “delayed” aspects of relationship dynamics have also been ignored by attachment research. Theoretical literature seems to have failed to specify one of the significant and relevant features of adult attachment and caregiving: in contrast to young children, who require an almost immediate response from the caregiver in order for the response to be experienced as contingent on the child's need, adults are able to delay need satisfaction temporarily without perceiving the caregiving party as unresponsive. This potentially “delayed” sensitivity or responsiveness of adult relationship partners as caregivers can be thought of as

essential to ensuring secure attachment or optimal caregiving, yet it is difficult to capture by observational or lab research.

One of the potential points of convergence between observational marital research and studies of attachment and caregiving in adult romantic relationships is the significance of emotion regulation for relationship quality (cf. Bell & Richard, 2000). Observational studies of marital conflict have highlighted the importance of contingencies of emotional responses for marital satisfaction (Gottman & Notarius, 2000). Attachment security has been clearly implicated in emotion regulation. Thus, insecure attachment can be viewed as varying along the dimension of deactivation (dismissing style) versus hyperactivation (preoccupied style) of attentional systems (Dozier & Kobak, 1992), which are invoked in the service of regulating affect, especially during stressful situations (Kobak & Sceery, 1988). The results of studies that attempted to connect emotion, attachment, and marital outcomes show that insecure attachment may contribute to observed, dysfunctional displays of affect among maritally distressed couples (Cohn, Silver, Cowan, Cowan, & Pearson, 1992; Kobak & Hazan, 1991), but the existing studies are limited by assessing the “overall state of mind with respect to attachment” rather than specifically adult romantic attachment styles.

Attachment theory and the associated theory of caregiving integrate insights about affect, cognition, and behavior in close relationships across age and culture. According to Waters and Cummings (2000), the challenge to researchers now is to preserve these insights and successes and build on them by examining the logic and coherence of attachment theory and to redress errors of emphasis and analysis. Some of the questions I address are: (1) How do working parents of young children think and feel about careseeking and caregiving in their marital relationships? (2) What are some of the relational processes and contingencies of marital careseeking and caregiving? (3) What is the relationship between adult romantic attachment styles and marital careseeking and caregiving? (4) What is the relationship between emotional care in adult romantic relationships and partners' relationship satisfaction? (5) Are there gender differences in attitudes and behaviors of marital care? Deepening our understanding of couple caregiving promises to challenge and thus develop attachment theory, bridge independent

literatures in a potentially useful symbiosis, and contribute testable hypotheses to empirical studies of marital relationships.

Method

Sample

The subjects are participants in the larger longitudinal *School Children and Their Families* (SAF) project directed by Philip Cowan and Carolyn Pape Cowan (1997). The couples from the San Francisco Bay Area were recruited through day care centers, preschools, and public service press and radio announcements in the year before their first child entered kindergarten. The total pool of the participants in this study includes 49 married couples, whose first child was, on average, 6 years old at the time of data collection. A subsample of approximately 33 couples was studied in greater depth qualitatively. On average, the couples were married for 12 years. The majority (89%) of the participants were white; the rest were African American, Asian American, or Hispanic. They were between the ages of 20 and 40 when they had their first babies. The parents were well educated, all having completed high school and many having additional specialty training or college and postgraduate degrees. All the parents were employed at least part-time. On average, fathers worked 46 hours/week and mothers worked 30 hours/week. The average family income for these two-parent, dual-worker, San Francisco Bay Area families was \$84,259 (ranging from \$20,000 to \$250,000).

The subsample of couples chosen for the more in-depth, qualitative investigation was not intended to be a random sample of the larger group. First, the Couple Attachment Interview transcripts of all the participants were coded using the Couple Attachment Interview Coding System, which yielded a primary classification into one of the three attachment styles (secure, dismissing, and preoccupied). The subsample couples were chosen based on both partners' styles of couple attachment with the goal of representing couples with every possible combination of attachment styles. The resulting sample included a disproportionate, compared to the population, number of participants with insecure attachment styles. Specifically, the distribution of couples by combinations of attachment styles in my subsample is as follows:

| | | | | | |
|--------------------|------------------------|-------------------------|----------------------------|------------------------------|-----------------------------|
| Secure & Secure | Secure & Dismissing | Secure & Preoccupied | Dismissing & Dismissing | Preoccupied & Preoccupied | Dismissing & Preoccupied |
| 14 | 7 | 5 | 3 | 1 | 3 |

Data

This paper is based on a combination of quantitative data available from the larger project, including the self-report scores of marital adjustment and ratings of couple attachment styles, and qualitative interview data.

The Couple Attachment Interview (CAI; Silver & Cohn, 1992) is a semi structured interview in which an individual provides a narrative about his/her relationship with a current romantic/marriage partner along several key dimensions. It takes approximately 1 hour, although interviews run anywhere from 40 to 120 minutes. There are 29 standardized questions as well as several standardized follow-up questions or “probes,” targeting various aspects of the relationship in a relatively comprehensive manner. However, the most important feature of the CAI is that it is modeled after the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1996). The technique embedded in the structure of both interviews has been described as one of “surprising the unconscious” (George et al., 1996) in that it provides ample opportunities for a speaker to contradict or fail to support earlier or succeeding statements. This technique is theorized to be particularly likely to activate the attachment system in the adult interviewee and thus yield data on this interviewee's “state of mind with respect to attachment.”

By contrast with the AAI, which specifically and exclusively targets early experiences with parents, the CAI asks participants about their relationships with the current romantic partner. The interviewees are asked to describe the overall relationship using 5 adjectives, present specific relationship episodes that illustrate these global descriptions, describe their own and their partner’s caregiving and careseeking tendencies, changes in their sexual relationship, sources of relationship satisfaction and dissatisfaction, fears, daily separations, and other crucial relationship aspects, all deemed to create a narrative that will reflect their internal working model of attachment. The audio recordings of the interviews are transcribed verbatim for coding

purposes. The transcripts include indications of speaking difficulty and genuine speaking errors on the part of both interviewer and participant as well as certain emotional expressions such as crying, laughing, and sighing.

Qualitative analysis of careseeking and caregiving in adult romantic relationships focused on those parts of the interview in which the participants are asked to describe both a general script and specific incidents of emotional upset, separately about themselves and their partner. However, the whole interview is the subject for analysis. The actual interview questions targeting emotional careseeking and caregiving are as follows

4. When you felt upset during your relationship, what have you done?

Note: The interpretation of “upset” is up to the subject, and variations in interpretation are important. The interviewer should ask the question, then pause to indicate that the question is completed and that a response is requested. Once a subject has completed his/her own interpretation of this initial question, you may probe further.

For this question and the ones below, be sure to get expansions of every answer. For example, if the subject states, “I withdraw,” probe to find out what the subject means by “withdraw.” If the subject says that the partner “helped me,” probe to find out what the subject means by “helped.”

5. When you've felt emotionally upset during your relationship, what have you done?

Probe A: Could you tell me about a specific time or incident when you were emotionally upset?

Note: The emotional upset does not necessarily have to involve the partner directly; that choice is up to the subject.

19. Earlier I asked you about times when you were upset, hurt, or sick in some way. Now I'd like to ask you some questions about times when Partner may have been upset or hurt in some way.

Probe A: When Partner's felt upset during your relationship, what has s/he done?

Probe B: When Partner's felt emotionally upset during your relationship, what has s/he done?

Could you tell me about a specific time or incident when Partner was emotionally upset?

Each participant in the study has been interviewed using the CAI separately, yielding two individual interviews for each married couple.

The Couple Attachment Interview Coding System (CAICS; Cowan, Cowan, Alexandrov, Heming, & Lyon, 1999). The CAICS is a *global prototype* system in which the verbatim transcript of the interview is rated in terms of its resemblance to *each* of the three prototypic descriptions of couple relationship narratives: secure, dismissing, and preoccupied. The CAICS emphasizes assessing the individual's state of mind with respect to attachment via an evaluation of the discourse style. The interview's resemblance to each prototype is coded on a 1-9 scale, with 1 indicating that the protocol does not at all resemble the prototype and 9 indicating that the protocol contains the central criteria and many of the secondary criteria. The resulting 3 scores are theorized to reflect an individual's state of mind with respect to attachment in the context of the current romantic relationship. The CAICS is based in part on a manual for coding the Current Relationship Interview (CRI) by Crowell and Owens (1998) and in part on discussions by the Couple Attachment Coding Team at UC Berkeley (Cowan, Cowan, Alexandrov, Heming, & Lyon)

The Short Marital Adjustment Test (SMAT; Locke & Wallace, 1959) is a 16-item, widely used, self-report measure of marital satisfaction. This measure has been shown to discriminate the behavior of couples in distressed and nondistressed marriages (Gottman, 1979; Locke & Wallace, 1959). The cut off score of 100 on marital satisfaction is conventionally used to differentiate between clinically distressed (those with the scores below 100) and nondistressed couples.

Analyses

In psychology, qualitative analyses of participants' narrative accounts have been used as a method of exploring new phenomena, primarily when the existing knowledge base is in its formative stages (Ball, Cowan, & Cowan, 1995). This is indeed the case with the phenomena of careseeking and caregiving in adult romantic relationships. Qualitative analyses of emotional careseeking and caregiving from the transcripts of Couple Attachment Interviews involved several steps. In general, the data were analyzed, not according to a preconceived content category system, but rather according to constructs and dimensions that emerged as central to

participants' own subjective interpretations as revealed by their interview transcripts. This approach is a methodological trademark of hermeneutic inquiry (Packer, 1985) and of “grounded theory” (Glaser & Strauss, 1967).

During the first step, a fast reading (a part of the process of coding the transcripts using the CAICS) of 96 transcripts provided a large pool of information and indicated the base rate for the various aspects and qualities of the phenomena of careseeking and caregiving. Major themes and categories salient for this population of middle-class dual-worker families with young children were identified. This stage was considered completed only when the list of themes appeared to be exhaustive, that is, reading of additional transcripts did not reveal ideas unaccounted for by the themes already identified.

Second, the transcripts were read again with the list of themes and hypotheses in mind, and each transcript was described by a unique combination of common themes and relationship processes. Importantly, the relational dynamics creating the context for careseeking and caregiving behaviors characteristic of a particular couple were explored through comparing and contrasting the interviews of partners married to each other. The exemplary, typical, and unusual cases with respect to caregiving attitudes and behaviors were identified and investigated in depth.

Third, the qualitative analysis identified the contextual factors most salient to care, including gender, age, length of marriage, number and ages of children, level of education, family history of relationships and care, previous relationships, self-reported level of marital satisfaction, and observed quality of interaction behaviors.

Finally, in order to explore the meaning and experiences of careseeking and caregiving for partners with particular attachment styles, the transcripts were divided into groups according to the participant's primary couple attachment category (secure, dismissing, or preoccupied) and the attachment constellation of the couple. Patterns of interrelationships among careseeking and caregiving themes and scenarios typical for each category were identified, and cross-category comparisons were made.

In addition, NUD*IST, a qualitative analysis software program, was utilized to supplement the more traditional methods of writing notes and managing data files.

Results

Short-Term Processes of Emotional Interaction

The organization of the results section of this study reflects the major findings revealed by the data. The two large sections, short-term and long-term processes of emotional interaction, refer to the idea that couple careseeking and caregiving are often extended processes that go through at least two distinct phases. The first, the acute or short-term phase, is generally limited to the relatively immediate reactions of the partners to an emotionally distressing (for at least one of them) situation. The second stage refers to the delayed emotional responses of careseeker and caregiver and their protracted interaction processes. This stage could last from minutes to months in the real world of couples' lives and is difficult to capture by controlled empirical methods.

The second important finding has to do with gender differences in the ways spouses talk about and experience both careseeking and caregiving in their relationships at various stage of the process. It turned out that the most meaningful way to organize the results was to present them through the lens of gender differences observed at each of the stages and processes of emotional upset interactions between marital partners; the subsections of the results reflect these gender differences.

Signaling Distress

Well, see, your choice of words “emotionally upset,” in my world, that's a euphemism for “nuts.” So I have trouble with that. Because maybe I can get angry but that doesn't mean I'm nuts.

Participant in the study

The first set of results concerns gender differences during the earliest part of the acute emotional interaction phase, signaling the need for care or setting the stage. Consistent differences in the way men and women approach this task appear to define gender-specific trajectories that are followed to the end of the script.

When answering questions about their own and their partner's emotional upset during the interviews, the participants often described the ways in which they first become aware of their partner's distress or the ways in which they let their partner know that they themselves are

distressed, revealing tendencies consistently characteristic of either only men or only women. When emotionally upset, sad, angry, or frightened, women are described by both men and women as expressive, open and articulate about their feelings and needs: “I usually talk about it...I tend to talk all the time. I tend to say, 'I really don't like this. This is really bothering me;” or “I just yell and scream, I [have] kind of a knee-jerk reaction to anything, yelling, just making noise and then dealing with it.” Women's signals of distress tend to be clear (usually verbal) and intense: “When she's upset, it's like neon.” Anger might be expressed through yelling, sarcasm or a relatively calm verbal description of the upsetting situation; sadness tends to manifest itself through tears, although usually it is also verbally expressed: “When she gets upset, she just lets me know, screaming, shouting, any type of things.”

By contrast, men are described by both husbands and wives as women's opposites in most respects: They give out only subtle (usually nonverbal) cues of being upset, take time before sharing their feelings, and have a hard time both identifying and articulating their emotional needs. Michael, a happily married and unusually self-aware husband who has a secure style of couple attachment, describes a typical male reaction:

It takes me a while to have things bubble up from the unconscious. I would get quiet and probably have this kind of frown on my face and probably do my best to back out of whatever conversation we were having...exit non verbally from a situation that upsets me.

In fact, the wife is lucky to have a “kind of frown” as an indication that something is wrong; the cues of distress from men are often even more subtle. The spouses are quite aware of this basic difference in their styles of emotional expression and often present them through a contrast: “[When my wife is upset] she's certainly more emotional than I,” “[My wife] is better at articulating her anger than I am,” “She's much more open about her feelings. And sharing them [than me],” or “My response time is a lot slower than hers.”

Importantly, observed gender differences in signaling distress hold true for couples with all kinds of combinations of couple attachment styles. I would readily predict that wives with the preoccupied or even secure styles of attachment would be more expressive and clear in their distress signs than their husbands, but the data suggest that gender differences might be even

more universal. For example, Meg and Tom are one of those rare couples in which both partners have dismissing styles of attachment. When describing incidents of emotional upset, Tom observes that Meg lets him know her feelings very clearly and adds, “She’s much more articulate in that regard in terms of stating why she’s upset, what she’s upset with.” Kate and Jim, another couple with dismissing styles of attachment, have their own variation on the gendered dynamics. When Kate was upset, she “cried...[and] told [Jim] it was a bad time. Basically cried, and he’d come and ask me what’s wrong, and I would talk to him.” When Jim gets upset, he, by contrast, stops talking and withdraws from Kate even more than usual: “I don’t tell her, and then she finds out because I’m not talking.”

The ease with which men and women identify their own emotional distress to themselves appears to be closely associated with the ways in which they seek care from their partners for their distress. The intuitively compelling observations reveal that, on average, women in this sample have a much easier time seeking emotional care than men. A major caveat to this statement has to do with the fact that the accounts offer little evidence for *active careseeking* from either men or women. So the inferences made about gender differences in careseeking are primarily an artifact of the difference in intensity of signaling distress. The patterns I am talking about describe a woman in distress who comes home from work and tells her husband immediately how she feels and why, calmly or yelling or crying, by contrast with a man who comes home and is quiet and withdrawn, says little to his wife, and either goes about his chores as usual, even if ever so slightly quieter, or secludes himself in his study.

Monitoring and Sensitivity

When he’s upset with me, he may let on to something, and I have to pick up the clues. But if I’m not paying enough attention, then he’s doubly hurt because I’m not interested, he thinks.

Participant in the study

The idea that caring is fundamentally a relational process is reflected in the fact that in order for care to take place, one partner's bids for care have in the very least to be registered and interpreted as such by the other partner. Thus, both partners' behaviors have to be taken into

account simultaneously. In order to respond to the other's distress and do emotion work, relationship partners have to go through the intermediate steps of noticing the partner's distress, evaluating its potential sources and intensity, and deciding whether and what kind of emotion work is required. Not surprisingly, the striking gender differences in *signaling* distress and *seeking* emotional care in the previous section have inevitable implications for the demands in *monitoring* emotional state of one partner by the other partner.

In research on infant-caregiver attachment, sensitivity of the caregiver was identified as the most important quality in explaining individual differences in attachment security (Ainsworth, Bell, & Stayton, 1972) as well as other child outcomes (George & Solomon, 1999). To clarify subsequent conceptual confusion, Meins (1999: 325) emphasizes that the key aspect of maternal sensitivity is in that responses are appropriate to cues from the child: "Such sensitive responsibility goes beyond the ability to respond promptly to the infant's behavior, and involves a degree of interpretation on the caregiver's part in order to calculate what a given behavior means." Unfortunately, when theories of parent-child relationships are extrapolated to adult relationships, *sensitivity* of a caregiver is almost entirely replaced by *responsiveness*. In other words, the conceptual emphasis shifts from the essential components of identification and interpretation of distress signals to purely behavioral responses. As a result, the appraisal aspect of sensitivity to cues seems to be missing in discussions of close relationships between adults. It can be hypothesized, however, that identification and interpretation are in some ways even more crucial components of sensitive responsiveness in adult relationships, given adults' much wider behavioral repertoire. The results of this study suggest that, indeed, one adult partner's level of sensitivity and ability to monitor the other partner's emotional state and identify the often subtle (mitigated by various gender and cultural norms) cues of distress are crucial components of his/her caregiving behavior and relational processes.

The caregiver's style of monitoring and level of sensitivity to distress can be conceived of as associated with two interrelated factors: (1) the clarity of signals provided by the distressed partner and (2) the caregiver's own capacity for monitoring the other's emotional state and identifying distress signals. Both components appear to be strongly associated with the caregiver's gender. Because women tend to signal their distress much more clearly than men,

men do not seem to need to invest as much effort in careful monitoring or master as acute a sensitivity to become aware of their partner's distress. Peter, a responsive and caring husband, describes the convenience of such an arrangement: "She's been real straight. She doesn't try to hide things. She doesn't hide things well. So, immediately I could tell something's up...then I confront her with it." Women's clear presentation appears to be beneficial to men by "letting them off the hook" of careful monitoring and sensitivity. The flip side of women's explicit and thus rather insistent presentation of distress, however, is that men have less choice than women as to whether and when to deal with their wives' distress. In other words, although careful planning might have gone into a woman's decision to share her distress or concern in the first place (Ball, Cowan, & Cowan, 1995), once she has done so, the need is out in the open and requires immediate action. This dynamic at times seems to put on the husbands pressure that they resent and resist. Andrew, a happily married husband with a secure style of attachment, shares one version of this dynamics, which sets up a vicious cycle: "As a rule, she gets upset and gets over it, rather quickly,...but in the meantime, I've kind of gotten upset internally, and I can't get over it, so it's almost a cycle of once she's done being upset, then it upsets me and ahhhh."

When the husband is the emotionally upset party, an entirely different script is usually played out by the couple. Women have to maintain constant vigilance and sensitivity to recognize men's signals of distress because men's signals are relatively weak and need to be learned and deciphered (they also seem to be more idiosyncratic than women's relatively straightforward, conventional signs). In the following scenario, fairly typical for the couples in this study, Mary describes the way things go between her and her husband, Don:

I think it's very hard for him to talk about when he's upset. He's an introspective person, and so he sorts it out himself. And if he's upset with me, I usually know about it. Just body language. But I'm talking big upset, not just little frustrations. I can usually sense that there's something going on, but I tend to let him just go through his process and maybe two or three weeks after whatever happened — sometimes he'll start talking about such and such is going on, and I haven't figured out how I feel about it yet. But he really plays his cards close to his chest. That's just the way he needs it to be because he really needs to think through a whole 10-step plan or whatever in his mind about what it is he wants and where he's going before he really wants to lay his cards on the table and talk about things.

A couple of different themes stand out in Mary's account. One points to the fact that Mary has only subtle nonverbal cues to pick up on Don's upset. If her goal is to uphold the thermostat of the family's emotional climate, she has little choice but to maintain acute vigilance and sensitivity to her husband's state. The second theme might be interpreted as that wives, such as Mary, have more leeway than typical husbands like Don to decide when and how they want to deal with their husbands' distress. This particular example actually suggests that the husband gives his wife no choice in choosing the ways or times for dealing with the issues, but for many couples, men's more contained and subtle ways of showing and dealing with their distress appear to allow the women more freedom in response time. Given the nature of the data, it is impossible to determine the absolute levels of or gender differences in sensitivity, but the perceived patterns of differences in monitoring and sensitivity for men and women are clear.

These findings point out one of the preliminary conclusions: the participants describe a discrepancy in the amount of effort that men and women put into registering and interpreting the partner's distress, the first inevitable steps in the process of providing emotional care. Previous studies of gender and communication have documented women's apparently superior ability at identifying nonverbal cues, which was explained by power differentials (Mayo & Henley, 1981). Furthermore, a careful observational study of power in marital interactions discovered that the nature of wives' "influence" during the mobilization phase of a conflict discussion had largely to do with wives' careful monitoring of husbands' feelings based on highly varied (up to 38 different kinds) subtle cues as well as consequent planning of the discussion, its timing, and content. By contrast, the men in that study, even if they raised an issue, rarely considered the circumstances or the wives' feelings before doing so (Ball, Cowan, & Cowan, 1995). In other words, all these different studies find women to be carrying a heavier burden of the "preparatory" components of emotion work, including constant and careful monitoring of their partners' often hidden emotional state, registering their relatively weak and idiosyncratic signals of distress, and interpreting these signals to guide further action.

Demand-Withdraw Pattern of Care Interaction

We tended to handle those things by big scenes. And one of us leaving the house and the other find the other. And that was very romantic in its way.

Participant in the study

Crucial gender differences that stood out from the narrative descriptions of what happens between partners once the emotional distress of one of them is registered appear to resemble the well-known demand-withdraw pattern of couple interaction thoroughly documented by observational research. Studies of couple communication, especially those using observational methods, find consistent differences between men's and women's ways of dealing with emotions and conflict. Gottman and Levenson (1992) described several reliably replicated gender differences in emotional expression during brief marital interactions around a problem issue, including more anger and whining in wives and more neutral affect and affection in husbands. Given the differences, the researchers concluded that “wives are much more likely than husbands to take responsibility for regulating the affective balance in a marriage and for keeping the couple focused on the problem-solving task during the problem-area marital interaction” (p.232). This conclusion was largely supported by the self-report narrative data of this study.

The narrative data reveal that during the acute phase of emotional interaction, “upset” appears to take on a role of its own in the multidimensional theater of couple interactions. Once “upset” enters the stage, the other actors, husband and wife, are forced to deal with it. There are two somewhat different scenarios to the play, depending on whether the upset partner is upset about a relationship issue and the other partner or about an extrarelationship situation (work, parents, children). The roles, however, are quite gender consistent in either scenario and can be generally described as “demand-withdraw.”

When wives are upset, they tend to present their concerns explicitly (even if at first the introduction might be nonverbal, such as through tears, it is usually followed by a relatively articulate verbal presentation). By contrast, husbands attempt to withdraw, perhaps by trying to end the discussion, exiting the situation altogether, or at least delaying the next stage of the interaction. A typical scenario might sound like this:

I usually start out by yelling and after, end up crying. But not out of any manipulative desire. I get frustrated to the point, where I feel like, “[Husband], you're not listening or, we're not connecting here.” It bothers me [because] this isn't the way we usually are. And I usually end up crying, and that's usually when he gets real, real calm and stops yelling back and we just start working it out and talking it out.

And men second their wives' accounts:

When she gets upset, she just lets me know, screaming, shouting, any type of things. And if it gets really bad, if I'm not really listening and I'm going back at her too, she'll cry. And I think as soon as crying comes in, that changes the situation. And right there it's kinda our cue that we need to back off now.

Some of the themes in these unfortunate sequences demonstrate the vicious cycle of dysfunctional interactions. First, the wives' exaggerated distress behaviors, such as crying, are reinforced by the husbands' ultimate responding to those behaviors, rather than to the relatively more contained initial efforts to start an interaction. Second, husbands' withdrawal or lack of cooperation (often an expression of power and dominance; Fishman, 1978) leads to wives' magnified and possibly forceful dominating efforts to engage husbands, again setting up a cycle of coercion. This cycle was elegantly documented in an observational study of the demand-withdraw pattern (Klinetob & Smith, 1996) in which the overwhelming percentage of couples showed a bidirectional influence pattern: the wife's *dominance* was the next most frequent step after her initial demand and the husband's subsequent withdrawal.

Interestingly, if the husband is upset, the demand-withdraw pattern does not become reversed, but the attempt to withdraw comes as the first rather than the second step of the “dance.” In fact, withdrawal is often the only signal of distress available to the wife, as seems to be the case for this not atypical couple, Sharon and Greg:

The more prevalent reaction is probably just to become somewhat reclusive with her for a while and then sort of get over it or maybe come back in a day or so and talk about it. But I tend to internalize those things more than I do let it out...be moody or quiet, withdrawn I guess is the word more than reclusive. Just kind of staying away emotionally.

Greg's withdrawal with its moodiness seems to suggest a passive-aggressive quality. Generally, the husbands' style of dealing with upset appears to have a depressive disposition, whereas the wives' style is more aggressive at this early stage of emotional interaction. This pattern is rather paradoxical, considering the prevalent gender-specific tendencies of emotion regulation, in which women are more prone to depressive internalizing, whereas men tend to use more aggressive externalizing (Labouvie-Vief, 1996).

For many couples, the husband's silence and retreat so consistently signal his distress that they can be read just as surely as the more obvious and attention-demanding yelling or crying. Recall the story of Jim and Kate, in which Jim signals distress exclusively by refusing to talk to Kate and withdrawing: "she finds out because I'm not talking." What happens next? In most cases, the husband's withdrawal is followed by the wife's "demand" or pursuit, which Jim experiences as "badgering," but which can also be seen as the wife's attempts to "push" emotional care on the husband:

[My husband] tends to sulk. What happens is I keep picking and pushing and trying to get a response. And eventually, he gets to where he doesn't want to sulk anymore; he wants to speak up. And then we have a conversation or discourse. My tendency is to keep exploding until I can get him to rise to talk about it. His tendency is that, "well she's mad. I don't want to talk to her when she's mad." And being the explosive one, I get my way most of the time. We end up talking; we do talk about it.

Although this description might sound like the wife's possibly self-serving perception of the situation, it turns out that many husbands see this dynamics similarly:

I do in general just tend to be quiet and not talk about problems, and [wife] usually prods me until I finally do. I mean she always knows I'm upset. And so in this instance, I guess she just kind of basically question[s] me and encourage[s] me to talk about it until I finally do, in which case I usually feel better. But that's the kind of normal sequence, for me to sulk and say nothing's wrong, and then till finally we talk about it.

These vignettes demonstrate not only that the wives enjoy the benefits of engaging their husbands in emotional interactions, but, as some of the more articulate and emotionally savvy

husbands in the sample are able to tell us, the wives' pursuit is ultimately beneficial for the husbands themselves.

During the incidents of husbands' emotional upset, wives play more active roles than husbands, just as they do in situations in which they themselves are emotionally upset. However, when husbands are in need of care, wives' behavior is a *response* to husbands' original behavior. In view of the wives' more active role, husbands generally resort to one of the three strategies of *immediate* response: de-escalation of affect (withdrawal), escalation (returned attack), and repair (listening, understanding, trying to resolve the issue). Although at first sight the last strategy, repair, appears to be the most promising for conflict resolution and relationship satisfaction, it turns out that the first one, withdrawal, is far more common and, as such, apparently necessary in its own right. Tina, having learned to appreciate her husband's style, says: "That's one thing he's actually taught me, which is nice. When things are going rough and not your way, just don't say anything, and don't add fuel to the fire." It is crucial, however, that husbands' withdrawal, adaptive for couple emotion regulation processes, is a *temporary* strategy. As I will show in the following sections, partners' relationship satisfaction is strongly associated with emotional repair processes; a (usually) intense emotional interaction required for emotional repair to take place necessitates that withdrawal of one or both partners is only transitory.

Two global observations can be made based on these demand-withdraw vignettes. The first one concerns relational dynamics of interactions, in which one partner's turn is contingent on the other partner's response. In this turn-by-turn communication, partners seem to "compensate" for the other's behavior, apparently aiming to maintain some kind of optimal emotional balance: "I'll be less upset because she's more upset and try to, either intentionally or unintentionally, balance that;" "It's almost as if she has to be upset for both of us 'cause I am not upset enough." Although only a few couples are aware of it, the trend is definite.

The second observation concerns pervasiveness of the demand-withdraw pattern during the acute phase of emotional interaction. This pervasiveness suggests that the observed de-escalation of affect or a temporary withdrawal might serve an indispensable function in repair or conflict resolution process. Some support for this idea is offered in the finding that the demand-withdraw pattern is characteristic of all couples who describe at least a relatively successful repair

interaction. Even in those few couples in which the demand-withdraw roles are reversed (that is, the husband demands and the wife withdraws), the overall structure of interaction remains the same. Gayle, the wife in one of these “reversed” couples, describes it quite convincingly: “[When upset], I’ll just go and walk around the block. I don’t like to yell, but it gets too intense. We gotta cool out. Sometimes you have to *de-escalate* things.” Later Gayle describes a fight with her husband that was taking place in front of the children; despite her attempts to stop it for the children’s sake, her husband “just couldn’t decompress himself.” In order to restore some emotional balance at that point, Gayle found it necessary to “remove herself” from the situation: “I find it unproductive to talk about [the issue] right then, ‘cause it gets cyclical and doesn’t get anywhere. I find it’s better to get the emotions a little bit under control and then try to talk it out.”

Interestingly, differences in partners’ ways of dealing with emotional upset or conflict themselves often escalate conflict or increase upset as each partner becomes additionally upset with the other’s strategy. “I get frustrated with her, I guess, when she gets upset, ‘cause I feel like she blows it up, and she’s upset with me because she thinks I’m not taking it seriously,” said Andrew, a happily married partner in a couple who, otherwise, possess some of the most constructive strategies of dealing with upset or conflict. In general, differences in emotion regulation and misunderstandings that they arouse all contribute to a vicious cycle of negative couple interactions in which the original distress is exacerbated by differences in dealing with distress, which in turn increase the current level of distress.

However, the cycle, although common, is not completely inevitable. The better adjusted couples appear to have learned to appreciate the differences in their emotion regulation or conflict resolution styles, to some degree. Even if partners’ different styles clash during the acute phase, the couple ends up performing emotional repair by ultimately “going along” with the more active behavioral influence of the “demanding” partner (usually the wife). In fact, just about the only way in which couples seem to be able to reach the repair stage of emotional upset interaction (a decisive factor in defining the quality of the relationship and maintenance of attachment security) is when the wife continues to pursue the husband until he engages with her on an emotional level, after which they negotiate resolution or closure. Thus, women appear to

have little choice but to again take up the greater share of emotion work at this second stage of emotional upset interaction (cf. Ball, Cowan, & Cowan, 1995; Gottman & Levenson, 1992).

Long-Term Processes of Emotional Interaction

Observational studies of couple interactions demonstrated that different patterns of interactions can be related to concurrent and future marital satisfaction: disagreement and anger were related to lower concurrent marital satisfaction, but to improvement in marital satisfaction over time (Gottman and Krokoff, 1989). Such findings could be interpreted to mean that disagreement and anger during brief snippets of problem-solving discussions are not necessarily representative of the total picture of naturally protracted relationship processes and that their role in couple interactions is less than clear. The results of the qualitative analysis of the interview data in the present study suggest that the spouses' perceptions of the *overall*, usually protracted, processes of dealing with upset or conflict are much more important for spouses' evaluation of the relationship quality and their sense of attachment security than their *immediate* responses or interactions.

Withdrawal: Immediate De-escalation and Delayed Explosion

I'm just sort of typical guy-type stuff, hold a lot in, and so when an issue does come up, it's colored. It becomes colored with other things that I have brewing. And so an issue is often made larger than it really is because there's so much stuff coming in to it that's sitting there.

Participant in the study

The predominant pattern of immediate interactions around emotionally upsetting situations that stands out in the interview data is the demand-withdraw pattern. Some evidence from observational studies suggests that conflict interactions characterized by this demand-withdraw model are associated with lower marital satisfaction (Christensen & Heavey, 1990; Gottman & Levenson, 1999). If we were to continue observing couples beyond the acute phase of their problem-solving discussion, we might discover that, for many couples, withdrawal behavior changes its course. In fact, the interview data suggest that “withdrawal,” typical of male partners,

which appears counterproductive in brief interactions, is a necessary and adaptive temporary respite from intolerable physiological arousal and fruitless anger for both partners. Importantly, such withdrawal is almost inevitably temporary. The temporary nature of withdrawal can be thought of in at least two ways. First, during conflict, most people (either one or both partners) try to step out of the situation for a moment, withdraw, in order to cool down emotions and clear up thinking. In heterosexual couple interactions, men, whose physiological structure is characterized by greater awareness of arousal and a longer cooling off period (Gottman & Levenson, 1992), tend to take the initiative in this respect. Importantly, however, couples who describe successful emotional repair attempts attest that withdrawal is transitory and is followed by eventually coming back together and tackling the issue.

The second line of reasoning suggesting that withdrawal is likely to be a temporary state has to do with psychodynamics. Psychodynamic theory would generally suggest that although repression is a common defense mechanism, conflicts and emotions, unless they are worked through, do not disappear into nothingness. Within this framework, withdrawal behavior observed during the acute phase of couple interactions might be understood as an attempt to repress negative affect. This repressed affect seeks release, and it is not surprising that hours, days, or weeks down the road it tends to come out as a seemingly unprovoked or trivially caused emotional (primarily angry) outburst: “[when the husband is upset], usually [he] doesn’t say anything about it, and he just stuffs all his feelings inside until he hits some massive boiler point of explosion, and then he gets very angry.” Such a sequence is the most common long-term pattern of emotion regulation described by husbands and wives in my sample. Both husbands and wives report that if they “stuff their feelings inside” for a while, trying to suppress them (which often looks like withdrawal at first glance), they eventually “explode.” Because men in this sample employ the withdrawal strategy much more often than women, they are the ones primarily vulnerable to explosive temper tantrums without a “reasonable” cause. One wife after another describes her husband's tendency to eventually release his feelings in this way:

He’ll probably initially, if something makes him angry, he’ll probably close down and doesn’t talk about it. And then it builds up, and the anger comes out in another way. You know, yelling at something trivial. And then, as it builds and builds, then he can

break things or slam things or ultimately, it ends up with him like going out and leaving for a while.

Although much more common among men, the withdrawal-explosion strategy of emotion regulation is not completely unknown to women. There is evidence to suggest, however, that this strategy is especially likely to be associated with an insecure attachment style in women. Lauren, who has a preoccupied style of attachment and is married to Jake, who has a dismissing style, describes her way of dealing with emotional upset in this way: “I internalize a lot of things, and they worry me and worry me sick. And the other person doesn't know anything about it until suddenly they'll say something like the straw that broke the camels' back, and everything comes out.”

Although it is beyond the scope of this paper to speculate on etiology of gender differences in the withdrawal-explosion pattern of emotion regulation, the following theory was offered by Natalie, a participant in the study:

I think boys, especially when we were growing up, were allowed a more narrow range of expression of emotions, if you will. And I sort of recently started to figure out that frustration, sadness, anxiety, a whole range of emotions, all get expressed in a similar way. A lot of those emotions get expressed as anger.

Natalie's idea provides a curious generalization about the ways in which men talk about their “emotional upset” and behave when upset and in which women perceive their husbands' behavior. There is evidence in the data to support the idea that men are indeed more likely than women to spontaneously interpret emotional upset as anger, especially with respect to their own distress.

Natalie's account also presents further evidence for the earlier hypothesis about women having to closely monitor and decipher men's relatively idiosyncratic ways of emotional expression, especially signals of distress. Thus, not only might withdrawal be the wife's only clue that the husband is emotionally upset, but she also has to be able to figure out what particular emotion his distress is associated with (anger, sadness, frustration, disappointment, fear) in order to respond appropriately and demonstrate optimal caregiving sensitivity. Finally, the couple is

much better off if the wife, having gone through the first two stages of identifying and interpreting distress, has learned the best way to respond: (1) provide the space for the husband to work things out on his own because that is what he insists he wants or because that is what truly works best for him, at least in this particular situation (remember, the wife might not know for weeks, if ever, what the distress is actually about), or (2) recognize his withdrawal as a difficulty with emotional expression and careseeking and diligently pursue drawing him out, until he finds relief in disclosing and receiving support. The painstaking, arduous, experience-based efforts implicated in this formulation of the emotional transaction process readily qualify as emotional labor, carried out largely by women.

Demand: Promise of Repair

[When the husband is upset] it's sort of like the prince and the sleeping beauty has to get through the dragon and all the thorns and all this stuff to get to the castle because that's where the princess is. If I can get through all of that stuff, I'll get to what I want, which is him honestly talking about his feelings without sarcasm, without defensiveness. But it's really hard to get there.

Participant in the study

However important is the function of withdrawal, another type of behavior has to be performed in order to create an interaction. This complementary type of interactive behavior has been commonly termed “demand” or “pursuit.” Qualitative analysis of the transcript data suggests that, in the long run, the “demand” strategy of interaction is not only adaptive, but also necessary for resolution or repair to take place. Similarly to Jackie in the epigraph quote, who fantasized herself to be a “prince” trying to get through to the “sleeping beauty” of her husband's emotional world,² many wives find the role of demanding emotional interchange, understanding, and intimacy exhausting, but ultimately gratifying. According to both men and women in this sample, although often unproductive and infuriating during the acute phase of emotional interaction, women's relentless, though preferably measured, demand for emotional care for themselves or for an opportunity to provide emotional care to their husbands is just about the only way to find and maintain emotional connection (by implication, although some

men ultimately embrace and acknowledge emotional connection established largely with their wives' labor, most do not feel responsibility to seek this connection in the first place). However negative, attempts to share and discuss feelings tend to be perceived as intimate transactions and, as such, are invaluable and indispensable for relationship maintenance. "Pursuit" is the process through which much of emotion work is done. And, with few exceptions, the "honorary role" of doing the work belongs to women.

Although my analysis suggests that, in general, female pursuit of the issue, interaction, or opening the partner up is an adaptive interaction strategy and tends to lead to positive outcomes in terms of relationship satisfaction, there are exceptions. One of the main exceptions is associated with a situation in which the pursuing party, generally the wife, does not really pursue the goal of opening communication, but the pursuit is *primarily* a manifestation of poor emotion regulation. In this case, the "unruly" emotions continue to escalate, and pursuit is unproductive. In the following example, Arnie, an unhappily married husband, describes that his wife Jill

has a tendency to pursue and not know when to quit. Just say, okay. We disagree. Breathe. Stop. We'll go on to the next subject or do something else. There's no sense in keeping on hitting it and hitting it and hitting it 'til someone's really upset or angry or there's a real fight.

Although this unproductive version of pursuit is typically associated with deficient emotion regulation and difficulties delaying need gratification, a major caveat is required in the case of this particular couple. Arnie and Jill's conflict resolution and emotion regulation strategies are in general exceptionally maladaptive among the couples in this sample. Moreover, Arnie, who has a preoccupied style of couple attachment, tends to exaggerate Jill's foibles and blames her for everything gone sour in their relationship. In general, in couples with an unproductive pattern of pursuit, both spouses tend to employ escalation strategies of emotion regulation, and neither uses de-escalation, apparently essential for the intracouple processes of emotion regulation.

Perceived Emotional Repair and Relationship Satisfaction

One of the primary goals of marital research is to identify factors associated with relationship quality and stability. By contrast with the earlier findings of observational research, in this study,

the “demand-withdraw” pattern of interaction appears to be neither adaptive nor maladaptive, but simply most typical (judgment of relative adaptiveness or maladaptiveness is made solely on the basis of spouses' self-report marital adjustment scores). In fact, a *temporary* withdrawal by one (usually male) or both partners is advantageous. Ultimately advantageous is also the demand or pursuit of the issue or interaction (usually by the wife). Some of the maladaptive trends include deficient monitoring, that is, missing a signal of upset; serious affect escalation by one or both parties and inability to regulate emotions by temporary withdrawal; dropping or dismissing the upsetting issue, “burying it in the garden”; and insensitive, inappropriate, or inadequate responses to the partner's upset. Although interesting and potentially significant, none of these trends and strategies in itself seem to be consistently associated with relationship satisfaction.³ However, the results of this study do reveal one factor that appears to have a strong and reliable association with partners' relationship satisfaction: “*perceived emotional repair*.” Surprisingly, the association between perceived emotional repair and relationship satisfaction holds true for couples with virtually all combinations of attachment styles and seems more robust than associations between attachment style and perceived repair or between attachment style and satisfaction.

Because the concept of “perceived emotional repair” is not fully formed yet, I offer a preliminary definition. “Perceived emotional repair” refers to some kind of a sensitive, appropriate, or successful movement of the caregiving partner toward the careseeking one, such as through physical comfort, conversation about the upsetting issue, conflict resolution, physical proximity, allowing the partner to express himself/herself, or an interaction that leads to emotion regulation in a distressed partner. One of the reasons for making the definition so apparently vague is that it seems to cover a variety of situations and strategies, united only by the fact that the narrator conveys a sense of making an emotional connection with the partner. Qualified situations include coming back together after a fight and talking about the issues calmly; honestly and openly talking about feelings, fears, or concerns; feeling understood and accepted by the partner; believable description of listening to the partner and being empathic; and a sense of feeling closer to, more intimate with the partner after an interaction,⁴

A lack of repair is perceived by the participants in situations in which the upsetting issue or the upset partner's emotions are dismissed, no caregiving behavior is described, or things are stated to either "resolve themselves" eventually or "not resolve at all." The association between repair and satisfaction seems stable across various conditions of emotional distress, including the ones in which only sadness/frustration or only marital conflict/anger are described.

However, three couples stood out as exceptions to the robust association. All three of the "exceptional" couples can be characterized by idealizing/dismissing attachment tendencies in at least one of the partners. Self-reports of relationship satisfaction by partners with dismissing attachment styles are likely to be affected by their idealization and thus confound the association. Thus, in a larger sample and with additional measures of marital quality, the exceptional couples might turn out to represent a particular pattern that would, in fact, confirm the general rule of association between perceived repair and marital satisfaction.

Although no causality or directionality of a correlation can be assumed, there are a couple of different ways in which the observed association between perceived emotional repair and relationship satisfaction might operate, and each of them might be relevant to some of the couples, but not others. On the one hand, it is plausible that the happier the marriage, the more likely the partners are to *experience* repair and therefore *bring it up* in the interview, reflecting the actual state of the relationship. Analysis of transcripts from a number of couples in which partners tend to agree on descriptions of their relationship overall and the incidents of emotional upset, in particular, offers preliminary support for this idea.

On the other hand, it is equally plausible that partners who are more likely to *perceive* repair in an interaction or *remember* successful interactions (whether they are representative of actual experiences or not) might be more likely to evaluate their relationship positively. Preliminary evidence from a few couples with discordant couple attachment classifications and discrepant accounts of their emotional interactions suggests that it is the particular partner's "state of mind" with respect to attachment that colors his/her perception and narration of couple emotional interactions. In one such couple, the wife, Jill, has a secure style of attachment and reports herself to be satisfied with the relationship. Jill is able to perceive repair in emotional interactions with her husband, Arnie, as she describes that, by contrast with the earlier stormy part of their

relationship, she and Arnie have come to understand each other's vulnerabilities and after a fight are able to come together and talk about their differences. By contrast, Arnie has a preoccupied style of attachment and is extremely unhappy with the relationship. He perceives no indication of repair and he believes his relationship with Jill has deteriorated significantly and they do not understand or trust each other, Jill does not know “when to quit” her pursuit during conflict, and their interactions are abusive and unproductive. Although they are in a relationship with each other, Jill and Arnie have strikingly different perceptions and evaluations of what took place in situations when one or both of them were upset. Importantly, there is a clear association between perceived repair and relationship satisfaction for both partners: Jill perceives repair and is happy with the relationship; Arnie does not perceive repair and is unhappy with his marriage.

Clyde and Emma also have discordant styles of attachment. Clyde has a dismissing/idealizing style and reports to be happy in his marriage. He does not “ask or expect a response” from Emma around his parents' death, and his idea of dealing with Emma's emotional distress is that “she can pull herself out of it somewhat.” Not only is repair absent from Clyde's account, but also the need for repair is denied. Emma, who has a preoccupied style of attachment, believes herself to be unhappily married. She similarly fails to perceive repair, but her account of couple interactions is very different: Emma is well aware of the need for repair, but perceives all the attempts as inadequate and unsuccessful. She feels that when she's upset, Clyde “just sort of leaves [her] to it” and describes her husband's upset as anger only and her perception of repair as “he'll calm down pretty fast.” Once again, although these partners have vastly different ideas about what should and does take place during their emotional interactions, there seems to be a connection between each of their failures to perceive repair and their low relationship satisfaction.

These two “discordant” couples present vivid illustrations of an old but important idea that married couples live in “his and her marriages” (Bernard, 1974). Their examples suggest that the individual partner's perceptions of emotional interactions and particularly repair do not necessarily reflect actual behavior and events in these couples' lives, but are strongly colored by each partner's “state of mind” with respect to attachment. Perception differences are likely to be associated with the “self-fulfilling” nature of cognitive schemas, such as internal working models

of attachment and caregiving. Working models are conceptualized as relatively stable cognitive-emotional schemas that operate outside of awareness, guide behavior in relationships, and influence expectations, strategies, and behavior in later relationships. Relational information that does not fit the schema is theorized to be unconsciously filtered so that it is either not registered or is perceived in the way that fits the relatively rigid original schema (Bretherton, 1985). Thus, partners' relationship accounts might reflect not so much the “objective reality” of their particular relationship, but their pre-existing internal cognitive-emotional construction of relationships at large.

A. Unsuccessful Repair/ Support

Most partners in this study describe some kind of careseeking, caregiving, and repair attempts that take place when one of the spouses is upset. However, not all of these efforts are perceived as desirable, successful, or appreciated. A strong association between perceived emotional repair and relationship satisfaction holds only in cases of “successful” repair. Although the etiology of “*unsuccessful*” repair is multifaceted and, in some cases, closely associated with partners' couple attachment styles and relationship histories, I focus mostly on gender differences in perception and behavior.

The major caveat, which cannot be overemphasized in describing these data, is that, given the self-report and open-ended nature of the interviews, I can talk, at most, tentatively about *actual* behavior. Inevitably, I describe subjective perceptions of emotional states, thinking, and behaving. This caveat has particular significance for the notion of emotional repair because only the repair subjectively perceived by the participant is associated with his/her *own* relationship satisfaction, regardless of whether the repair did take place, according to the other partner or the reader. Thus, the interviewee's “states of mind” with respect to careseeking, caregiving, and the relationship overall are implicated in his/her ability to perceive, recall, and describe repair situations.

Some of the most common causes for repair to be perceived as *unsuccessful* are outlined below.

1) *Unreasonable demand for care, inability to be comforted, or inability to perceive/appreciate care*

Some of the unsuccessful repair attempts seem to be doomed because the demand for care is unreasonable or insatiable: pursuit becomes unproductive, both partners are escalating emotional upheaval, and the pursuing party continues to demand interaction, which is going nowhere, mostly because s/he is unable to regulate his/her own emotions:

I would try to respond to one [problem], and another one from a different direction would be heaped in there, and finally I'd start feeling helpless, trapped. I didn't know how I am going to get out of this. The only possible explanation I can come up with for the conflict persisting as long as it does is she's just afraid, insecure to let go.

This intense description is from Alvin, the husband in an exceptionally unhappy couple in which *both* partners have preoccupied styles of couple attachment (one of the two in the sample of 49). Although it is likely that his wife, Lydia, indeed has a very difficult time being comforted, regulating her emotions, or appreciating her husband's care, it is equally likely that Alvin's own preoccupied tendencies stand in the way of his emotion regulation and reasonable appreciation of his and Lydia's needs.

The quote is an example of a partner unable to fulfill what can be perceived as an insatiable demand for care. The next quote is an example of the "other side" of unsuccessful repair interactions, suggesting what it is like to be a partner who is unable to feel comforted by the available care. Jane, a very unhappy woman who has a preoccupied style of attachment and is married to Jack, who has a dismissing style, describes unsuccessful repair interaction in a characteristically preoccupied way (i.e., exaggerating, blaming, being vague, making global generalizations):

I feel terrible sometimes. I feel, I mean, alone..., and he doesn't understand me. Nobody understands me. I don't know. I'm always going to be this way. [How does Jack respond?] I think he sometimes, he just sort of leaves me to it. Sometimes he'll just hug me and try to cheer me up, you know, ask me what's wrong. And he'll certainly apologize. It's a bit of a problem I guess because I think he sort of runs out of things to say and, and runs out of patience or something, and wants to roll over and go back to sleep. [I] went out in the kitchen one night and cried there for a while,

maybe on the theory that crying it out would help. There are times that just distraction, it does seem to work best.

As most narratives of partners with a preoccupied style of couple attachment, Jane's represents both sides of the problem of unsuccessful repair: the careseeker's difficulty looking for or accepting care and the caregiver's failure to provide adequate care.

2) *Lack of sensitivity or inappropriate care*

Paula, a woman whose transcript received virtually equal scores on attachment security, dismissiveness, and preoccupation (suggesting a lack of a consistent strategy for dealing with attachment needs), describes a differently unsuccessful repair interaction with her husband:

When my mom was sick, I try to have normal conversations or say "I'm really worried about this." But I'm very casual about it. And I guess for him to talk about a worry, he has to be very serious and then in-depth. I just take care of what has to be taken care of and talk about it more casually, and then, periodically, I'll burst into tears and feel as though this is too much. And then it'll be over, and then I'll just get up and keep going. It's nothing that I dwell on.

Paula's behavior as well as her state of mind, manifested in the narrative style, indicate some secure "balance," but primarily dismissing tendencies; she describes herself as trying to seek a little bit of care on various occasions, but having learned not to expect any from her partner: "I tend to say, 'I really don't like this. This is really bothering me.' He can say, 'Oh, well, too bad'." Not surprisingly, Paula and her husband are a very unhappy couple.

Another version of unsuccessful repair is described by Elizabeth, who is moderately dissatisfied with her marriage and, like Jane and Lydia, has a preoccupied couple attachment style. During her depression, her husband

was pretty supportive, but in being supportive, I didn't feel he was being supportive. He was trying to — not bully me out of it — but kind of shake me out of it. I always took everything very personally, but I think he was trying to, in a very strong way, urge me out of it rather than treating me very cagily or very like a kitten. He wasn't pampering me out of it.

Married to a man with a dismissing style of attachment (who relies heavily on idealization and is much more satisfied with the relationship than she is), Elizabeth has a very difficult time putting her finger on what went wrong and allowing herself to be upset with her husband's style and the inappropriateness of his emotional care, which did not give her a sense of successful repair, increased closeness, or security.

3) Detachment

The concept of “detachment” in marital care narratives appears to be associated with especially unhappy relationships and possibly with a particular subtype of unhappy marriages characterized by indifference, hopelessness, or “parallel lives.” The term “detachment” refers to the reader's impression (often quite subtle) that the interviewee does not experience himself/herself to be a part of the relationship, as if s/he were no longer actively emotionally “attached” to their partner, having given up, feeling hopeless, or being uninterested. This category includes incidents in which the participant reports that situations of emotional upset will “resolve themselves,” that is, the need for care is entirely denied; s/he refuses or is unable to describe an instance of emotional upset; s/he dismisses the issue, the partner's needs, or his/her own capacity to provide care. An example of a “detachment” statement is an answer of Steve: “I know she's upset. I feel she'll get over it. It doesn't last very long.” Earlier in his interview Steve describes feeling upset and lonely and wonders out loud, “Oh, I don't know if I'm here just to keep paying the bills or does she want me here or what?” Pondering the question about Steve's emotional upset, his wife, Lily, responds: “Particularly emotionally upset? I'd say that's [Steve's] daily kind of way of living. He kind of wakes up in a bad mood and kind of goes to bed in a bad mood.” With her remark, Lily dismissed the topic, her husband as a person, and his emotional needs (both partners' attachment style scores suggest marginal security, and they are very unhappy with their marriage).

The husband of another “detached” unhappy couple dismisses the issue of his wife's affair in the following way: “We didn't talk about it much any more, just avoided the issue. It was resolved by — it was a non issue.” His wife (who has a dismissing style of attachment), talking about her husband's emotional upset, offers:

He goes to the movies when he gets upset, I mean, besides the obsessive stuff that he does. Like with the pot cleaning. He's got this programmable calculator that he can like spend hours and hours and hours and hours at a time programming this calculator, and I consider that obsessive behavior. He doesn't show it. He just does not. But he must have been emotionally upset [laughs]. But not in a way that I can read readily.

The statements with a flavor of “detachment” in many ways resemble the concept of “dismissing derogation” utilized by the Adult Attachment Interview coding system (Main & Goldwyn, 1984). However, just as in the AAI transcripts, some derogatory remarks can be a part of the preoccupying anger passages and thus reflect preoccupation with, rather than dismissal, of attachment. Here is an example of an *angry* derogation from the narrative of Arnie, a very unhappy husband with a preoccupied attachment style:

If I could tell her what I think then I'm not messed up. No matter how much she's messed up, it doesn't matter. I can't deal with my own problems, and much less hers, which is not a good situation. So as long as I can tell her what I feel, and if she gets upset, then that's okay. Eventually, she'll calm down and then maybe we'll take turns.

More extensive and longitudinal research will be necessary to determine whether relationships described with dismissing derogation are different from those described with angry derogation. The preliminary results of this study suggest that the presence of *any* detachment/derogation in relationship narratives is associated with chronic relationship dissatisfaction and lack of emotional connection and intimacy and is characteristic of the most troubled marriages in this study.

B. Successful Repair/ Support

Fortunately, even though emotion work can at times be strenuous and exhausting and not necessarily gratifying, at least immediately so, the participants offer a number of telling examples of how emotional repair can work well. The husband of one of the happiest, better adjusted, secure couples gives the following account of emotional care in his relationship. When his wife was upset, he describes, “I just tried to listen to her and play off how she was feeling

about it. Most of the times she was depressed I'd try to empathize with her about that, but yet try to get her to see some hope, too, that it was going to be okay.” When he himself is emotionally upset,

I do in general just tend to be quiet and not talk about problems, and wife usually prods me until I finally do. I mean she always knows I'm upset and so in this instance, I guess she just kind of basically questions me and encourages me to talk about it until I finally do, in which case I usually feel better. But that's the kind of the normal sequence is for me to sulk and say nothing's wrong and then 'til finally we talk about it.

On the one hand, this narrative vignette demonstrates some of the most typical gendered behavior patterns discussed in this paper. On the other hand, it also represents an example of an association between perceived emotional repair and relationship satisfaction. This couple's emotional interactions are characterized by the typical demand-withdraw pattern, especially in situations of the husband's distress. However, the withdrawal is temporary and the pursuit is not threatening; the two processes interact dynamically and lead to a sense of emotional repair. And this sense of repair taking place is associated with subjective marital adjustment (this particular couple also performs exceptionally well in terms of the quality of observed marital interactions). An alternative sequence is equally plausible, however: a satisfying, supportive relationship might enable this husband both to feel secure enough to be able to ultimately disclose and enjoy emotional care and to perceive and appreciate his wife's emotion work and relational repair.

Another interesting example of an association between successful emotional repair and relationship satisfaction is found in the narratives of a couple in which both partners have *insecure* attachment styles: the husband has a dismissing style; the wife has a preoccupied style. Describing her husband's upset about their dog's death, the wife says, “You do the usual, you put your arms around — you can't take the sadness away. You can talk about it and that's what we did. And held each other...just talked our way out of it.” In this relationship, the lack of attachment security does not help explain the fact that the partners perceive the presence of emotional repair (at least at times) or that they report relatively high marital satisfaction, yet an association between repair and satisfaction is in place. In other words, although the ability to

seek, give, and receive emotional care is generally theorized to be associated with attachment security, and attachment security has been shown to be associated with relationship satisfaction, the most robust finding that evolved from the qualitative analysis is that the relationship between perceived emotional repair and relationship satisfaction transcends individual attachment styles and the combination of both partners' attachment styles.

Summary and Caveats

The findings of this study present a number of surprises and puzzles that promise to stimulate further research to either replicate or challenge the results and ultimately solve the puzzles. This study uses qualitative analysis of narratives about couple relationships to understand the role, meaning, and implications of the emotional “safe haven” in adult romantic relationships. The theoretical concept of “safe haven” was borrowed from attachment theory in psychology as symbolizing a potential refuge that both men and women sometimes need to take in their primary attachment figure, usually their marital partner, in order to function effectively in the world at large. Attachment theory has traditionally deemphasized gender differences; as a result, I hypothesized that the variance in emotional careseeking and caregiving I observe in the data will be associated primarily with differences in attachment styles rather than gender. One of the unexpected results of the study turned out to be pervasive differences in the ways in which married men and women deal with their own and their partners' emotional distress. In fact, pronounced gender differences were observed at each stage of the emotional interaction process, including signaling distress, seeking care, monitoring the other's emotional state, sensitivity to the other's distress, and attempts to provide care. In particular, the most typical gendered behavior pattern revealed by the transcript analysis, the demand-withdraw pattern of interaction, is similar to the pattern of conflict communication repeatedly described in the observational marital research (Christensen & Heavey, 1990; Gottman & Notarius, 2000).

A potential caveat for interpreting the observed gender differences has to do with the fact that, when answering open-ended questions on emotional upset, the participants in this study often chose to describe marital *conflict*, rather than the incidents of emotional upset in which they were distressed about an “extramarital” issue, such as children, in-laws, or jobs. In other words, it is

plausible that the described emotional interactions are identical to couple problem-solving discussions captured by observational research and represent a very specific domain of adult romantic relationships that has to do with conflict resolution styles but is unrelated to attachment issues. It can be argued that studying “authentic” careseeking and caregiving should be limited to “purely” attachment-activating contexts that involve emotional vulnerability but no marital conflict (P.R. Shaver, 2000, personal communication). However, given the *purposefully* open ended nature of the data, the fact that the participants chose to consider all kinds of intramarital and extramarital situations involving sadness, anxiety, or anger as representing the contexts of emotional distress cannot be discounted. Importantly, at least one group of researchers theorizing specific characteristics of adult attachment considered marital conflict interactions to fall into the range of attachment-activating conditions. Thus, Kobak and Duemmler (1994) discussed 3 types of situations that activate an attachment system in adults: (1) fear-provoking situations that motivate to seek a safe haven, (2) challenges that motivate to seek a secure base, and (3) conflictual interactions that motivate to maintain a cooperative partnership. Thus, arguments can be made both “pro” a theory-based approach of choosing a narrow range of carefully defined situations of careseeking and caregiving as well as “pro” an empirical approach of letting the participants guide the researchers as to what contexts they experience as emotionally upsetting (and attachment stimulating), and not limit them according to a preconceived theoretical idea. This study, among the first to focus on care in couple relationships qualitatively, has taken the second approach, following the original goal to explore care broadly and not limit the data or analyses by assumptions of what emotional care in adult romantic relationships is.

Another unexpected finding has to do with the fact that, despite certain apparent similarities between patterns of interaction described in observational research and patterns revealed in the interview transcripts, there are substantial differences. Observational marital research of the last 2 decades has established that women's engagement and men's withdrawal in the face of conflict resolution discussions represent a widespread pattern of couple communication, particularly in unhappy marriages (Christensen & Heavey, 1990; Gottman & Levenson, 1999). Although the data in my study generally fit this pattern, they also show the following ways to expand our understanding of the pattern. First, the findings suggest that the demand-withdraw pattern is

characteristic not only of problem-solving or conflict discussions, but also of much of couple emotion communication. In fact, this pattern holds true regardless of whose “issue” is at stake or who is emotionally upset at the moment, the husband or the wife (consistency of this pattern across issues being discussed was similarly observed by Christensen and Heavey, 1990).

Second, the data failed to demonstrate an association between demand-withdraw pattern and low marital satisfaction. The results suggest that the pattern is virtually universally present in couples with various levels of marital satisfaction and different combinations of couple attachment styles. The pattern is readily observed even in couples with the “reversed” gender roles in communication, that is, those in which husbands demand/pursue and wives withdraw. The apparent stability and universality of this dynamic arrangement indicate that it plays a yet to be understood but crucial systemic role in couple relationships.

Third, and most important, the findings suggest that, however significant the couple's behavior during the acute phase of emotional interaction is, there are longer-term sequences to their interaction behaviors in the “real world” of their busy and complicated lives; these delayed behaviors are at least as important as the “short-term” or immediate reactions. In other words, certain couple interaction behaviors that have particular meanings and contingencies during the acute phase of couple conflict acquire very different meanings and contingencies in the naturally protracted emotional interaction processes. In particular, what at first appears to be a typically male withdrawal, an immediately counterproductive response to an emotionally intense situation, turns out to be a temporary strategy with two potential outcomes: it is either a way to de-escalate emotional (and physiological) arousal, which ultimately allows them to engage in the necessary process of emotional repair, or a “repression” of emotions and impulses, which leads to a delayed explosion, increased conflict, and reduced intimacy. In the same vein, a typically female demand or pursuit, often counterproductive during the acute phase, in the long run turns out to be an active strategy to either seek or give care and just about the only way to ensure that emotional repair takes place. These strategies are active components of emotion work that allow couples to establish and maintain intimacy and, ultimately, increase the security of attachment in their relationships.

One of the most robust results of the analysis suggests that what ultimately matters to the outcome of emotional interactions is not how much husbands and wives get upset with each other during their interactions (which they do routinely partly because they tend to use different strategies of communication and emotion regulation), but the ways in which they *perceive* the process and its resolution. In particular, spouses who are able to perceive and believably relate a successful caregiving effort on the part of the spouse or a successful product of couple communication tend to be more satisfied with their relationships than spouses who are unable to perceive or relate successful repair interactions, however delayed in time.

Among the intriguing questions posed by the results of this study concerns delaying the gratification of emotional needs. Qualitative analysis of relationship narratives suggests that “delayed gratification” of emotional needs is a crucial feature of adult romantic relationships associated with emotional interaction processes. Both clinical theory and attachment theory might argue that one's ability to delay need gratification is, in fact, a primary feature of one's emotion regulation capacity, although this question has not been explicitly discussed in attachment research. Detailed theorizing on this issue is beyond the scope of this paper, but it is intriguing to consider that attachment styles should be expected to differ greatly with respect to the person's ability to tolerate delayed gratification. For example, the preoccupied style of attachment might be associated with an impaired capacity for delayed gratification of emotional needs, by contrast with the secure style. Future research could investigate the relationship between preoccupied style of attachment and maladaptive emotional interaction styles associated with unproductive pursuit or inability to tolerate de-escalation and distance typical of couple interactions and delay gratification.

The present study investigated care in marital relationships of middle-class working parents with young children. The time crunch associated with their intense work schedules and responsibilities and the accompanying stress and fatigue all impact how these husbands and wives think about and act on their own and their partner's needs for care. One factor that has stood out has to do with the finding that experiencing emotional repair, strongly associated with relationship satisfaction, usually requires time. Whether what sometimes appears to be a drawn-out process is a consequence of the time bind or the time bind is an obstacle to experiencing

repair, the price for this lifestyle is emotional well-being, relationship satisfaction, and possibly relationship survival.

The time crunch also has implications for pervasive gender differences with respect to care observed in this study. Given that women appear to take on a greater share of emotion work than men at every stage of the emotional interaction process, this “third shift” (in addition to the “second shift” of household labor; Hochschild, 1989) inevitably has to have an impact either on the quality of “production,” that is, emotional care, or on the burnout rate of the “worker,” that is, the woman-wife-mother, or both. Such implications of my findings could make up one piece of the puzzle in which men seem to benefit in health and longevity from the mere fact of being married, whereas women benefit only from being in a happy marriage, that is, the marriage that is experienced as emotionally supportive (Ewart, Taylor, Kraemer, & Agras, 1991; Gaelick, Bodenhausen, & Wyer, 1985).

The findings generated a number of provocative questions that will require further careful, in-depth research on different populations and with different methodologies. However, the existing preliminary answers are capable of advancing theory and research on couple relationships and care just one step further in the search for factors that are associated with quality and stability of working parents' intimate relationships.

Notes

1. The categorization of attachment styles is different across several traditions of attachment research (see Bartholomew & Shaver, 1998). This paper generally follows the Adult Attachment Interview tradition in concepts and definitions (Main & Goldwyn, 1998), unless otherwise specified. The relatively recently identified *disorganized /disoriented* category of infant attachment and the corresponding *unresolved* category of adult attachment are not defined here because the Couple Attachment Interviews on which the study is based were not designed to assess relevant information and because theory on this style of attachment in romantic relationships is nonexistent.
2. The gender reversal of this metaphor is particularly fascinating in view of the apparent gender reversal associated with women using more aggressive externalizing emotion regulation and pursuit strategies in emotional interactions with their husbands and men using more depressive internalizing strategies in this study.
3. This reported correlation is not a result of a quantitative statistical analysis, but represents a qualitatively estimated contingency between certain trends that appeared in the relationship narratives and self-reported levels of marital satisfaction.
4. Although it is plausible to assume that the *degree* to which emotional care was sensitive and appropriate and repair attempts successful would be associated with the level of marital satisfaction, no conclusive evidence can be drawn at this point due to the self-report nature of the data and idiosyncratic answers.

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