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I'll Be There for You: Couples' Support Providing and Seeking Behaviors in a Stressful Situation

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ABSTRACT

We examined the associations between stress and support seeking or providing in couples during a stressful situation, as well as the moderating role of hyperactivation and deactivation of the attachment and caregiving systems. One hundred nine couples completed questionnaires and participated in an in-laboratory situation aiming to induce stress. Support seekers with higher stress or higher hyperactivation reported a greater desire to be with their partner during the procedure, while those with higher deactivation reported a lower desire to be with their partner. Support providers with higher hyperactivation also reported a greater desire to accompany their partner. Support providers who perceived their partner as more stressed reported a lower desire to be with them when their partner reported greater deactivation. Clinical implications are discussed.

KEYWORDS

couples; caregiving; romantic attachment; support providing; support seeking

Throughout their lifetime, every couple will face a variety of adverse situations. Although effective support can originate from various sources, romantic partners are among the most important sources of an individual's social support, particularly during difficult times (Taylor, 2012). Support behaviors in romantic relationships are a dyadic process involving both support seeking and support providing. Support seeking behaviors, as well as the quality of the support provided, have been linked to both partner's efforts in supporting each other and both partners' perceptions of the threat or stressor (Collins & Feeney, 2000). Attachment theory provides an interesting framework to understand support between romantic partners, where support is understood as involving an interaction between the attachment (i.e., support seeking) and the caregiving (i.e., support providing) systems (Bowlby, 1969/1982). However, despite support being a dyadic process, research exploring the links between romantic attachment or caregiving, and support seeking or providing, among samples of couples

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remains fewer compared to samples of individuals. The present study aimed to deepen our understanding of how romantic partners' perceived level of stress influences their desire to seek or to provide support to one another in a specific in-laboratory stressful situation. Although research suggests that both the romantic attachment and caregiving systems can be linked with specific situational support-related behaviors between romantic partners (e.g., Feeney & Collins, 2003), previous research exploring such links in a stressful laboratory task have only focused on romantic attachment. As such, we sought to extend previous literature by examining the effect of each partner's combined romantic attachment and caregiving tendencies (i.e., also called dispositional attachment and caregiving, see below), using constructs called *hyperactivation* and *deactivation* of the attachment and caregiving systems, on moderating the association between stress and the desire to seek or provide support in actor-partner analyses.

The attachment and caregiving systems

Attachment theory suggests that attachment is formed in early infancy through caregiver-child interactions (Bowlby, 1969/1982). Children develop internal working models that consist of expectations regarding whether others are likely to provide support when it is needed and whether one is worth receiving that support (Bowlby, 1969/1982). When children's caregivers are available, responsive, and warm, they develop a sense of security in knowing that they are worthy of others' love and can count on them for support. As adults, secure individuals value intimacy as they have a positive sense of self-worth and positive expectations of others. Thus, in times of need, the secure individual's attachment system is activated, fostering their tendency to seek support from loved ones. The caregiving system is parallel to the attachment system. Also thought to develop through parent-child interactions in infancy, this system serves to motivate individuals to reduce the suffering of dependent others (children or adults) and to provide them with protection and support (Mikulincer & Shaver, 2016). When children experience responsive, available, and warm parenting, this also provides them with positive models of how to effectively provide caregiving themselves (Gillath et al., 2016). In adults, the caregiving system is activated when individuals notice their loved one's signs of distress (Canteberry & Gillath, 2012). If support behaviors are perceived to have been successful at appeasing the partner's needs and distress, the caregiving system is then deactivated.

In adult romantic relationships, the attachment and the caregiving systems are complimentary and reciprocal in nature (Hazan & Shaver, 1987). On the one hand, the attachment system influences distressed individuals'

support seeking from their romantic partner, as it serves as a mechanism through which they aim to have their own needs and distress attended to. On the other hand, individuals' caregiving system influences their support providing to their distressed partner, as it serves as a mechanism through which they can attend to their partners' needs and distress. Thus, while the attachment system is self-focused and serves to ensure individuals' own safety and to reduce their own risk of being harmed, the complimentary caregiving system is other-focused and serves to reduce the risk of the loved one being harmed.

Although the attachment system in one partner and the caregiving system of the other partner can serve a complementary purpose, both systems exist within each individual and are closely linked. Individuals with higher attachment security generally also provide more effective caregiving (Gillath et al., 2016). When individuals manifest a sense of security in their worth and in their trust of others' responsiveness, they generally possess the capacity to put aside their own needs in order to attend to the distress of their partner. Supporting this assertion, research suggests that attachment security is linked with optimal caregiving toward the romantic partner (e.g., Péloquin et al., 2011, 2013, 2014). Considering the important link between these two systems in adult romantic relationships, several studies have aimed to examine them using different means and in various contexts. Many studies have measured participants' self-reported general or relationship-specific romantic attachment and caregiving through questionnaires (also called *dispositional* attachment or caregiving as it reflects whether an individual's attachment or caregiving tendencies are secure or insecure; e.g., Feeney & Collins, 2001; Kunce & Shaver, 1994; Millings et al., 2013). Conversely, others have explored support seeking and support providing desires (e.g., desire for intimacy, desire to be with the partner) or behaviors (e.g., asking for reassurance, physical contact, writing a letter of support) as indexes of *situational* romantic attachment or caregiving in specific contexts (e.g., Collins & Feeney, 2000, Crowell et al., 2002; Farrell et al., 2016; Simpson et al., 1992). Dispositional attachment and caregiving is, however, not synonymous to situational attachment and caregiving related desires or behaviors in specific contexts, where the latter may also be associated with particular aspects of the context (e.g., Feeney & Collins, 2001). Nevertheless, research does suggest that they are linked, such that attachment and caregiving tendencies tend to influence attachment and caregiving-related desires and behaviors in specific contexts (e.g., Collins & Feeney, 2000; Dewitte et al., 2010; Feeney & Collins, 2003). Such research is particularly valuable for exploring the interactions between dispositional attachment/caregiving and specific contextual variables, in their association with situational attachment/caregiving.

Regarding dispositional romantic attachment, the internal working models developed in childhood can be conceptualized as attachment anxiety (i.e., preoccupation with relationships and fear of rejection and/or abandonment) and attachment avoidance (i.e., discomfort with closeness and distrust of others), where low attachment anxiety and avoidance indicate a secure attachment, and higher levels of either or both suggests attachment insecurity (Brennan et al., 1998). When in distress, anxious individuals tend to use *hyperactivation* strategies, which involves the need to draw attention to their own distress and therefore, such individuals persistently seek reassurance from their partner. Avoidant individuals tend to use *deactivation* strategies when they are distressed, which involves a denial of attachment needs for comfort and support and therefore, such individuals tend to withdraw from their partner and prefer to manage their distress on their own (Mikulincer & Shaver, 2007). Similarly, when a loved one is in need, individuals can also manifest caregiving strategies in the forms of *hyperactivation* (e.g., overinvolvement) or *deactivation* (e.g., distancing oneself from the situation) (Canteberry & Gillath, 2012). In romantic relationships, Kuncce and Shaver (1994) identified four dimensions of caregiving between partners: proximity (i.e., offering physical and emotional closeness as means of comforting the distressed partner), sensitivity (i.e., able to interpret the partners' needs and distress cues), controlling (i.e., minimizing the partner's problem-solving attempts) and compulsive (i.e., being overinvolved in the partner's life and problems regardless of the partner's actual needs). Within the same individual, hyperactivation of the attachment system (e.g., in individuals with high levels of attachment anxiety) is believed to be linked with hyperactivation of the caregiving system (i.e., controlling and compulsive caregiving), while deactivation of the attachment system (i.e., in individuals with high levels of attachment avoidance) is believed to be linked with deactivation of the caregiving system (e.g., Bouaziz et al., 2013; Feeney & Collins, 2001; Kuncce & Shaver, 1994).

Stress, attachment and caregiving

Given that the attachment and caregiving systems are activated by stress (Simpson & Rholes, 2017), it is important to consider the role that stress plays in some of the many distressing experiences that couples can encounter throughout their lifetime. Responding to a partner's needs in different situations is complex and requires an individual to be attuned to their partner's current needs in order to provide them with appropriate support according to the situation (Cutrona, 1990). In this regard, some empirical research has focused on examining the support providing and seeking desires and behaviors of individuals involved in a romantic relationship in

various stressful contexts. Overall, several studies have found that the more an individual is stressed, the more support they tend to seek from their partner, and the more support their partner tends to provide (Bodenmann et al., 2015; Brock & Lawrence, 2014; Collins et al., 2014; Collins & Feeney, 2000; Feeney & Collins, 2001). However, research using attachment theory as a framework suggests that dispositional romantic attachment and caregiving may influence each partner's situational responses to one another in stressful contexts (Simpson & Rholes, 2017).

To investigate this issue, some studies have aimed to reproduce a stressful environment in order to examine individuals' support providing and seeking desires and behaviors in different contexts (e.g., Collins & Feeney, 2000; Dewitte et al., 2010; Farrell et al., 2016; Mikulincer & Florian, 2000; Simpson et al., 1992). Among individuals who tend to use hyperactivation strategies, these studies suggest that support seekers with high levels of attachment anxiety tend to seek both proximity and distance from their partner in experimentally induced stressful situations (e.g., Dewitte et al., 2010). However, support seekers with partners who report high levels of anxiety tend to distance themselves from their partner in stressful contexts (Campbell et al., 2001). As support providers, individuals with high levels of attachment anxiety tend to provide ineffective support to their partner, such that they are less responsive and use more forms of negative support, such as being dismissive, avoiding, criticizing, or blaming their partner (Campbell et al., 2001; Collins & Feeney, 2000). Support providers whose partner reports high levels of attachment anxiety provide more proximity to their partners when their partners are in a distressing situation (Dewitte et al., 2010).

With regards to individuals who tend to use deactivation strategies, these studies suggest that, overall, support seekers with high levels of avoidance tend to seek less support and comfort from their partner in stressful contexts (Collins & Feeney, 2000; Simpson et al., 1992, 2002). In addition, such individuals may be more likely to psychologically distance themselves from their partner, as well as to act more irritated or critical toward their partner (Campbell et al., 2001). The level of attachment avoidance seems to moderate this association, such that individuals with higher attachment avoidance appear to either seek low levels of support from their partner regardless of how stressed they are (Collins & Feeney, 2000), or to seek even less support from their partner the more stressed they are (Simpson et al., 1992). Further, when an individual seeks support from a romantic partner with higher levels of avoidance, they report feeling more aggravated and irritated toward their partner, regardless of their own attachment (Campbell et al., 2001). Regarding the provision of support to a romantic partner during an experimentally induced stressful situation, support

providers with higher levels of avoidance tend to provide less comfort and support to their partner (Simpson et al., 1992; 2002), as well as more distance and less proximity to their partner (Campbell et al., 2001; Dewitte et al., 2010). The level of attachment avoidance appears to moderate this link, such that support providers with high attachment avoidance tend to provide decreasing levels of support the more their partner is stressed (Simpson et al., 1992). Support providers whose partner reports high levels of avoidance also display more distance from them (Dewitte et al., 2010).

Overall, these findings suggest that it is important to nuance the link between stress and support seeking or providing in couples, and that dispositional attachment may be an interesting factor to consider to this effect. Indeed, existing literature suggests that, in stressful laboratory contexts, individuals with greater romantic attachment anxiety, who tend to use hyperactivation attachment strategies, seek more support from their partner and also tend to provide poor quality support when their partner is in need. Moreover, individuals with greater romantic attachment avoidance, who tend to use deactivation attachment strategies, seek less support from their partner and also tend to provide less support to their partner in distress. To our knowledge, no research has yet to examine how hyperactivated and deactivated caregiving strategies may clarify the links between perceived stress and support seeking or providing. That said, since the attachment and caregiving systems are complementary, it appears pertinent to explore the moderating effects of these two systems simultaneously to obtain a unified understanding of these associations. Previous research lacks focus on moderation effects of such associations. However, exploring moderating effects is particularly valuable in helping us to further nuance our understanding of the links between the attachment and caregiving systems and support providing and seeking.

The current study: objectives and hypotheses

The present study aimed to examine the dyadic links between levels of stress and support seeking or support providing in couples during an in-laboratory stressful situation. We also examined the moderating role of each partner's combined dispositional romantic attachment and caregiving (using factor scores called hyperactivation and deactivation of the attachment and caregiving dimensions; henceforth referred to as *hyperactivation* and *deactivation*, respectively) on the association between stress and desire to seek or provide support. We used a dyadic perspective allowing us to examine both actor and partner effects. *Actor effects* refer to the effects of one's own independent variable on one's own dependent variable. Similarly, *partner effects* refer to the extent to which one's own independent

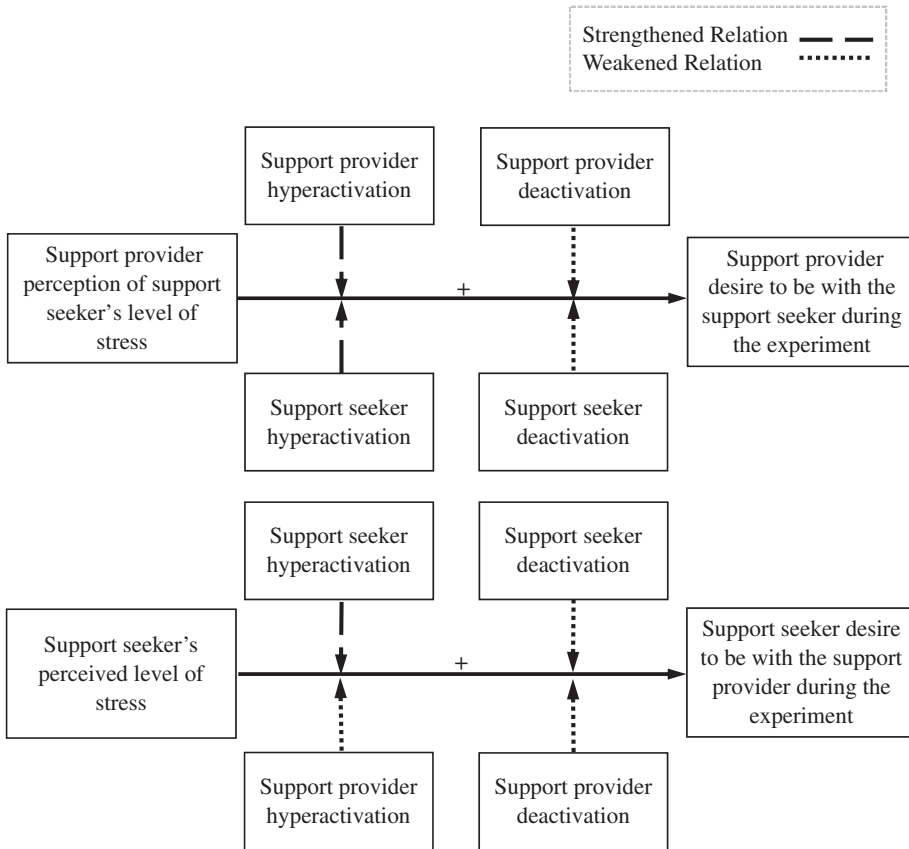


Figure 1. Conceptual actor-partner moderation models of the relationship between stress and desire to be with the partner during the experiment for support seekers and support providers.

variable is linked with a partner's dependent variable, or the extent to which a partner's independent variable is linked to one's own dependent variable (see Figure 1 for conceptual models).

Hypotheses for partners in the support seeker role

Actor effects

We hypothesized that support seekers' perceived levels of stress would be positively associated with their desire to be with the support provider during the stress experiment. We expected that this association would be stronger for individuals with higher hyperactivation scores and weaker for those with lower hyperactivation scores. Conversely, we expected that this association would be weaker in individuals with higher deactivation scores compared to those with lower deactivation scores.

Partner effects

We also expected that the partner's tendency for hyperactivation or deactivation would moderate the association between support seekers' perceived levels of stress during the experiment and their desire to be with their partner. That is, we hypothesized that the more stress support seekers experienced, the more they would desire to be in the presence of their partner. However, we expected that this association would be weaker in individuals whose partner reports higher levels of hyperactivation or deactivation compared to those whose partner reports lower levels of hyperactivation or deactivation.

Hypotheses for partners in the support provider role

Actor effect

We hypothesized that support providers' perception of support seekers' stress would be positively associated with their desire to be with the support seeker during the experiment. We expected that this association would be stronger for individuals with higher hyperactivation scores and weaker for those with lower hyperactivation scores. Conversely, we expected that this association would be weaker in individuals with higher deactivation scores compared to those with lower deactivation scores.

Partner effects

We also expected that the partner's tendency for hyperactivation or deactivation would moderate the association between the support providers' perception of support seekers' stress during the experiment and their desire to be with their partner. That is, we hypothesized that the more support providers' believed the support seeker experienced stress during the experiment, the more they would desire to be in their presence. However, we expected that this association would be stronger in individuals whose partner reports higher levels of hyperactivation compared to those whose partner reports lower levels of hyperactivation. Conversely, we expected that this association would be weaker in individuals whose partners report higher deactivation scores compared to those with lower deactivation scores.

Method

Participants

The final sample included 109 mixed-sex English-speaking Canadian couples. Eligibility criteria included: (a) being 18 years of age or older, (b) being involved in a romantic relationship with their partner for at least

12 months, and (c) cohabitating with their partner for at least 6 months. The initial sample of the study included a total of 128 couples. Nineteen couples were removed (14.8%) as they only completed the online questionnaire package and did not wish to participate in the experimental procedure used in the current study.

The mean age of the final sample was of 33.86 years ($SD = 13.60$; range = 63.25). On average, participants had been in their relationship for 6.25 years ($SD = 6.32$) and had been cohabitating for 4.36 years ($SD = 6.10$). Eighty-three participants (38.1%) described their marital status as married, 119 (54.6%) common-law, 1 (0.5%) separated and 15 (6.9%) legally single (i.e., living together for less than a year). Among participants, 206 (94.5%) described their ethnicity as White, two (0.9%) as Black, six (2.8%) as Asian, three (1.4%) as Hispanic, and one (0.5%) as Middle Eastern. About three quarters of the participants did not have any children with their current partner ($n = 169$; 77.5%). Among participants reporting having children with their current partners, 18 (8.3%) had one child, 11 (5%) had two children and 4 (1.8%) had three. Sixteen individuals did not report whether they had children with their current partner. One hundred forty (64.2%) participants had a university education, 33 (15.1%) a college education and 45 (20.6%) a high school education. Mean annual gross revenue of the final sample was 44 685\$ ($SD = 28\ 259$ \$; range = 145 000\$).

Procedure

Procedures for this study were approved by the university's Office of Research Ethics and Integrity. This study was part of a larger longitudinal research project that comprised three participation time points each separated by a 12-month period. Participants for the first time point (T1) were recruited from the community through newspapers, advertisements and brochures around the university's campus and the city as well as during social events in the region. The present study included only those who participated in the second time point (T2) since the in-laboratory stressful situation used for the current study was conducted at T2. Attrition rate from T1 to T2 was of 27% because some couples ($N = 171$ couples) separated or did not wish to participate at T2. In order to ensure that the sample at T2 was large enough to reach the required statistical power, more couples were recruited from the community through the same recruitment methods as T1. Among the current study's final sample of 109 couples, 52 (48%) had participated at T1 and 57 (52%) were recruited at T2. Couples, recruited at T1 or newly recruited, who were interested in participating in the second time point of the current study were invited to contact the research assistant who informed them of the purpose of the study, its

procedures as well as confidentiality and ethical considerations. Although recruited at different time points, both samples reported similar age ($F(1) = 0.115, p = .736$), ethnicity ($F(1) = 0.076, p = .785$), and relationship length ($F(1) = 2.812, p = .097$).

The research assistant planned a testing session of two and a half hours at the University with couples who were interested and eligible. Those who were not interested in participating in a lab testing session had the option of only completing the questionnaire package online, and were therefore excluded from the current analyses. During the testing session, each partner read a detailed explanation of the study's procedures and signed the consent form. Then, partners were each asked to independently fill out pre-experimentation measures in a room with divided workspaces. These questionnaires gathered information on sociodemographic characteristics, couple functioning and psychological wellbeing. From these measures, only the Experiences in Close Relationships-12 (ECR-12; Lafontaine et al., 2016) and Caregiving Questionnaire (CQ; Kunce & Shaver, 1994) were used for this study. Then, couples participated in the current study's experimental procedure.

In-laboratory stressful situation

Prior to engaging in the laboratory the experiment, participants completed the Positive and Negative Affect Schedule (Watson et al., 1988). This served to ensure that support providing and seeking was not influenced by the participant's mood during the procedure (Mikulincer et al., 2005). The research assistant then told the partners that one of them had been randomly selected to participate in a series of procedures that generally arouse stress and anxiety in most people, and that the goal of these procedures was to study individuals' reactions to stress. The exact nature of the stressful procedures was not specified, as the participants were not truly going to participate in any stressful procedure. Rather, the purpose of these statements was to generate stress and anxiety in the participants, which is a standard stress induction procedure used with couples (e.g., Simpson et al., 1992; 2002). The partner who was selected to "participate" in the stressful situation (i.e., hereafter referred to as the support seeker) was taken to another room to complete a short questionnaire measuring their stress level and their desire for partner support during the stressful situation (see Experimentation measures section) and was told to wait until the experiment was ready to begin. During that time, the other partner (i.e., hereafter referred to as the support provider) remained in the main lab and was asked to complete items measuring their perception of their partner's level of stress as well as their desire to be with their partner during the stressful situation (see In-laboratory stressful situation measures section). The roles

of “support seeker” and “support provider” were counterbalanced for gender and randomly assigned. Once both partners were done completing their questionnaires, they were reunited in the main lab and debriefed regarding the true goals of study. Couples were given CAD\$44 685(SD = 28 259 \$; range = 145 000\$) as compensation for their participation.

Measures

Pre-experimentation measures

The following measures were completed prior to the in-laboratory stressful situation, as part of a questionnaire package that required about 20 min to complete.

Sociodemographic information. This questionnaire inquired about participants’ personal demographic information (e.g., age, gender, ethnicity) and relationship-related information (e.g., length of relationship, length of cohabitation, marital status, number of children).

Hyperactivation and deactivation of the attachment and caregiving dimensions.

As previously mentioned, attachment and caregiving are two parallel systems that interact with one another. We, therefore, administered the two empirically validated scales of dispositional romantic attachment and caregiving described below, following which we conducted a principal component analysis (PCA) on all the attachment and caregiving dimensions with the goal of obtaining two distinct factors representing the hyperactivation and deactivation of each system. This method of organizing the aforementioned variables allows us to take into account the shared variance of both the attachment and caregiving systems (e.g., Gabbay & Lafontaine, 2017).

Romantic Attachment was assessed using the ECR-12 (Lafontaine et al., 2016), which measures dispositional romantic attachment (i.e., general attachment patterns in romantic relationships) using 12 items. The ECR-12 is an abbreviated version of the original (Brennan et al., 1988), which comprised 36 items. The ECR-12 is composed of two subscales: attachment anxiety (e.g., “I worry about being abandoned”) and attachment avoidance (e.g., “I don’t feel comfortable opening up to romantic partners”). Participants evaluate the extent to which they identify with each item using a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Once respective items are reversed, the score of each subscale corresponds to the mean of its items. Higher scores indicate greater levels of attachment anxiety and attachment avoidance. The psychometric properties of the ECR-12 are considered equivalent to those of the original ECR (Lafontaine et al., 2016). The ECR-12 has demonstrated a good internal consistency across

Table 1. Factor loadings for principal component analysis with direct oblimin rotation of romantic attachment and caregiving scales.

Variable	Component	
	Deactivation	Hyperactivation
Attachment avoidance	.79	-.12
Attachment anxiety	-.03	.76
Caregiving proximity	-.84	.07
Caregiving sensitivity	-.72	-.19
Controlling caregiving	.44	.63
Compulsive caregiving	-.11	.87

Note. Factor loadings > .32 are in bold.

different samples (anxiety: $\alpha = 0.78$ – 0.87 ; avoidance: $\alpha = 0.74$ – 0.83) as well as an excellent test-rest reliability (Lafontaine et al., 2016). Alphas for the current study are of $\alpha = 0.83$ for the avoidance scale and $\alpha = 0.87$ for the anxiety scale.

Romantic caregiving was assessed using the CQ (Kunce & Shaver, 1994), which measures dispositional caregiving toward the romantic partner using 32 items. It comprises 4 subscales: proximity (e.g., “When my partner seems to want or need a hug, I’m glad to provide it”), sensitivity (e.g., “I am very attentive to my partner’s nonverbal signals for help and support”), control (e.g., “I tend to be too domineering when trying to help my partner”), and compulsive caregiving (e.g., “I tend to get overinvolved in my partner’s problems and difficulties”). Each subscale is composed of eight items rated on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Once respective items are reverse scored, the mean of each subscale is calculated. Higher scores are indicative of higher proximity, sensitivity, control and compulsive caregiving, respectively. The CQ has demonstrated good internal consistency for all four scales (proximity scale: $\alpha = .83$; sensitivity scale: $\alpha = .83$, controlling caregiving scale: $\alpha = .87$; and compulsive caregiving scale: $\alpha = .80$) and test-retest reliability (Kunce & Shaver, 1994). Alphas for the current study were the following: proximity scale: $\alpha = .83$; sensitivity scale: $\alpha = .89$, controlling caregiving scale: $\alpha = .87$; and compulsive caregiving scale: $\alpha = .74$.

A PCA was conducted using all participants, including both the support seekers’ and support providers’ scores on the ECR dimensions (anxiety and avoidance) and the CG subscales (proximity, sensitivity, control and compulsive caregiving). The observed Kaiser-Meyer-Olkin coefficient was .70 and Bartlett’s test of sphericity was significant, $\chi^2(15) = 282.759$, $p < .0001$, suggesting that the data was appropriate for this analysis. We used a direct oblimin rotation for transformation as factors were correlated above .32 (Tabachnick & Fidell, 2019). Both the Scree Plot and Kaiser’s stopping rule revealed a 2-component solution. Factor loadings ranged from $-.84$ to $.79$ for the first component (*deactivation*), and from $.63$ to $.87$ for the second component (*hyperactivation*). The deactivation component

explained 41.31% of the variance, while the hyperactivation explained 23.65%. The final pattern matrix is presented in Table 1. Composites of z -scores were then created for each factor using the scale scores of variables loading onto each factor score. The factor score for deactivation comprised individual's attachment avoidance score, their reversed caregiving proximity score and their reversed caregiving sensitivity score, while hyperactivation comprised their attachment anxiety score, their compulsive caregiving score and their controlling caregiving score. Although caregiving control cross-loaded onto both factors (.44 on the deactivation component and .63 on the hyperactivation component), it was included in the hyperactivation factor based on theoretical grounds; that is, the tendency to offer controlling support without accounting for the true needs of the partner is more typically understood as a hyperactivation strategy (Mikulincer, 2006). Alphas were $\alpha = .70$ for the deactivation component and $\alpha = .68$ for the hyperactivation component.

In-laboratory stressful situation measures

Mood. The Positive and Negative Affect Schedule (PANAS; Watson et al., 1988) is a 20-item questionnaire that measures two dimensions of affect: positive and negative. Each subscale is composed of 10 adjectives describing either positive (e.g., interested, excited, strong) or negative (e.g., distressed, upset, guilty) affect rated on a 5-point Likert scale ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). Subscale scores are obtained by calculating the sum of respective items. The PANAS has demonstrated good internal consistency (positive affect: $\alpha = .88$ and negative affect: $\alpha = .87$) and test-retest reliability (Watson et al., 1988). Alphas for the current study are the following: positive affect: $\alpha = .89$; negative affect: $\alpha = .82$.

Support seeker's perceived level of stress and desire to be with the partner during the experiment. The following items were created for the purpose of this study, inspired by those used by Mikulincer et al. (2005) during a similar procedure, to measure situational support seeking. Only partners in the support seeking role responded to these items, while they were alone in a separate room from their partner (i.e., support provider) waiting for the stress experiment to begin. The support seeker's perceived level of stress while waiting for the stress experiment to begin was measured using their level of stress or anxiety felt immediately before entering the stressful situation, rated on a 7-item Likert scale from 1 (*not at all*) to 7 (*very much*). The desire to be with the partner during the experiment was measured using the support seeker's reported desire to be in their partner's presence during the stressful situation, rated on a 7-item Likert scale from 1 (*not at all*) to 7 (*very much*).

Support provider's perception of partner stress and desire to be with the partner during the experiment. The following items were also created for the purpose of this study, inspired by those used by Mikulincer et al. (2005) during a similar procedure, to measure situational support providing. Only partners in the support providing role completed these items, while they were left alone in the main lab as they waited for their partner (i.e., support seeker) to take part in the stress experiment. The support provider's perception of their partners' level of stress during the experiment was measured using their perception of their partner's level of stress or anxiety as they were about to participate in the stressful situation, rated on a 7-item Likert scale from 1 (*not at all*) to 7 (*very much*). The desire to be with the partner during the experiment was measured using the support provider's reported desire to accompany and be with their partner during the stressful situation, rated on a 7-point Likert scale from 1 (*not at all*) to 7 (*very much*).

Data analyses

We conducted all statistical analyses using IBM SPSS Statistics (Version 24.0). Prior to testing the hypotheses, we conducted preliminary analyses to examine missing data, outliers and whether the data satisfies the assumptions of normality, linearity and homoscedasticity (Tabachnick & Fidell, 2019). Following this, we explored descriptive statistics and intercorrelations among all variables. Next, we conducted correlations or one-way analyses of variance (ANOVAs) among sociodemographic variables, mood and outcome variables to identify possible confounding effects. Regarding the main analyses, we conducted actor-partner moderation models using PROCESS, a regression path analysis modeling tool compatible for use in IBM SPSS Statistics (Hayes, 2013).

Results

Preliminary analyses

Fifteen participants were removed from the sample as they reported that they had suspicions about the stressful procedures during the completion of the support seeker or support provider items, upon being asked about it at the end of the laboratory visit. As such, among the remaining 100 participants in the support seeker role, there were seven individuals for which the partner data were not available. Among the 102 individuals in the support provider role, there were eight individuals for which the partner data were not available. Following this, a missing data analysis using Little's Missing Completely at Random (MCAR) test revealed that data were missing randomly and at less than 5%. We used single imputation using the

Table 2. Intercorrelations between hyperactivation, deactivation and study variables for support seekers and support providers separately.

	1	2	3	4	5	6	7	8
1. Support seeker hyperactivation	–	.15	.40**	.03	.24*	–.08	.18	.10
2. Support provider hyperactivation		–	.23*	.19	.06	–.08	–.05	.21*
3. Support seeker deactivation			–	.14	.15	.01	–.20*	–.02
4. Support provider deactivation				–	.13	.17	–.08	–.05
5. Support seekers' perceived level of stress					–	–	.31**	–
6. Support providers' perception of support seeker stress						–	–	–.02
7. Support seekers' desire to be with the support provider							–	–
8. Support providers' desire to be with the support seeker								–

Note. * $p < .05$, ** $p < .01$.

Expectation maximization (EM) method in SPSS to estimate missing values. Examination of Z scores revealed three univariate outliers on the attachment avoidance scale, one univariate outlier on the caregiving sensitivity scale and four univariate outliers on the negative affect scale, which were handled following recommendations from Tabachnick and Fidell (2019; e.g., winsorization, square root transformation). Once this was done, a Mahalanobis distance analysis revealed one multivariate outlier, which was removed from the sample. Following this, we examined the assumptions of normality, linearity and homoscedasticity through skewness, kurtosis, as well as using boxplots, scatterplots and histograms. Data were found to be normally distributed, with the exception of the negative affect scale, for which transformations were unsuccessful. The use of non-parametric tests for analyses linked with this subscale accounted for its non normal distribution.

Descriptive statistics and correlations

Means, standard deviations and correlations for all variables of interest (i.e., hyperactivation, deactivation). support seekers' perceived level of stress and desire to be with the support provider, support providers' perception of support seeker stress and desire to be with the support seeker) were assessed separately for support providers and support seekers. We also conducted two-way repeated measures ANOVAs (where gender was included as a factor to account for the interdependence between romantic partners) to examine potential differences on these variables between support providers and support seekers. Correlations between all the study variables are presented in Table 2. Results indicated some significant correlations between hyperactivation, deactivation, perceived levels of stress, and desire to be with the partner during the experiment in their expected directions. Means, standard deviations and ANOVAs' results for all study variables are presented in Table 3. Results revealed no significant differences between support seekers and support providers on romantic attachment or caregiving variables.

Table 3. Means, standard deviations and mean differences between support seekers and support providers across all study variables.

	Support Seeker	Support Provider			
	(n = 100)	(n = 102)	<i>F</i>	<i>df</i>	<i>p</i>
	<i>M (SD)</i>	<i>M (SD)</i>			
Hyperactivation	.01 (2.44)	-.08 (2.21)	.001	1	.982
Deactivation	.16 (2.38)	-.27 (2.31)	.532	1	.468
Support seekers' perceived level of stress	2.91 (1.27)	-	-	-	-
Support seekers' desire to be with the support provider	3.94 (1.88)	-	-	-	-
Support providers' perception of support seeker stress	-	3.57 (1.59)	-	-	-
Support providers' desire to be with the support seeker	-	5.23 (1.60)	-	-	-

Pearson's correlations or one-way ANOVAs examining potential confounding sociodemographic variables revealed no significant effect of participants' age, gender, marital status, length of relationship, length of cohabitation, employment status, ethnicity, number of children with current partner nor of participant's positive affect during the experiment on support seekers' or support providers' desire to be with their partner during the experiment. Spearman's correlations revealed no significant effect of participant's negative affect during the experiment.

Moderation analyses

We conducted a total of four moderation models. Two of these models examined the support seekers while the other two examined the support providers. The two moderators (i.e., hyperactivation and deactivation) in each model were entered simultaneously (i.e., PROCESS's Model 2) to account for their shared variance. Independent and moderator variables were grand-mean centered in all analyses to reduce multicollinearity. All results are presented in Table 4.

Support seeker models

In the first model, we included support seeker hyperactivation and deactivation as simultaneous *actor* moderators of the association between support seekers' perceived level of stress and their own desire to be with their partner during the experiment. Results indicated a significant effect of the total model, on the support seeker's desire to be with their partner during their experiment ($F(5, 93) = 5.897, p < .001, R^2 = .241$). Results revealed that support seekers' perceived level of stress and hyperactivation were significantly and positively associated with their desire to be with the support provider during the experiment. Support seeker deactivation was also significantly and negatively associated with their desire to be with the support provider during the experiment. No other significant effects were found.

The second model included support provider's hyperactivation and deactivation scores as *partner* moderators of the association between

Table 4. Moderation analysis predicting the desire to be with the partner during the experiment.

	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>R</i> ²
Model 1					
Support Seekers' perceived level of stress					
Stress	.426	.143	2.959	.004	–
Support seeker hyperactivation	.177	.078	2.258	.026	–
Support seeker deactivation	–.278	.078	–3.554	.001	–
Stress*Support seeker hyperactivation	–.101	.055	–1.819	.072	.027
Stress*Support seeker deactivation	.105	.062	1.677	.097	.023
Model 2					
Stress	.490	.150	3.261	.002	–
Support provider hyperactivation	–.047	.092	–.510	.612	–
Support provider deactivation	–.094	.083	–1.135	.260	–
Stress*Support provider hyperactivation	.015	.074	.203	.840	.000
Stress*Support provider deactivation	.006	.059	.102	.919	.000
Model 3					
Support Providers' perception of their partner's level of stress					
Perception of support seeker stress	–.037	.102	–.362	.718	–
Support provider hyperactivation	.189	.076	2.485	.015	–
Support provider deactivation	–.079	.080	–.983	.328	–
Stress*Support provider hyperactivation	.037	.045	.813	.418	.006
Stress*Support provider deactivation	.047	.042	1.116	.267	.012
Model 4					
Perception of support seeker stress	–.020	.109	–.182	.856	–
Support seeker hyperactivation	.129	.079	1.644	.104	–
Support seeker deactivation	–.044	.085	–.513	.610	–
Stress*Support seeker hyperactivation	.064	.047	1.364	.176	.020
Stress*Support seeker deactivation	–.107	.052	–2.053	.043	.045

Note. Significant results are in bold.

support seeker's perceived level of stress and their desire to be with their partner during the experiment. Results revealed a significant effect of the total model, on the support seeker's desire to be with the support provider during the experiment ($F(5, 87) = 2.358, p < .05, R^2 = .119$). As in the previous model, results indicated that support seekers' perceived level of stress was significantly and positively associated with their desire to be with the support provider during the experiment. No other significant effects were found.

Support provider models

In the third model, we included support providers' own hyperactivation and deactivation scores as simultaneous *actor* moderators of the association between their perception of their partner's level of stress and their own desire to be with their partner during the experiment. Results revealed a nonsignificant effect of the total model, on the support provider's desire to be with the support seeker during the experiment ($F(5, 96) = 1.602, p = .167, R^2 = .276$). Results revealed, however, that the support provider's hyperactivation score was significantly and positively associated with their desire to be with their partner during the experiment. No other significant effects were found.

The fourth model included support seekers' hyperactivation and deactivation scores as *partner* moderators of the association between the support

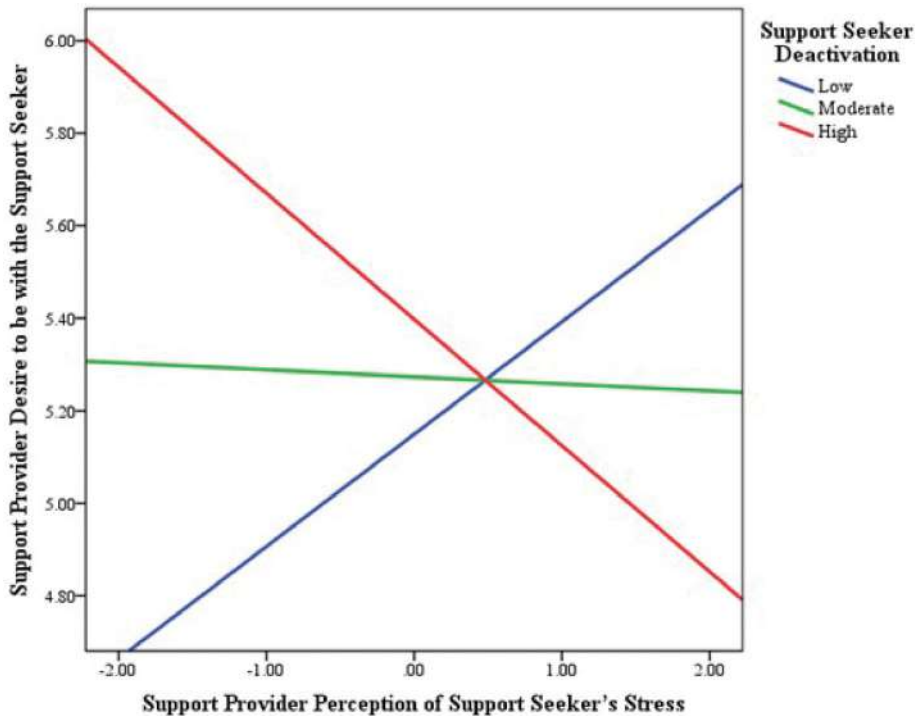


Figure 2. Moderating effect of support seeker deactivation on the link between support provider perception of the support seeker's stress and support provider desire to be with the support seeker during the experiment.

providers' perception of support seekers' level of stress and their own desire to be with the support seeker during the experiment. Results indicated a nonsignificant effect of the total model on the support provider's desire to be with the support seeker during the experiment ($F(5, 88) = 1.252, p = .292, R^2 = .066$). However, results revealed a significant interaction between support provider perception of support seeker stress and support seeker deactivation and is illustrated in Figure 2. Corresponding simple slope effects revealed a nonsignificant positive association between support providers' desire to be with their partner during the stressful experiment and their perception of their partner's level of stress when their partners reported low levels of deactivation. Conversely, simple slopes indicated a nonsignificant negative association between support providers' desire to be with their partner during the stressful experiment and their perception of their partner's level of stress when their partners reported high levels of deactivation. No other significant effects were found.

Discussion

Living in a world filled with uncertainty, it is inevitable to encounter challenges that generate distress. In order to thrive and to surmount these, it is

essential that individuals be able to effectively reach out for support from reliable loved ones, as well as to provide it to them. Although many adults can spend a significant portion of their adulthood without being involved in a romantic relationship, for those involved in a romantic relationship, the romantic partner generally consists of their primary source of support. Thus, it is crucial that partners rely on each other for support to provide each other with strength and resiliency, allowing them to face the hardships of life and, ultimately, their survival in this unpredictable world. The present study aimed to examine the dyadic links between levels of stress and support seeking or support providing in couples during an in-laboratory stressful situation. We also examined the role of hyperactivation and deactivation of the dispositional attachment and caregiving dimensions on moderating the association between stress and desire to seek or provide support. Studies have demonstrated that there is a link between stress and support seeking or providing, and that romantic attachment and caregiving processes may influence this link (e.g., Feeney & Collins, 2001). This is the first study, to our knowledge, to expand on such research by examining the simultaneous effects of the attachment and caregiving systems in this association, using hyperactivation and deactivation components.

As expected, results indicated that support seekers' higher level of perceived stress was directly associated with their greater desire to be with their partner during the stress experiment (Models 1 and 2). However, contrary to expectations, support providers' perception of their partner's level of stress was not statistically associated with their desire to be with the support seeker during the stress experiment (Models 3 and 4). Regarding moderation effects, the present study's results indicated a partner effect, such that when support seekers reported a low level of deactivation, the link between the support providers' perception of the support seekers' level of stress and their own desire to be with the support seeker during the stress experiment was positive (Model 4). However, when support seekers reported a high level of deactivation, this same link was negative. Contrary to expectations, no other significant actor or partner moderation effects were found. Interestingly, the present study's results revealed some direct links between our predicted moderator variables (i.e., hyperactivation or deactivation) and support seekers' or support providers' desire to be with their partner during the experiment (Models 1 and 3), which will be described in detail below.

Support seeking

Regarding individuals in the support seeker role, the present study's results only revealed direct actor effects. Although these results did not support

the present study's hypothesized conceptual moderation models, such findings suggest that support seekers' levels of stress, hyperactivation and deactivation are each individually and directly linked with their desire to be with the support seeker during the stress experiment (Model 1). That is, it appears that support seekers with either higher levels of stress or greater levels of hyperactivation report a greater desire to be with their partner during the stress experiment, while support seekers with greater levels of deactivation report a lower desire to be with their partner during the stress experiment. Such results are in line with previous studies indicating that when individuals experience more distress, they seek more support from their romantic partners (e.g., Bodenmann et al., 2015; Collins & Feeney, 2000). In addition, these findings provide further support for the basic notion that when individuals are faced with a stressful situation that generates distress within them, they generally desire to receive support from their romantic partners. Dispositional attachment and caregiving tendencies (i.e., hyperactivation or deactivation) was expected to moderate the association between support seeker levels of stress and desire to be with the support provider during the stress experiment. Although the absence of statistically significant findings regarding the moderating effect of hyperactivation on the association between support seekers' level of stress and support seeking is consistent with some previous literature (Simpson et al., 1992, 2002), the lack of significant findings regarding the moderating effect of deactivation on this association is inconsistent with these studies. One possible explanation for the absence of significance in these moderation effects could be that support seekers in the current study's sample who reported high levels of hyperactivation or deactivation may have a general tendency to seek either greater proximity or greater distance from their partners, regardless of their levels of stress. As such, support seekers may tend to lean toward wanting to be with the support provider during the experiment or not, regardless of the distress generated by the stress experiment. The current study's results' significant direct links between support seekers levels of hyperactivation or deactivation and their desire to be with the support provider during the stress experiment supports this idea. More specifically, support seekers with greater levels of hyperactivation reported a greater desire to be with the support provider during the stress experiment, while those with greater levels of deactivation reported a lower desire to be with the support provider during the stress experiment. These findings are in line with existing literature suggesting that individuals with greater attachment anxiety tend to seek more (although, at times, indirect or conflicting) support from their partner, while individuals with greater attachment avoidance tend to seek less support from their partner in

stressful laboratory situations (e.g., Campbell et al., 2001; Collins & Feeney, 2000; Dewitte et al., 2010).

Additionally, the current study's results did not reveal any statistically significant partner effects of support providers' hyperactivation or deactivation on moderating the link between support seekers' perceived levels of stress and their desire to be with the support provider during the stress experiment (Model 2). One explanation could be that in anticipating inadequate support from their partners, support seekers with support providing partners who are more insecure or who tend to provide ineffective caregiving may tend to rely on more indirect support seeking strategies, such as sulking or hinting (e.g., Collins & Feeney, 2000), rather than directly manifesting a greater or lower desire to be in the presence of the support provider. Finally, it is also possible that individuals' support seeking may be influenced by one's own dispositional tendencies to a greater extent than those of their partners. This would be consistent with findings from a correlational study by Sachdev (2006), who found that most support seekers' perceptions of their partners characteristics, including their partner's romantic attachment, were not linked to their support seeking behaviors, and that even those that were linked (e.g., perceptions of partner's relational competency) were not as important as their own attachment in influencing support seeking behaviors.

Support providing

Regarding individuals in the support provider role, the current study's results surprisingly indicated no significant association between their perception of the support seeker's level of stress and their desire to be with the support seeker during the stress experiment (Models 3 and 4). It is to be noted that support providers overall reported a high desire to be with the support seekers during the stress experiment. Considering that reporting one's own desire to accompany the partner during a stressful task reflects a prosocial behavior, is it possible that social desirability may have inflated support providers' scores on this item (Sassenrath, 2020). Additionally, in order for a support provider to provide responsive support that is appropriate to the situation, this requires not only effective skills, but also access to cues, such as verbal and non-verbal cues (Collins et al., 2009). As such, it is possible that the non-significant link between the support providers' perception of the support seekers' stress and their desire to be with the support seeker was in part due to the fact that the support provider and support seeker were in two different rooms. This prevented the support providers from accessing the support seekers' verbal or non-verbal hints to help them understand the experience of their partners and to help

inform their support providing decision. Finally, another explanation could be that, although the support providers' perception of support seekers' levels of stress was self-reported, this could be considered a partner variable, as it requires assuming the partner's psychological experience. Conversely, the support providers' report of their own desire to accompany the support seeker during the stress experiment represents an actor variable. The current study's findings indicated that support providers who reported greater hyperactivation reported a greater desire to be with the support seekers in the experiment (Model 3). As such, it may be that a support provider's own hyperactivation tendencies surpasses that of their perception of their partners' distress in influencing their own support providing desires (Collins et al., 2009).

Furthermore, as expected, the current study's results revealed one significant partner moderation effect, which indicated that as support seekers' deactivation increased, the link between the support provider's perception of the support seeker's stress and their desire to be with the support seeker during the experiment decreased (Model 4). This is consistent with both empirical and theoretical literature (e.g., Collins et al., 2009, Dewitte et al., 2010), suggesting that support providers', in particular those whose support seeking partners report greater levels of deactivation, may recognize that these support seekers tend to withdraw or want to be left alone when experiencing higher levels of stress. This finding is important, as it suggests that support providers may be able to discern their partner's needs (such as a need for proximity or distance) based on their partners tendencies (e.g., hyperactivation or deactivation) in some scenarios. It is possible that the same moderation effect was not found for partner hyperactivation, given that the literature suggests that individuals with higher levels of anxiety tend to report more contradictory behaviors of support seeking than individuals with high levels of avoidance (e.g., see Sachdev, 2006 for a review). For example, they may at times desire increased proximity to their partners, and increased distance at other times, due to their conflicting need for closeness with their partner, as well as their coexisting resentment toward their partner's lack of availability to their liking. This can ultimately make it difficult for a support providing partner to estimate their partner's desires.

Limitations and future research

First, our sample was mainly comprised of young adults in mixed-sex relationships, who had no children, who identified as Caucasian, and who were highly educated, which limits the external validity of our results to other populations. Although couple's personal and relational characteristics did

not play a statistical role in understanding the current study's models, future studies could continue to explore whether such models might hold across samples of couples who differ on these characteristics by developing research designs that allow for such comparisons (e.g., recruiting a large samples in which half the participants have children and the other half don't). Second, although the directionality of the associations between the study variables was generally inferred based on Attachment theory, the correlational nature of our study limits causal inferences. Third, due to having used self-report measures, the responses may be biased. Future studies could incorporate observational methods to assess support providing or seeking through communication or behaviors. Fourth, it is important to acknowledge that although we used a standard stress-induction procedure for couples (e.g., Simpson et al., 1992, 2002), support seekers in our study generally reported moderate to low levels of stress during the experiment. Therefore, it is possible that this procedure did not generate enough stress in certain participants to activate their attachment and caregiving systems. Fifth, although our measures of support were inspired by those used in previous similar research protocols (Mikulincer et al., 2005), it is possible that participants' desire to accompany their partners during the experiment reflected their curiosity regarding the experimental procedures, rather than a desire to support their partner. Future studies using similar protocols may want to consider specifying the nature of the desire to accompany the partner (i.e., to offer support). Finally, considering the stressful context consisted of a specific in-laboratory scenario, this may not be generalizable to other stressful contexts encountered by couples in their daily lives. Thus, future studies could explore the pertinence of similar models in other stressful situations, including some that may be closer to relationship stressors (e.g., discussing a common source of relationship distress, infidelity threats, coparenting). Conversely, future studies with the aim of to continuing the examination of similar specific laboratory scenarios could explore the possible impact of other variables that are closely linked with the specific context, such as experimental conditions reflecting proximity vs distance (e.g., anticipating the presence of the partner during the experiment vs being told the partner will not be allowed to come). Given that attachment theory applies to all close relationships, testing similar models across other family relationships (e.g., parent-child, siblings) could also be particularly interesting.

Implications

The current study is particularly important to understand the links between stress and support which enrich our understanding of attachment theory.

Although the study's scope was not to test any interventions or practices, the results correspond with existing clinical models of change. For instance, Emotionally Focused Therapy (EFT) for couples emphasizes the negative interaction patterns that are present in distressed couple relationships and conceptualizes them in terms of emotional disconnection and insecure attachment (Johnson, 2019). When one's attachment system is activated in times of stress, insecure individuals have a tendency to use secondary attachment strategies (i.e., hyperactivation or deactivation), rather than primary attachment strategies (e.g., acknowledging one's own attachment needs and correspondingly reaching out to the partner for help). Thus, rather than directly seeking support from the partner and having their nervous system be calmed by the support providing partner, those who generally use secondary attachment strategies are left with distress and limited abilities to engage constructively with their partner. As such, EFT provides a space through which a clinician can help reduce the use of such strategies and develop secure bonding events, ultimately increasing mutually responsive interactions and emotional connection between the romantic partners.

Conclusions

The current study sought to further explore the complex, yet fundamental commonality to all relationships, support between romantic partners. The couple relationship is a privileged place for partners to coregulate and process stresses both internal and external to the relationship. This relationship can be a safe haven where partners are attachment figures to each other, and, as a result, become an important source of proximity, security and comfort. It is a unique context in which distressed partners may alleviate each other's distress and soothe their activated attachment systems in times of stress. The current study's findings highlight that when romantic partners experience stress, they generally desire to seek support from their romantic partner. Beyond this, the current study's results also highlight that general support seeking and providing tendencies (i.e., dispositional attachment and caregiving) is also directly linked to support seeking and providing to and from a romantic partner in specific contexts of stress. Moreover, the current study's results highlight the complementary functions of the attachment and caregiving systems through the fact that they can be combined in a manner to generate empirically coherent components of nonoptimal hyperactivation and deactivation, and that the exploration of these constructs leads to results similar to previous research. While we encourage practitioners to consider such findings to inform clinical work, we also believe that continuing to conduct research exploring the

combination of the attachment and caregiving systems deserves merit and, therefore, encourage future studies to so.

Disclosure statement

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