The Evaluation of the Relationships Between Marital Adjustment, Attachment Styles, Temperament and Character Features

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SUMMARY

Objective: The aim of the study was to investigate the relationships between marital adjustment and demographics, attachment styles, temperament, and character profiles of the couples.

Method: The study group included 25 couples that presented to a psychiatry clinic with marital problems and 25 couples without marital problems and those who were not diagnosed with any psychiatric disorder as the control group. Structured Clinical Interview for DSM-IV Disorders, Structured Clinical Interview for DSM-III-R Axis-II Personality Disorders, Temperament and Character Inventory, Birtchnell Marital Partner Evaluation Scale, and Experiences in Close Relationships Inventory were used. Sociodemographic and some marital characteristics were recorded on a separate form.

Results: It was found that the men and women in the study group thought of each other as less reliable than the controls. Men were more detached and controlled by women and women were more dependent on men. Attachment styles of women in the study group were avoidant and anxious while men had higher scores in the avoidance dimension. In the study group, women received higher scores for harm avoidance, sentimentality, congruent second nature and lower scores for empathy subscales, while men received lower scores for attachment, self-forgetfulness, self-transcendence and higher scores for congruent second nature. Overall, 48% of the women in the study group were found to have depression.

Discussion: We found that men and women couples with marital problems were different from controls in the way they evaluated each other, and these differences were related to temperament, character and attachment patterns.

Key words: Marriage, adjustment, adult attachment, temperament, character

INTRODUCTION

The marriage of couples who can mutually communicate come to a consensus on issues related to marriage and family and resolve their problems in a positive way is defined as adjusted (Erbek et al. 2005a). Studies on marriage adjustment have shown various results regarding the areas adjustment disintegrates and, in general, personality structures of the couples, attachment properties, quality of sexual life between the marital partners, physical and mental states of the marital partners, and sociodemographic features that may influence the marriage have been investigated (Erbek et al. 2005a, Erbek et al. 2005b, Gülsün et al. 2009).

Attachment theory was developed as a result of the studies of John Bowlby and Mary Ainsworth and was influenced by Freud and other psychoanalytical thinkers (Bretherton 1992). The attachment system studied by Bowlby is explained over four behavior styles observed as basic in the relationship between the infant and the caregiver; intimacy seeking and the need to maintain the intimacy, protesting separation, using the caregiver as a safe base for activities such as discovery, and using the caregiver as a safe haven for support and safety

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(Mikulincer and Erev 1991, Shaver and Mikulincer 2004). It is thought that attachment characteristics are closely related to the behavior manners of an adult life. In a study where the influence of attachment characteristics of lung cancer patients and their marital partners on the marital partner adjustment are studied, it is stated that an avoidant and worried attachment style is related to depression and deterioration in marital quality. Also, it is reported that a higher level of anger and depression is encountered in care-giving marital partners of patients having avoiding attachment characteristics (Porter et al. 2012). In another study, emphasis is also place on the attachment characteristics that are also influential in the mourning following the loss of a marital partner (Mancini et al. 2009).

Although the Temperament and Character Inventory (TCI) is used to determine the temperament and character features that accompany many psychiatric disorders, not many studies are encountered in the literature in which marital relation is mentioned or TCI is used. For instance, when four temperament and three character components of the scale are considered, it is seen that each has aspects that play a role in the maintenance of the relation systems in marriage. In a study carried out by Kansız and Arkar (2011) Dyadic Adjustment Scale and TCI have been used and it has been reported that a positive correlation exists between marital adjustment and the temperament aspect of reward dependence.

The aim of this study was to explain the effects of temperament and character features of the marital partners and the attachment patterns on marital adjustment. While there are many studies in the literature that assesses various features related to marital adjustment, this is the first study in the knowledge of the authors that investigates the relationship of the attachment patterns with temperament and character features as well as marital adjustment.

METHOD

Selection of the Study and Control Groups

Twenty five couples that applied to the Gazi University Faculty of Medicine Psychiatry Department for marital problems were included in the study. Patients who were not literate, suffered from mental retardation, had physical and mental illnesses that required long-term care (cancer, diabetes mellitus causing functionality loss, schizophrenia, etc.), with major organ loss, and patients who applied for help but the spouses of whom did not attend the interview were excluded from the study. Structured Clinical Interview Scale for DSM-IV (SCID-I) and Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II) were applied to the couples included in the study in the first interview by the first author and they were asked to complete the Temperament and Character Inventory. Sociodemographic data and some features of the quality of the marital relationship were recorded in the survey prepared for this purpose. In the second interview a week later, the Birtchnell Marital Partner Evaluation Scale and Experiences in Close Relationships Inventory were applied. No special attention was given to primacy and recency effects, but care was taken to apply the same scales in the same interview and to ensure that the spouses were in separate rooms when filling out the scales so that the spouses would not be influenced by each other's assessments.

The control group consisted of 25 couples that did not describe continuing marital problems. The participants were accessed through oral invitation informing the hospital staff and their relatives about the study. Matches were made between the study and control groups with regards to age, education, marriage duration, and number of marriages. Since problems with marital adjustment were also observed in couples having psychiatric problems, psychiatric interviews were made with the couples in the study group to achieve a more homogeneous group. Also, couples that were diagnosed psychiatrically and had a present psychiatric disorder or were under treatment were excluded from the study. All participants were informed and consent forms were obtained.

Data Collection Tools

Patient data form: The form prepared by the authors included information related to the sociodemographic and marital features.

SCID-I *(Structured Clinical Interview for DSM-IV):* The version of the clinical interview, which was developed for DSM-IV to diagnose the disorders listed in DSM-III-R (Spitzer et al. 1987) and the validity and reliability which were tested for Turkey by Çorapçıoğlu et al. (1999), was used.

3. SCID-II *(Structured Clinical Interview for DSM-III-R Axis II Personality Disorders):* This was developed to determine the diagnosis corresponding to Axis II disorders in the DSM diagnostic system (Spitzer et al. 1990). The first version was developed for DSM-III-R and this version was used in this study. It contains 120 questions. The Turkish validity and reliability study was carried out by Sorias et al. (1990).

4. Birtchnell Marital Partner Evaluation Scale (BMPES)*:* This is a scale prepared by Birtchnell (1988) that allows the marital partners to assess each other. The aspects examined are dependence (DP), detachment (D), controlling (C), and reliability (R). It is suggested that the G aspect contains features that increase the marital adjustment while the aspects C, D, and DP shall constitute an obstruction to maintain an adjusted marriage. Both forms consist of 90 expressions and it is asked from the spouses to answer "yes", "no" or "indecisive" while thinking of each other. Some of the questions are scored straightly and others in reverse, and the answer 'indecisive" does not receive any points (Büyükşahin 2004). The point

taken from each aspect in the assessment shows the extent the features of such aspects are met. BMPES was translated into our language and studied for validity and reliability by Kabakçı et al. (1993). Since the assessed sub-aspects are related to the attachment features established by the Experiences in Close Relationships Inventory, this scale was chosen.

5. Temperament and Character Inventory (TCI): Starting from the assumption that the features established by TCI are congenital features, this scale was chosen since it may provide opinions about pre-marital temperament and character features and therefore minimize the possible effects of the marital problems on character features. TCI is a scale consisting of 240 questions and is answered by the patient as "yes" or "no". It was prepared by Cloninger (1994) and the studies for validity and reliability in Turkey were carried out by Köse et al. (2004). It consists of four temperament aspects: Novelty Seeking (exploratory excitability, impulsiveness, extravagance, disorderliness), Harm Avoidance (anticipatory worry, fear of uncertainty, shyness with strangers, fatigability and asthenia), Reward Dependence (Sentimentality, Attachment, Dependence), and Persistence. The three character features assessed are Self-Directedness (responsibility, purposefulness, resourcefulness, self-acceptance, congruent second nature), Cooperativeness, (social acceptance, empathy, helpfulness, compassion, integrated conscience), and Self-Transcendence (self-forgetfulness, transpersonal identity, spiritual acceptance). In the assessment of the scale, the point for each character and temperament feature is obtained from the sum of the points for the sub-articles inside such feature. In the assessment, both the points of character and temperament features and the points scored from the titles under each feature.

6. Experiences in Close Relationships Inventory (ECRI): The scale developed by Brennan and Shaver (1998) measures the anxiety experienced in close relationships with two basic attachment aspects and abstaining from other. It includes 36 articles, 18 for each aspect. The participants use seven-digit scales to access the extent to which each article describes them (1= does not describe me at all; 7= describes me completely).

Brennan and Shaver (1998) showed that the adult attachment behaviors were defined in two basic groups: *anxiety* experienced in close relationships and *avoidance* of intimacy with others as a result of the factor analyses. It was suggested that four attachment styles should be formed with the set analysis method carried out on these two aspects. Since the number of patients in our study is not sufficient to enable us to make comparisons that are statistically significant when they are divided into four attachment styles, a quadratic attachment model was not created and attachment features were studied in anxiety and avoidance aspects. The fact that ECRI can be used in this manner and still give significant results was stated by the researchers who translated the scale into our language (Sümer and Güngör 1999, Sümer 2006). Validity and reliability in Turkish has been tested (Sümer and Güngör 1999).

Statistical Analysis

The statistical assessment was carried out in the program "SPSS for Windows 11.5". In the comparison of the total and sub-scale points of TCI, BMPES and ECRI with regards to the ages of men and women, incomes, and marriage durations, t-test was used for independent examples; Mann-Whitney U-test for the comparisons for number of living children; chi-square and Fisher tests for comparisons of categorical data. The relations of three scales and their subscales were assessed with Pearson correlation analysis for the women and men in the control and study groups separately. Also, in the women and men comparisons in TCI, ECRI and their subscales separately for each group, r-test was used for independent samples and the correlations between men and women were assessed with Pearson correlation analysis for BMPES. In the assessments, statistical significance was set as $p<0.05$.

FINDINGS

Sociodemographic features

No statistically significant differences were found between the participant couples having marital problems and the control group with regards to the independent samples in the data for age, average income, marriage duration, number of marriages, and number of children according to t-test and with regards to education according to chi-square test (Table 1).

The number of couples that have elders in addition to the nuclear family in the study group (44%) was found to be statistically significantly higher than the control group (16%) ($p=0.02$). When the gender of the marital partner who made the initial application is considered, it was observed that women had made the application in 22 (88%) of the couples and three of the men (12%).

Diagnosis distribution made with SCID-I and SCID-II

The SCID-I and SCID-II results of the women and men in the study group are shown in Table 2.

TCI Data

The women and men in the study and control groups are compared amongst themselves. The TCI data are shown in Table 3.

BMPES and ECRI Data

The scores of the study and control groups in BMPES and ECRI are shown in Table 3.

Relations between BMPES and Other Scales

In the comparisons made by Pearson correlation analysis, a significantly positive correlation exists for the women in the control group between the reliability subscale of BMPES and anxiety subscale of ECRI (r=0.528, p<0.001), and a negative correlation between the persistence subscale of TCI (r=-0.403, p=0.044). For men, a significantly positive correlation exists between the reliability subscale of BMPES and persistence subscale of TCI (r=0.415, p=0.048).

A positive correlation exists for the women in the study group between the reliability subscale of BMPES and harm avoidance subscale of TCI (r=0.500, p=0.040) and a negative correlation between self-directedness (r=-0.649, p=0.03) and cooperativeness (r=-0.456, p=0.048) subscales. For men, no statistically significant correlation was observed between the subscales of BMPES and the other scales. The correlation values between BMPES and other scales are shown in Table 4 for the study and control groups.

Relationships between the BMPES Data for Women and Men

The correlation between the scores that the men and women scored in the BMPES subscales (their assessments of each other) was studied with Pearson correlation analysis. Accordingly, it was found that the scores exhibited a positive correlation that the men and women scored in reliability (r=0.649, p=0.042), dependence (r=0.602, p=0.038), and controlling (r=0.630, p=0.046) subscales. When the study group is considered, a positive correlation was established for all the points in all the subscales; that is reliability (r=0.530, p=0.031), dependence (r=0.558, p=0.024), controlling (r=0.500, p=0.020), and detachment (r=0.428, p=0.018).

DISCUSSION

It has been observed that the women in the study group that applied because of marital problems described their marital partners less reliable, more controlling, and very detached with regards to their relationship compared to the women in the control group. Also, the men in the study group assessed their marital partners as more dependent. When the correspondence of the assessments made by men and women for each other in BMPES is considered, it is determined that such a correspondence is observed in all the sub-titles except for detachment of the control group and that a correspondence exists in all the sub-titles for the study group., While the perception of the marital partners with each other varied, when compared with the control group the men and women's perception of each other within the marriage were similar. This shows that the marital problems of the couples in the study group are perceived and accepted both by men and women.

In our study, it comes to attention that a majority of the patients seeking help because of marital problems consists of women. This result may be related to the fact that women constitute the majority of polyclinic admissions. In both studies in which various demographic features of patients applying to psychiatry polyclinics in our country were studied, it was reported that a majority of the applicants were female (Güleç Öyekçin 2008; Tümkaya et al. 2005). In our study, a diagnosis of depression was made for all the male applicants and 48% of the female applicants having marital problems. It may be believed that the psychiatric disorders that the women suffer from, especially depression, may be the reason for them seeking help.

The results of the studies investigating the relations between psychiatric problems and marital adjustment vary. In a study by Birtchnell and Kennard (1983), it is emphasized that whether the problems in the marital relationship cause the psychiatric disorders or vice versa cannot be determined (Birtchnell and Kennard 1983). However, it is evident that it is difficult to maintain a marriage in the presence of a psychiatric disorder (Pehlivan 2006). Kim (2012) states in a study he conducted on Korean-American married couples that there exists a negative correlation between marital adjustment and depressive symptoms. Whisman and Uebelacker (2009) state in a prospective study carried out on middle-aged and older couples that the initial depression levels predict non-compatibility in the marital relationship and that there is a bi-directional correlation between depression and marital adjustment. Nevertheless, the presence of present and past psychiatric disorders was established as an exclusion criterion for the selection of the control group in our study pattern. For this reason, the effects of the presence of psychiatric disorders cannot be discussed in comparison with the control group and only assumptions are made on their effect in the study group.

Women that stated they were having marital problems were found to have significantly higher anxiety and avoidance scores in their close relationships compared to the women in the control group. However, it is impossible to determine with the existing data how independently from the disorders in Axis I, the attachment features influence marital adjustment. There are studies in the literature showing that such interactions occur multi-dimensionally. For instance, in a study where the adult attachment styles affect the relation between depressive symptoms and marital adjustment, it is suggested that insecure attachment makes the people with a bad marital relationship prone to depression (Scott ve Cordova 2002).

It is known that people exhibiting attachment of the avoidance type also avoid problems and seeking solutions. In our study, therefore, it may be said that men do not think they have problems in their marriage as much as women and do not make psychiatric applications. Shi suggested that those having a reliable attachment style develop behavior for

satisfactory conflict resolution while the avoiding ones avoid from conflict-resolving behaviors (2003). The studies show that the some couples with avoidant communication patterns may have an acceptable adjustment or that they may maintain a quality marriage (Erbek 2005a). Mikulincer and Erev (1991) stated, on the contrary, that marriages of couples having avoidant attachment style are also without adjustment. However, the distribution of the effects of the attachment styles on the relationship for both genders is not clear. In two of the studies carried out on this issue, it is stated that no significant difference exists between the attachment styles of men and women (Marchand 2004, Shi 2003). Nevertheless, it may be considered that even when the men and women together have the same attachment styles, behaviors of both lead to an interpretation of the encountered problem and ultimate resolution. The identities of men and women perceived within the social structure and the roles socially attributed to both genders play a role defining both the identity developments and attitudes within the relationships of the individuals. Gender roles are the behavior patterns that the society expects from men and women (Akçam 1996). Traditionally, masculinity is identified with attributes such as independence, assertiveness, competence, competition, and superiority while femininity is identified mostly with attributes such as charitableness, compassion, care-giving, and warmth (Damarlı 2006). When viewed from this point of view, the templates of woman "who should be supported" and man "who should be supportive and strong" seems to be related to the problems influencing the marital adjustment. Also, it still remains uncertain whether the individuals experience problems in their marriage because of their attachment styles or it becomes difficult to handle the problems in their marriage because of their attachment styles.

In the studies carried out with TCI, it is generally stated that people diagnosed with depression have lower points in novelty seeking and self-directedness and higher points in harm avoidance compared to controls (Lee et al. 2012). Therefore, the fact that the women in the study group have higher points in harm avoidance may be related to depression. It is seen that the value for congruent second nature (sub-feature of self-directedness) is high for both men and women in the study group. The articles corresponding to the congruent second nature assess whether or not the person makes use of his/her inner resources more effectively with the person knowing himself/herself better as a result of various life experiences. The fact that the points for this sub-title are high for both men and women in the study group may reflect the adjustment aimed at handling continuing problems.

Empathy scores for the women in the study group were found to be significantly lower compared to the control group. In their study, Tutarel-Kışlak and Çabukça (2002) determined that there was no difference between the levels of empathic trends and also stated that the empathy level predicted the marital adjustment. In a study where the relationships between empathy, forgiveness, and marital quality were investigated, it was commented that empathy predicted the forgiveness and forgiveness predicted the marital quality in marriage relationships (Paleari et al. 2005). Nevertheless, it is debatable whether this difference determined in TCI should be handled as a direct character feature or it should be seen as a result that the people experiencing dissatisfaction and disappointment in the marital relationship and who are in a depressive emotional state turn upon themselves with sensations of desperation and pessimism and withhold their emotional investments from other people.

In men, the total points for attachment (sub-aspect of reward dependence), self-loss (sub-aspect of self-transcendence), and self-transcendence were found to be significantly lower in the study group than the control group. In a study by Kansız and Arkar'ın (2011), it was stated that a positive correlation exists between reward dependence and marital satisfaction, although the distribution of sub-aspects were not given. This result seems consistent with the low attachment points for the men in the study group. It is believed that individuals with a reliable attachment, which is considered a positive aspect with regards to marital adjustment, possess features such as showing intimacy, exhibiting confidence, optimism, and handling problems. It is possible to say that the lowness of the attachment points, which suggests the insufficiency of such attributes, is in a one-to-one correlation with marital problems. Accordingly, it was seen that men scored significantly higher points in avoidance aspect than the control group in ECRI. Individuals with an avoidance type of attachment are people that avoid emotional attachment and deny the attachment needs of the people they are in a relationship with and themselves (Hazan and Shaver 2000, Oral 2006, Gostecnik et al. 2009). Also, according to BMPES data, the men in the study group defined their marital partners as more dependent compared to the men in the control group. Accordingly, the fact that couples have marital adjustment problems, men exhibit attachment styles of the avoidant type, that their attachment points are low in TCI, and that they define their marital partners as dependent are seen as interrelated and overlapping results. In our study, the results obtained regarding the TCI data bring to mind that some features may have developed as a result follow the problems in the marital relationships; however, more data and studies are required to discuss such duality.

Even though we made used of the differences between the study and control groups determined in the ECRI regarding the attachment styles in the interpretation of the assessments made by the marital partners about each other in BMPES, when the correlation analyses were carried out amongst the scales, no statistically significant correlations were observed within the BMPES and ECRI sub-titles for both men and women. In this case, it was thought that the fact that the scales did not have a cut-off point within themselves and

that they were assessed through comparison with the control group may have had an effect. Another possible explanation is that our sampling group was not sufficiently large.

In our study, a difference obtained in the relationship with the sociodemographic features was related to the presence of another individual other than the nuclear members of the family in the house. It is possible to say that family members other than the marital partners and children have various effects as a subsystem on the other subsystems in the family. Goldenberg and Goldenberg (1996) claim that the fact that the borders within the subsystems of the family are unclear has negative effects on a marriage. In a study they made on the effects of being a bride in a large family, Özçetin et al. (2007) determined that brides scored worse in the subscales of Family Assessment Scale, such as communication, roles, giving emotional reactions, and behavior control, compared to women in nuclear families. Since the main subject investigated in our study was the marital adjustment, it may be thought that the differences determined with the Family Assessment Scale are related to marital problems. Nevertheless, it is not possible to discuss the relationship of the difference between the rates of having an elder other than the nuclear family members in the house with marital problems in the study and control groups with the data at hand.

Our study has some limitations. The most important one is that the number of people in the study and control groups is small. The smallness of the sampling makes it impossible to carry out more detailed statistical analysis on some aspects (such as the comparison of the people having or not having psychiatric disorders). Also, the validity and reliability of the data obtained are reduced. The second limitation is related to the study pattern; the exclusion of psychiatric disorders in the control group prevents the comparison of the study group and the control group with regards to psychiatric disorders. Nevertheless, the fact that there are a small number of studies in the literature investigating the effects of the attachment styles and temperament and character features on marital adjustment together, that the characteristics of adult-era attachment consider the assessment by marital partners of each other and, as a result, its effect on the marital relationships, and that problems related to marital adjustment have an important place in psychiatry clinics make the study significant.

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