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REVIEW ARTICLE

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# Attachment and social support in romantic dyads: A systematic review

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## Abstract

**Objective:** Taking a dyadic perspective, this systematic review examined the relationship between attachment constructs and differences in support behavior in romantic couples.

**Method:** Four databases were searched including PsychINFO, Embase, OVOID MEDLINE, and AMED. Out of 2,401 unique references, 43 met the study inclusion criteria.

**Results:** The review findings offer validation for an attachment-based model of support processes in couples. Maladaptive support behaviors were more likely to occur when one or both members of a romantic dyad had an insecure attachment. Individuals with an avoidant or anxious attachment were more likely to provide poor quality support, and when receiving support, to interpret it in a negative manner.

**Conclusion:** We recommend therapeutic interventions to help individuals with insecure attachments to follow more adaptive ways of support seeking, so social relationships are more able to offer a buffering effect against the development of mental health problems.

KEYWORDS
adult attachment, anxiety, depression, dyads, romantic couples, social support

## 1 | INTRODUCTION

Attachment behavior can be defined as any behavior that one elicits with the goal of attracting a defined person (attachment figure) deemed better able to deal with the world, to move closer to, and to offer care and comfort (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988). Adult attachment has been conceptualized as either a categorical style (Bartholomew & Horowitz, 1991) or as a continuous measure along the dimensions of attachment

  

avoidance and attachment anxiety (Brennan, Clark, & Shaver, 1998). Individuals with low levels of attachment avoidance and anxiety have a secure attachment, characterized as having trust in others and valuing intimacy (Mikulincer & Shaver, 2007). Accordingly, insecure attachment is expressed by high levels of anxiety, avoidance, or both. Hazan and Shaver (1987) propose that romantic partners can function as attachment figures and can become a source of comfort and felt security for the other member of the relationship. Attachment to romantic partners is often conceptualized as a stable characteristic, based on how an individual feels regarding their typical experiences toward romantic partners, both past and present (Rholes & Simpson, 2004b). However, Barry, Lakey, and Orehek (2007) recommend making a distinction between measures of generalized attachment relationships, and relationship-specific measures of an attachment with a single individual. Attachment which is generalized across relationships is thought to represent a stable, trait-like construct. However, an attachment to a specific individual, such as a husband or wife, is believed to characterize a person's relationship, which is a social construct rather than an individual difference.

## 1.1 | Social support

Social support is multifaceted construct, and as such conceptualizations of support vary within the literature, underpinned by the many different theoretical and methodological approaches to studying social support. Nevertheless, many studies make distinctions between the enacted support of a support provider, and the behavior of support recipients, such as support-seeking, and perceptions of received support. Support transactions are dynamitic in nature and typically involve an interpersonal transaction comprising a number of support behaviors. For example, one person may request support, and another may provide the support. In addition, the roles of an individual within a support transaction can be interchanging, particularly when a stressor or problem concerns both members of a dyad, such as a romantic relationship. Under such circumstances, a person may function as a caregiver who provides support and also a recipient who receives support. When evaluating the effectiveness of received support Rini and Schetter (2010) suggest researchers must consider the extent to which providers meet the needs of recipients in terms of the quantity and quality of support. For example, receiving either too much or too little support has been shown to have negative consequences for mood and relationship satisfaction, whereas adequate support which matching the support needs of recipient is association when positive outcomes (Bar-Kalifa & Rafaeli, 2013; Brock & Lawrence, 2009; Lorenzo, Barry, & Khalifian, 2018).

## 1.2 | Attachment as a caregiving system

Attachment theory conceptualizes support provision as caregiving, which exists to provide protection, feelings of security, and support to others in need of assistance (Bowlby, 1969; George & Solomon, 1996). A caregiver may call upon a range of behavioral strategies aimed at promoting another person's wellbeing, re-establishing their felt security, and supporting their coping efforts, with the overall goal of deactivating the care recipient's attachment behavioral system. However, not all partners are effective caregivers, and attachment theory is a useful paradigm for revealing individual differences of support provision.

Self-report studies reveal that adult attachment is associated with a unique pattern of caregiving (Carnelley, Pietromonaco, & Jaffe, 1996; J. A. Feeney, 1996; Kunce & Shaver, 1994). For example, securely attached individuals provide high levels of responsive caregiving, and relatively low levels of compulsive and controlling caregiving. Responsive caregiving is characterized by showing empathy and sensitivity toward a partner's signals of distress, and a willingness to offer comfort, reassurance, and affection corresponding to the needs of the partner (Mikulincer & Shaver, 2005). Alternatively, individuals with an avoidant attachment tend to exhibit discomfort and disinterest in helping, and have difficulty understanding their partner's feelings (P. Shaver & Mikulincer, 2002). For example, individuals with an avoidant attachment express a preference for deactivation (i.e., disengage) caregiving strategies, which involve the withdrawal of support in response to a care seeker requesting physical or emotional

proximity. Individuals who score high on the dimension of attachment anxiety are more inclined to exaggerate appraisals of other people's support needs, thus triggering a hyperactivation of their caregiving system. Hyperactivation caregiving strategies include a self-focused need for excessive emotional involvement in a partner's problems, specifically; intrusive, controlling and poorly timed support provision, often incongruent with the care seeker's needs (Mikulincer & Shaver, 2007).

## 1.3 | Attachment and perceptions of received support

Attachment styles and dimensions not only shape enacted support transactions; they also bias caregiving preferences, and how care recipients subjectively interpret enacted support experiences. Disappointment with support provision, even for well-intended support provision, can lead to personal distress manifested as depression, anger, or anxiety (Shrout, Herman, & Bolger, 2006). Findings suggest that individuals have unique support needs and preferences regarding the amount of support they desire from their partners (Gardner & Cutrona, 2004). Therefore, more support is not always desirable, specifically if the type of support being provided does not match the situational context or the needs of the support recipient. Some support recipients are inclined to interpret enacted support attempts as unhelpful, even on occasions that support provision may appear to be responsive and sensitive to their situational needs (Collins & Feeney, 2000; Pierce, Baldwin, & Lydon, 1997). For example, individuals with an avoidant attachment tend to prefer support which de-emphasizes dependence, emotional vulnerability, and intimacy, whereas anxiously attached individuals favor partners who conceal their discontent and accentuate love, future support, and commitment. Support recipients with an anxious attachment display a need for intimacy and approval and are sensitive to threats of rejection, which explains why they tend to evaluate support attempts negatively (Mikulincer & Shaver, 2005).

## 1.4 | Attachment and help-seeking

Finally, attachment styles and dimensions may also help explain individual differences in support-seeking behaviors. Support seeking refers to the tendency of an individual to ask for help in times of need. Not everyone seeks help, and individuals can vary according to their inclination to ask for help and with regard to the strategies they may use to seek help. For example, internal working models influence expectations of responsiveness and reliability in others and how individuals differ in terms of their comfort with intimacy met with compassion and understanding (Bowlby, 1969; Mikulincer & Shaver, 2007). These factors are important because help-seeking involves vulnerability and a person is more likely to seek support if they are confident their efforts will be met with compassion and understanding. In general, secure individuals are more likely to use support seeking as a coping strategy than insecure ones, who are associated with maladaptive support-seeking strategies (Collins & Feeney, 2000). For example, individuals high in the dimension of attachment avoidance display less overall support-seeking behavior and less effective support seeking. This is in contrast with individuals high in attachment anxiety, whose attachment system is prone to hyperactivation during times of stress, whereby emotions can become amplified, and overdependence on others is increased (Mikulincer & Shaver, 2003).

## 1.5 | Aim of the review

This systematic review aims to examine the relationship between attachment and support in romantic dyads. The primary research question to be addressed in the review is: To what extent are the different attachment styles or dimensions associated with support behaviors, such as support seeking, support provision, perceptions of received support, and perceived support availability? By systematically examining support from an attachment theory perspective, we will examine (a) how the attachment of an individual within a romantic dyad influences the support behavior of their partner; and (b) how couples with particular attachment pairings (e.g., more anxious caregiver

with a more avoidant partner) manage support transactions. This is pertinent, as although attachment theory predicts how support behavior is shaped by an individual's sense of security, there is limited evidence to show how this is influenced by the attachment style the partner. For example, attachment representations may lead to the amplification or attenuation of the recipient's perception of support depending on the attachment of the support provider. Existing studies will be reviewed regarding the extent of dyadic analysis undertaken, and suggestions provided for future research that may overcome existing methodological limitations.

## 2 | METHOD

To ensure its methodological quality, our systematic review was designed and reported to be consistent with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations (www.prisma-statement.org).

### 2.1 | Selection criteria

Studies that met the following criteria were included: (a) empirical studies of couples (of any gender) who are in a committed romantic relationship, whether married or not; (b) measurement of the association between adult attachment and support in the context of this relationship; (c) the article was a full report published in English; and (d) the articles were reports of empirical studies published in peer-reviewed journals, dissertations, review papers, and conference presentations.

### 2.2 | Search strategy

A systematic computerized search was performed for publications that appeared between 1974 and 2018 in English language journals. Four databases were searched including PsychINFO, Embase, OVOID MEDLINE, and AMED. The databases were searched with combinations of search terms relating to attachment ("attachment" OR "working model*" OR "safe haven" OR "secure base" OR "felt security") AND romantic couples ("dyad*" OR "couple*" OR "spous*" OR "partner*" OR "romantic" OR "wife" OR "husband" OR "close relationship" OR "interpersonal" OR "intimate" OR "mari*") AND social support ("support prov*" OR "caregiving" OR "support giv*" OR "social support" OR "enacted support" OR "support received" OR "receiv* support*" OR "prov* support" OR "dyadic coping" OR "interpersonal coping" OR "collaborative coping" OR "help-seeking" OR "emotional support" OR "tangible support" OR "instrumental support" OR "perceived support" OR "responsive*" OR "buffer*" OR "partner support" OR "Support avail*" OR "available support"). The reference lists of the retrieved studies were checked to find other relevant publications, which were not identified in the computerized database searches.

### 2.3 | Study selection

First, the search results from separate databases were combined, and any duplicates were removed. The lead author (S. M.) and a postgraduate researcher (F. N.) applied the described inclusion criteria in a standardized manner. First, both the titles and abstracts of the articles were evaluated for relevance. If, on the basis of the title and/or abstract, the study looked likely to meet inclusion criteria hard copies of the manuscripts were obtained. If there was doubt about the suitability of an article, then the manuscript was included in the next step. The remaining articles were obtained for full-text review, and the method and results sections were read to examine whether the article fitted the inclusion criteria. If there was doubt about the suitability of the manuscripts during this phase, then this article was discussed with another author (C. H.). Finally, the reference lists of the eligible articles were checked for additional relevant articles not identified during the computerized search. For the selected articles

($n$ = 43), the results regarding the relationship between attachment and support were included in this review (see Figure 1, for PRISMA flowchart).

## 2.4 | Quality assessment

The quality of the study was not an inclusion criterion; however, a study quality check was carried out. Two independent reviewers (S. M. and C. H.) rated studies that met the inclusion criteria to determine the strength of the evidence. The Effective Public Health Practice Project Quality Assessment Tool for Quantitative Studies was adapted to assess the methodological quality of each study (Thomas, Ciliska, Dobbins, & Micucci, 2004). The tool was adjusted to include domains relevant to the method of each study. For example, blinding was removed for nonexperimental studies. Following recommendations by Thomas et al. (2004) each domain was rated as either weak (3 points), moderate (2 points), or strong (1 point). The mean score across questions was used as an indicator of overall quality, and studies were assigned an overall quality rating of strong (1.00–1.50), moderate (1.51–2.50),

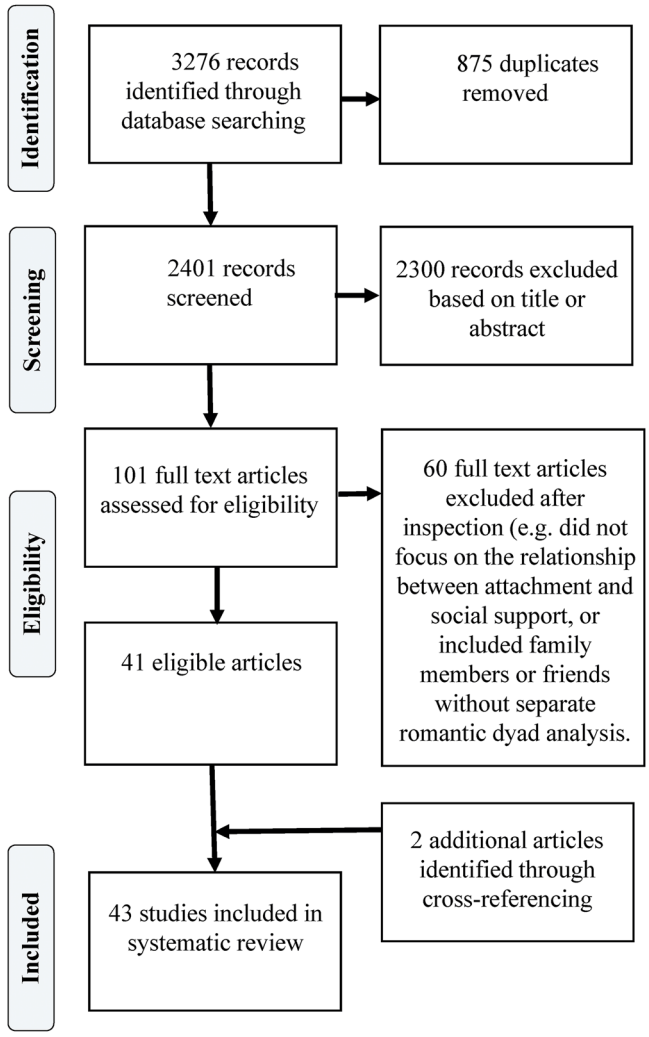


**FIGURE 1** Preferred Reporting Items for Systematic Reviews and Meta-Analyses chart of the study selection process

or weak (2.51–3.00). Lower scores represented studies of a higher quality. If there was disagreement regarding the quality rating of a paper, then this article was discussed between the two raters. See Table 1 for an overview of the quality ratings of articles included in the review.

## 3 | RESULTS

### 3.1 | Study characteristics

The 43 studies included in this review were published in 20 different journals, representing a range of subject areas, including attachment, personality, health, and family psychology. Publication dates ranged from 1992 to 2017, and three-quarters were published in 2006 or later ($n = 32$). Indeed, over half the studies ($n = 23$) were published during the past 5 years, reflecting the emerging nature of the topic. In general, studies varied considerably regarding their design, recruitment, and sample (see Tables 3–6). In total, there were 18 (42%) cross-sectional studies, 12 (28%) observational studies, seven (16%) longitudinal time series studies, three (7%) were daily diary studies, and the remaining three studies (7%) used an experimental design. For the diary studies, the study duration ranged from 10 to 21 days, and the longitudinal studies used either two ($n = 4$), three ($n = 1$), or five ($n = 1$) time points. Across the 43 studies, 25 (57%) were from North America, 6 (14%) were from Europe, 5 (11%) were from Israel, 3 (7%) from Australia, 2 (7%) from New Zealand, and 2 (4%) studies recruited from two countries, USA and Hong Kong. Sample populations varied greatly between studies, with 13 (30.5%) studies involved dating couples, 10 (23%) couples were married or cohabiting, 7 (16%) couples were recruited from a student population, 6 (14%) studies included couples where one individual had a health-related illness (including two cancer studies), 4 (9%) studies examined couples expecting a child, 2 (5%) studies comprised newlywed samples, and 1 (2.5%) study examined couples with children.

### 3.2 | Attachment measures

The studies used psychometrically valid questionnaires and interviews to measure attachment, conceptualized as either dimensional scores of attachment anxiety and avoidance ($n = 37$), or categorical, in terms of a specific attachment style ($n = 3$). Three studies used both dimension and categorical assessment of attachment and examined them independently with social support measures (J. A. Feeney & Hohaus, 2001; Simpson, Rholes, Oriña, & Grich, 2002; Simpson, Winterheld, Rholes, & Oriña, 2007). The most common measure of attachment was the Experiences in Close Relationship Scale (Brennan et al., 1998), the short form or its revised version (Fraley, Waller, & Brennan, 2000). Most studies measured adult attachment of close relationships or romantic partners in general ($n = 36$). In addition, one study independently measured attachment both to parents and to romantic partners in general (Simpson et al., 2007), one study assessed parental attachment only (Conde, Figueiredo, & Bifulco, 2011), and two studies combined attachment to general romantic partners and the current romantic partner to create a composite measure (Collins & Feeney, 2000, 2004). Finally, three studies measured attachment to an individual's current romantic partner rather than romantic relationships or close relationships in general (Davila & Kashy, 2009; J. A. Feeney, 1996; Monin, Feeney, & Schulz, 2012).

### 3.3 | Social support measures

The sample of studies included in this review employed both validated ($n = 24$) and nonvalidated ($n = 19$) instruments to assess specific components of social support (see Table 2, for validated measures). A total of nine validated instruments measured features of support provision; the most commonly used was the Caregiving Questionnaire (Kunce & Shaver, 1994). Instruments can be categorized with respect to how they have measured support provision (i.e., caregiving), namely hypothetical versus actual support transactions. For example, questionnaires on caregiving routinely asked individuals to appraise their general support skills, viewing support

**TABLE 1** Quality rating for the five domains of the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool for quantitative studies and the overall quality rating

| Author(s) | (A) Selection bias | (B) Study design | (C) Confounders | (D) Blinding | (E) Data collection | (F) Withdrawals | Quality rating |
|---|---|---|---|---|---|---|---|
| Braun et al. (2012) | M | W | S | (N/A) | S | (N/A) | (1.75) M |
| Brock and Lawrence (2014) | M | M | S | (N/A) | S | S | (1.4) S |
| Cobb et al. (2001) | M | M | W (NR) | (N/A) | M | S | (2.0) M |
| Cohen et al. (2005) | M | W | W (NR) | (N/A) | S | (N/A) | (2.25) M |
| Collins and Feeney (2000) | W | W | W (NR) | (N/A) | S | (N/A) | (2.25) M |
| Collins and Feeney (2004) | W | S | W | S | S | S | (1.66) M |
| Conde et al. (2011) | M | M | S | (N/A) | S | (N/A) | (1.5) S |
| Davila and Kashy (2009) | W | M | S | (N/A) | S | (N/A) | (1.75) M |
| Ditzen et al. (2008) | W | S | M | W | S | S | (1.6) M |
| Don and Hammond (2017) | W | W | W | (N/A) | S | (N/A) | (2.5) W |
| Eldredge (2004) | W | M | W | (N/A) | S | M | (2.25) M |
| B. C. Feeney and Collins (2001) | S | W | W (NR) | (N/A) | S | (N/A) | (2.0) M |
| B. C. Feeney et al. (2013) | M | M | S | (N/A) | S | M | (1.6) M |
| J. A. Feeney (1996) | W | S | W (NR) | (N/A) | S | S | (1.8) M |
| J. A. Feeney et al. (2003) | W | W | W (NR) | (N/A) | S | (N/A) | (2.5) M |
| J. A. Feeney and Hohaus (2001) | W | W | W (NR) | (N/A) | S | (N/A) | (2.5) M |
| Girme et al. (2015) | W | W | S | (N/A) | S | (N/A) | (2.0) M |
| Gosnell and Gable (2013) | W | M | W | (N/A) | W | (N/A) | (2.75) W |
| Howland and Simpson (2014) | W | W | W (NR) | (N/A) | S | S | (2.2) M |
| Hunter et al. (2006) | W | W | W | (N/A) | S | (N/A) | (2.5) M |
| Iles et al. (2011) | W | M | M | S | S | W | (2.0) M |
| Kane et al. (2007) | W | W | W (NR) | (N/A) | W | (N/A) | (3.0) W |
| Kim and Carver (2007) | M | W | W | (N/A) | S | (N/A) | (2.25) M |

(Continues)

**TABLE 1** (Continued)

| Author(s) | (A) Selection bias | (B) Study design | (C) Confounders | (D) Blinding | (E) Data collection | (F) Withdrawals | Quality rating |
|---|---|---|---|---|---|---|---|
| Kordahji et al. (2015) | W | M | M | S | M | S | (1.83) M |
| Kuan mak et al. (2010) | W | W | W | (N/A) | S | (N/A) | (2.50) M |
| Martin et al. (2010) | W | W | W (NR) | (N/A) | W | (N/A) | (3.0) W |
| McClure et al. (2014) | M | M | W (NR) | (N/A) | S | S | (1.5) S |
| Meuwly et al. (2012) | W | W | W (NR) | (N/A) | S | (N/A) | (2.50) M |
| Millings and Walsh (2009) | M | W | W (NR) | (N/A) | S | (N/A) | (2.25) M |
| Monin et al. (2012) | W | W | W (NR) | (N/A) | S | (N/A) | (2.50) M |
| Peloquin et al. (2014) | W | W | S | S | M | (N/A)) | (2.0) M |
| Reizer et al. (2012) | W | W | S | (N/A) | M | (N/A) | (2.25) M |
| Reizer et al. (2014) | W | W | W (NR) | (N/A) | S | (N/A) | (2.50) M |
| Rini et al. (2006) | M | M | S | (N/A) | S | W | (1.80) M |
| Jayamaha, Girme, and Overall (2017). | W | W | W | (N/A) | S | (N/A) | (2.5) W |
| Simpson et al. (2003) | M | M | S | (N/A) | S | S | (1.4) S |
| Simpson et al. (1992) | W | W | W (NR) | (N/A) | W | (N/A) | (3.0) W |
| Simpson et al. (2002) | W | W | S | (N/A) | S | (N/A) | (2.0) M |
| Simpson et al. (2007) | W | W | M | (N/A) | S | (N/A) | (2.25) M |
| Stanton and Campbell (2014) | W | W | W (NR) | (N/A) | S | (N/A) | (2.5) M |
| Verhofstadt et al. (2007) | W | W | S | S | W | (N/A) | (2.2) M |
| Vilchinsky et al. (2010) | M | W | W | (N/A) | M | (N/A) | (2.5) M |
| You et al. (2015) | W | W | W (NR) | (N/A) | S | (N/A) | (2.5) M |

*Note:* Each domain was rated as either weak (W) (3 points), moderate (M) (2 points) or strong (S) (1 point). Where the domain was not reported (NR), a rating of weak (W) was given. If the domain was not relevant to the study design this was reported as not applicable (N/A). Scores were averaged to provide a total score, and studies were assigned an overall quality rating of strong (S) (1.00–1.50), moderate (M) (1.51–2.50) or weak (W) (2.51–3.00).

**TABLE 2** Validated social support instruments

| Scale | Author(s) | No. of items | Support type | Measurement |
|---|---|---|---|---|
| Attachment Style Interview (ASI) | Bifulco et al. (2002) | NK | Help-seeking and support utilization | The ASI provides a categorization of attachment style for individuals, as well as assesses their specific support context and quality of close relationships. |
| Caregiving System Functioning Scale (CSS) | Shaver and Mikulincer (2010) | 20 | Support provision | The scale consists of two orthogonal subscales: deactivated caregiving (10 items, for example, "Thinking about helping others doesn't excite me very much") and hyperactivated caregiving (10 items, e.g., "When I'm unable to help a person who is in distress, I feel worthless"). |
| Caregiving Questionnaire (CQ) | Kunce and Shaver (1994) | 32 | Support provision | Four facets of caregiving: (a) proximity versus distance, (b) sensitivity versus insensitivity, (c) co-operation versus control, and (d) compulsive caregiving. Each scale included both positive and negative valence items. |
| Diabetes Family Behaviour Checklist 2 | Glasgow and Toobert (1988) | 16 | Perceptions of received spousal support | Nine items indicated positive support (e.g., "My wife complimented me on maintaining my diet") and 7 items manifested negative support (e.g., "My wife keeps nagging me to check my glucose levels"). |
| Dyadic Coping Inventory (DCI) | Bodenmann (2008) | 37 | Dyadic coping and stress communication | Assesses stress communication and dyadic coping as perceived by each partner about his or her own coping, each partner's perception of the other's coping, and each partner's view of how they cope as a couple. |
| Motivations for not Providing a Secure Base Scale | B. C. Feeney et al. (2013) | 42 | Support providers motivation for not providing a secure base | Motivation items loaded on 11 factors: (a) unreceptive spouse, (b) difficult spouse, (c) spouse too dependent, (d) lack of need, (e) takes spouse away, (f) disapprove of spouse's goals, (g) concern about spouse changing, (h) too stressful, (i), no support knowledge, (j) lack of responsibility/ concern, and (k) lack of time. |

(Continues)

**TABLE 2** (Continued)

| Scale | Author(s) | No. of items | Support type | Measurement |
|---|---|---|---|---|
| Motivations for Providing a Secure Base Scale | B. C. Feeney et al. (2013) | 32 | Support providers secure base motivation (for supporting spousal goals) | Motivation items loaded on 11 factors representing the following motives: (a) avoid negative consequences, (b) keep spouse, (c) avoid own goals, (d) gain rewards, (e) needy spouse, (f) feel obligated, (g) enjoy helping, (h) love spouse, (i), connect with spouse, (j) makes spouse feel good, and (k) makes me feel good. |
| Perceived Available Instrumental and Emotional Support Scale (PAIESS) | Florian, Mikulincer, and Bucholtz (1995) | 12 | Support provision | Participants rate the extent to which they provide instrumental and emotional support to their partners in times of need. The questionnaire includes six items tapping instrumental support (e.g., "I am ready to assist my partner financially when he or she needs it") and six items tapping emotional support (e.g., "I am ready to listen to my partner's innermost feelings without criticism"). |
| Quality of Relationships Inventory (QRI)—social support subscale | Pierce, Sarason, and Sarason (1991) | 39 | Perceived availability of social support | The QRI comprises three items: (a) support—the extent to which a person believes a specific individual will provide support across a variety of situations, (2) depth—the perceived importance of the relationship, (3) conflict—perceptions of conflict regarding a specific individual. |
| Secure Base Support | B. C. Feeney and Thrush (2010) | 15 | Support providers secure base behavior (for supporting spousal goals) | Assesses the three characteristics of a secure base: (a) availability during exploration, (b) encouragement of exploration, and (c) nonintrusiveness. |
| Significant Others Scale, Version 1, Section 1.1 (SOS) | Power, Champion, and Aris (1988) | 10 | Perceptions of received emotional and practical support | A score was obtained for the discrepancy between actual and ideal levels of support, to provide an index of likely satisfaction with the emotional and practical support they receive. |

(Continues)

**TABLE 2** (Continued)

| Scale | Author(s) | No. of items | Support type | Measurement |
|---|---|---|---|---|
| Social Provisions Scale (SPS) | Russell and Cutrona (1984) | 24 | Perceived support | Assesses perceived social support along six dimensions: guidance (advice or information), reliable alliance (assurance that others can be counted on in times of stress), reassurance of worth (recognition of one's competence), attachment (emotional closeness), social integration (a sense of belonging to a group of friends), and opportunity for nurturance (providing assistance to others). |
| Social Support Effectiveness Structured Interview (SSE) | Rini et al. (2006) | 21 | Perceptions of received emotional, informational, and task support | The interview measures how well the quantity of support received from a partner matches the amount desired. |
| Social Support Interaction Coding System (SSICS) | Bradbury and Pasch (1994) | 4 | Support provision and support solicitation | Coded rated observed support behaviors into four categories: (a) positive, (b) negative, (c) neutral, and (d) off-task. |
| Social Support Questionnaire (SSQ) | Sarason, Levine, Basham, and Sarason (1983) | 27 | Perceived number of social supports & Perceptions of received support, | Each item has two parts. The first part assesses the number of available others the individual feels he or she can turn to in times of need in various situations. The second part of each item measures the individual's degree of satisfaction with the perceived support available in that particular situation. |
| Support in Intimate Relationships Rating Scale (SIRRS) | Dehle et al. (2001) | 48 | Perceptions of received support, and support adequacy in intimate relationships | Items represent supportive behaviors including emotional support (e.g., providing reassurance, affection), informational support (e.g., providing advice), esteem support (i.e., validation or showing confidence in one's partner's abilities), instrumental or tangible support (i.e., providing direct or indirect assistance in solving the problem), and network support (i.e., encouraging one's partner to make use of social resources, such as family and friends). |

(Continues)

**TABLE 2** (Continued)

| Scale | Author(s) | No. of items | Support type | Measurement |
|---|---|---|---|---|
| System to Evaluate Dyadic Coping | Bodenmann (1995) | Coded at 10-s intervals | Support provision | Behavior was coded as either positive support (including problem focused, emotional focused and non-verbal), negative support (insensitive, superficial, or hostile support), or no dyadic coping. |
| Ways of Giving Support Questionnaire (WOGS) | Buunk, Berkhuysen, Sanderman, and Nieuwland (1996) | 19 | Support provision & Perceptions of received support | One version (19 items) of the questionnaire is presented to the support provider and another version (19 items) to the support recipient. Dimensions include active engagement, protective buffering and overprotection. |

**TABLE 3** Intrapersonal studies focusing on one member of the dyad: The support provider

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Braun et al. (2012) | 110 patients with advanced cancer and their spouses; *M* age of caregiver = 59.8 years; *M* relationship length = 30.1 years | Cross-sectional; correlational | ECR | Caregiving Questionnaire | Avoidant attachment predicted low levels of caregiving proximity and sensitivity, and high levels of controlling caregiving. Anxious attachment predicted high levels of controlling and compulsive caregiving. |
| Cobb et al. (2001) | 172 newlywed couples; *M* age = not reported; *M* relationship length = not reported | Time series (2 time points) | RQ | T1: Social Support Interaction Coding System | Spouses who had a positive bias (toward rating their partner's attachment security) were better support providers. Perceptions of partner security emerged as a better predictor of support behavior than did self-rating of security. |
| Collins and Feeney (2000) | 93 dating couples; *M* age of caregiver = 19 years; *M* relationship length = 12.6 months | Behavioral observation in a controlled setting | ASS and RQ | Caregivers' perceptions of the interaction; care seekers' perceptions of the interaction; and independent coders rating of support seeking | Attachment anxiety predicted less responsive caregiving. Attachment avoidance was not related to caregiving behavior. |
| Conde et al. (2011) | 63 couples: Pregnant women and partners; *M* age of females = 28.79 and males = 30.57 years; *M* relationship length = 3.86 years | Time Series (2 time points) | ASI | ASI | Neither anxious nor avoidant attachment predicted perceptions of partner support (high vs. low). |
| Davila and Kashy (2009) | 114 dating student couples; *M* age of females = 18.93 and males = 19.69; *M* relationship length = 70.76 weeks | Naturalistic Daily Diaries experiences | Collins and Read's (1990) attachment measure | Support provision: Based on life events measures in other studies | Individuals high in attachment security (i.e., those low on anxiety and high on intimacy) provided more support to their partners. |

(Continues)

**TABLE 3** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Don and Hammond (2017) | 80 romantic couples; *M* age = 20.12 years; *M* relationship length = 1.57 years | Behavioral observation in a controlled setting | AAS | Coder rating of emotional, tangible, informational, and negative support | Providers high in attachment anxiety demonstrated significantly less informational and tangible support, but more negative support. Providers high in attachment avoidance demonstrated significantly less informational support. |
| Eldredge (2004) | 88 spouses of patients with a critical illness, female (85%); *M* age of spouses = 61 years; *M* relationship length = 34 years | Cross-sectional; Correlational | RSQ | Caregiving Questionnaire | Attachment avoidance was negatively associated with responsive caregiving, but not with compulsiveness. Attachment anxiety and compulsive caregiving had a moderate positive correlation. |
| B. C. Feeney and Collins (2001) | 194 romantic couples; *M* age of the caregiver = 19.5; *M* relationship length = not reported | Cross-sectional; correlational | ECR and RQ | Caregiving Questionnaire | Attachment avoidance predicted less responsive and more controlling caregiving. Attachment anxiety predicted more compulsive and controlling caregiving. |
| | | Experimental design—manipulation of support seekers anxiety | | | Attachment style predicted behavioral measures of caregiving consistent with those from the caregiving questionnaire. |
| B. C. Feeney et al. (2013) | 189 married couples; *M* age of caregiver = 39.2 years and support recipient = 39.98 years; *M* relationship length = 10.1 years | Behavioral observation in a controlled setting | ECR | Motivations for Providing a Secure Base Scale and Motivations for not Providing a Secure Base Scale (B. C. Feeney et al., 2013); Secure Base Support (B. C. Feeney & | Insecurely attached individuals provide support to avoid negative consequences for not doing so. Support provider attachment anxiety was positively associated with |

(Continues)

**TABLE 3** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| | | | | Thrush, 2010); Rater coding of support-provider's secure base behavior after an observational session. | motives for providing a secure base including feelings of obligation and wanting to receive a reward for providing support. Support-provider avoidance was negatively associated with helping to make the spouse feel good. |
| J. A. Feeney (1996) | 229 married couples (married for less than 10 years, *n* = 117; married for 10 years or more, *n* = 112); *M* age = not reported | Cross-sectional; correlational | RQ and a 15-item measure (J. A. Feeney, Noller, & Callan, 1994) | Caregiving Questionnaire | Secure participants reported more responsive and less compulsive caregiving, dismissing participants reported intermediate levels of responsiveness and a lack of compulsive caregiving, and preoccupied participants reported high levels of compulsive care. |
| J. A. Feeney et al. (2003) | 76 married couples expecting children; *M* age = 30.3 years; *M* relationship length = 42.6 months. 76 childless couples; *M* age = 29.5 years; *M* relationship length = 41.9 months | Time series (3 time points) | RSQ | Caregiving Questionnaire | Individuals with an avoidant attachment reported the lowest score on responsive care. |
| J. C. Feeney and Hohaus (2001) | 362 married couples; *M* age of wives = 36.29 years and husbands = 38.66 years; *M* relationship length = 13.53 years | Time series (3 time points) | RQ and RSQ | Caregiving Questionnaire; Semi-structured interview | Participants who reported responsive caregiving also described specific events in which their responded to their spouses' diverse needs (during the interview). Dismissing wives were less likely to offer both tangible and emotional support. |

(Continues)

**TABLE 3** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Kim and Carver (2007) | 400 spouses of cancer recovery patients; *M* age = 55.7; *M* relationship length = not reported | Cross-sectional; correlational | MAQ | Support frequency and difficulty using a 17-item scale developed for this study | Avoidantly attached caregivers reported difficulty in providing emotional care. Attachment anxiety did not predict caregiving difficulty. Among wives only, secure attachment related to more frequent emotional care, and anxious attachment related to more frequent tangible care. Among husbands only, avoidant attachment related to less frequent emotional care, and anxious attachment related to less frequent medical care. |
| McClure et al. (2014) | 312 couples with one person sitting an exam; *M* age of caregiver = 29.9 years; *M* relationship length = not reported | Naturalistic Daily Diaries | RQ | Emotional support provision | There was no relationship between attachment and the frequency of emotional support provision. |
| Millings and Walsh (2009) | 250 couples with children; *M* age of females = 36.2 years and males = 39.3 years; *M* relationship length = not reported | Cross-sectional; Correlational | ECR-R | Caregiving Questionnaire | Attachment avoidance was negatively associated with caregiving sensitivity, proximity, and co-operation. Attachment anxiety was associated with caregiving compulsion. |
| Monin et al. (2012) | 75 student couples (at least 6 months dating); *M* age 22 years; *M* relationship length = 30 months | Behavioral observation in a controlled setting | ECR | Caregiving effectiveness 1-item scale. | Caregiver avoidant attachment was negatively associated with caregiver effectiveness. |

(Continues)

**TABLE 3** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Peloquin et al. (2014) | Study 1: 126 couples cohabiting for at least 6 months; *M* age of females = 31 years and males = 33 years; *M* relationship length = 6 years | Cross-sectional; correlational | ECR | Caregiving Questionnaire | Attachment anxiety predicted compulsive and controlling caregiving in women. Attachment avoidance predicted less caregiving proximity, and more controlling caregiving. |
| | Study 2: 55 clinically distressed couples; *M* age of females = 42 years and males = 43 years; *M* relationship length = 15 years | | ECR | Caregiving Questionnaire | Attachment avoidance predicted less caregiving proximity. Attachment anxiety predicted controlling caregiving in women. |
| Reizer et al. (2012) | 133 Jewish Israeli married couples living in either high ($n = 69$), intermediate ($n = 32$) or low-risk areas ($n = 32$); *M* age of wives = 32.58 years and husbands = 33.8 years; *M* relationship length = 10.97 years | Cross-sectional; correlational | ECR | Perceived Available Instrumental and Emotional Support Scale | Attachment avoidance and anxiety was related to lower levels of support-giving. Personal distress mediated the link between attachment anxiety and support provision. Personal distress mediated the link between attachment avoidance and support provision, but only among people living in high-risk areas. |
| Reizer et al. (2014) | Study 1: 179 adults in a romantic relationship; *M* age of females = 26.9 years and males = 27.55 years; *M* relationship length = 3.81 years | Cross-sectional; correlational | ECR | Caregiving System Functioning Scale | Attachment anxiety was positively associated with caregiving hyperactivation. Attachment avoidance was positively associated with caregiving deactivation. |
| Jayamaha et al. (2017) | Study 1: 61 student couples; *M* age = 23.38 years; *M* relationship length = 2.81 years | Behavioral observation in a controlled setting | AAQ | Coder ratings of negative support behavior during an interaction | Attachment anxiety was positively associated with negative support behaviors, but these findings were not significant. |

(Continues)

**TABLE 3** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| | Study 2: 100 student couples; *M* age = 22.64 years; *M* relationship length = 3.28 years | Behavioral observation in a controlled setting | AAQ | Coder ratings of negative support behavior during an interaction | Greater negative support behavior was not moderated by providers' attachment anxiety. |
| Simpson et al. (2003) | 106 married couples expecting first child; *M* age of females = 28 years and males = 29 years; *M* relationship length = 3.8 year | Time series (2 time points) | AAQ | Social Provisions Scale | Men with attachment avoidance or anxiety reported being less supportive. |
| Simpson et al. (1992) | 83 couples dating for at least 3 months (at least one member was a psychology student); *M* age of females = 18.9 years and males = 19.5 years; *M* relationship length = 17.9 months | Behavioral observation in a controlled setting | Adapted version of Hazan and Shaver's (1987) three attachment styles to measure dimensions rather than categories | Coder ratings of support behavior during an interaction | More secure men tend to offer support as their partners display greater anxiety, whereas more avoidant men are less inclined to do so. |
| Simpson et al. (2002) | 90 couples dating for at least 3 months (at least one member was a student); *M* age of females = 19.03 years and males = 20.10 years; *M* relationship length = 17.03 months | Behavioral observation in a controlled setting | AAI and AQ | Coding of interaction for support behaviors | Women who scored high for AAQ avoidance gave less support than more secure women. |
| Verhofstadt et al. (2007) | 200 married couples; *M* male of age females = 40.62 years and males = 42.81 years; *M* relationship length = 16.92 years | Cross-sectional; correlational | AAS | The Quality of Relationships Inventory Support-Scale; and the Social Support Interaction Coding System | Attachment anxiety and avoidance predicted higher levels negative support behaviors for husbands and wives. |

**TABLE 4** Intrapersonal studies focusing on one member of the dyad: The support recipient

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Brock and Lawrence (2014) | 103 newlywed couples; *M* age of wives = 24.78 and husbands = 25.82 years; *M* relationship length = 44 months | Time series (5 time points) | RSQ | Support in Intimate Relationships Rating Scale | Attachment anxiety predicted an underprovision of received support. Avoidant attachment predicted overprovision of received support in men, but underprovision of received support in women. |
| Cohen et al. (2005) | 81 married male patients with diabetes; *M* age = not reported; *M* relationship length = not reported | Cross-sectional; correlational | ECR | Diabetes family behavior checklist 2 | Attachment anxiety was not associated with either positive or negative perceived partner support. Attachment avoidance was associated with negative perceptions of partner support. |
| Collins and Feeney (2000) | 93 dating couples; *M* age of caregiver = 19 years; *M* relationship length = 12.6 months | Behavioral observation in a controlled setting | ASS and RQ | Caregivers' perceptions of the interaction; care seekers' perceptions of the interaction; and independent coders rating of support seeking | Attachment avoidance was related to indirect support seeking. |
| Collins and Feeney (2004) | Study 1: 95 couples; *M* age of caregiver = 20.2 and recipient = 19.4; *M* relationship length = 15.8 months | Experimental paradigm to manipulate standardized social support message | ASS and RQ | Perception of support message; perception of support during spontaneous interaction, and independent coders rating of support during interaction. | No association between attachment anxiety or avoidance and perceptions of a standardized high support note. Insecure recipients viewed the standardized low-support notes as having a greater negative impact and greater hurtful intent. |
| | Study 2: 153 couples; *M* age of Caregivers = 19.4 and recipient = 18.9; *M* relationship length = 14.9 months | Experimental paradigm to manipulate genuine social support message | ASS and RQ | Same as study 1 | Support recipient higher in attachment-related avoidance and anxiety evaluated the genuine notes more negatively than secure recipients. |

(Continues)

**TABLE 4** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Conde et al. (2011) | 63 couples: Pregnant women and partners; *M* age of females = 28.79 and males = 30.57 years; *M* relationship length = 3.86 years | Time series (2 time points) | ASI | ASI | Neither attachment anxiety or avoidance predicted perceptions of partner support (high vs. low). |
| Davila and Kashy (2009) | 114 dating student couples; *M* age of females = 18.93 and males = 19.69; *M* relationship length = 70.76 weeks | Naturalistic Daily Diaries | AAS | Support seeking, receipt and provision: based on life events measures in other studies | Individuals high in avoidance reported less support received (especially men) and less felt support. People who were more comfortable with intimacy (i.e., low avoidance) reported seeking more support on a day-to-day basis. |
| Ditzen et al. (2008) | 63 married/cohabiting men; *M* age = not reported; *M* relationship length = not reported | Experimental paradigm—support versus no support before stressful test | ECR-R | Verbal support from a romantic partner before a stressful task. | Individuals high in attachment anxiety or avoidance perceived less general social support. |
| Don and Hammond (2017) | 80 romantic couples; *M* age = 20.12 years; *M* relationship length = 1.57 years | Behavioral observation in a controlled setting, cross-sectional | AAS | Coder rating of positive and negative support-seeking behaviors, Perceptions of the support interaction (Overall, Fletcher, & Simpson, 2010) | Support recipients high in attachment avoidance were negatively associated with positive support seeking, and positively associated with negatively support seeking. There was no significant relationship between attachment anxiety and support-seeking behavior. Both insecure styles were associated with negative perceptions of support postinteraction. |
| J. A. Feeney et al. (2003) | 76 married couples expecting children; *M* age = 30.3 years; *M* | Time series (3 time points) | RSQ | Caregiving Questionnaire | There was a low level of support seeking amongst dismissive |

(Continues)

**TABLE 4** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| | relationship length = 42.6 months. 76 childless couples; *M* age = 29.5 years; *M* relationship length = 41.9 months | | | | wives. Husbands who reported more support seeking were higher in comfort (i.e., secure). |
| Gosnell and Gable (2013) | 39 couples; *M* age = 19.54; *M* relationship length = 16.74 months | Naturalistic Daily Diaries | ECR | Perceived support responsiveness (3 item scale) | Attachment anxiety had no significant effect on perceived responsiveness. Attachment avoidance was negatively associated with perceived responsiveness. |
| | | | | | High avoidance was associated with more feelings of embarrassment by the partner's response (to a positive event) as well as feeling less thankful for the partner's response. |
| Hunter et al. (2006) | 67 terminal cancer patients, *M* age = 66 years; *M* relationship length = not reported | Cross-sectional; correlational | RQ | Emotional support | Higher levels of attachment anxiety or avoidance were associated with lower levels of perceived emotional support. |
| Iles et al. (2011) | 372 pregnant women and their partner; *M* age of females = 31.7 and males = 34.3; *M* relationship length = not reported | Time series (2 time points) | ECR | Significant Others Scale, Version 1, Section 1.1 | Attachment avoidance and anxiety were associated with greater dissatisfaction with support. |
| Kane et al. (2007) | 305 dating couples; *M* age of females = 19.6 and males = 20.5; *M* relationship length = 17 months | Cross-sectional; correlational | ECR | Social support subscale from the Quality of Relationships Inventory | Individuals with a secure attachment perceived their partners as being better caregivers. |
| Kuan mak et al. (2010) | 359 students involved in a romantic relationship, 150 from | Cross-sectional; correlational | ECR | Social Support Questionnaire | Individuals high in attachment avoidance perceived less |

(Continues)

**TABLE 4** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| | Hong Kong (*M* age = 20.44 years and *M* relationship length = 23.47 months) and 209 from the USA (*M* age = 19.03 years and *M* relationship length = 17.12 months) | | | | available support from their partners compared with more anxious individuals. |
| Martin et al. (2010) | 182 (152 females and 130 males) students involved in a romantic relationship, *M* age = 18.56; *M* relationship length = 16.23 months | Cross-sectional; correlational | ECR | Perceptions of partner support for exploration | Persons higher in attachment avoidance or anxiety perceived less overall partner support (for exploration). |
| McClure et al. (2014) | 312 couples with one person sitting an exam; *M* age of caregiver = 29.9 years; *M* relationship length = not reported | Naturalistic Daily Diaries | RQ | Emotional support receipt | There was no relationship between attachment and the frequency of emotional support receipt. |
| Rini et al. (2006) | 176 pregnant women in a committed relationship, *M* age = 30; *M* relationship length = not reported | Time series (3 time points) | T1: AAS | T2: Social support effectiveness interview | Attachment security was associated with women's appraisals of their partners' support. |
| | | T1: 18–20 wks gestation, T2: 24–26 wks gestation, T3: 30–32 wks gestation. | | | |
| Simpson et al. (1992) | 83 couples dating for at least 3 months (at least one member was a psychology student); *M* age of females = 18.9 years and males = 19.5 years; *M* relationship length = 17.9 months | Behavioral observation in a controlled setting | Adapted version of Hazan and Shaver's (1987) three attachment styles to measure dimensions rather than categories | Coder ratings of support behavior during an interaction | Avoidant women tend to seek less support with increasing anxiety. |

(Continues)

**TABLE 4** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Simpson et al. (2002) | 90 couples dating for at least 3 months (at least one member was a student); *M* age of females = 19.03 years and males = 20.10 years; *M* relationship length = 17.03 months | Behavioral observation in a controlled setting | AAI and AQ | Coding of interaction for support behaviors | Men's attachment security AAI was not associated with support-seeking behavior. |
| Stanton and Campbell (2014) | 116 married couples; *M* age of females = 36.7 years and males = 38.6 years; *M* relationship length = not reported | Cross-sectional; correlational | ECR-R | Social Provisions Scale | More anxious individuals reported lower perceived support availability. |
| Verhofstadt et al. (2007) | 200 married couples; *M* male of age wives = 40.62 years and husbands = 42.81 years; *M* relationship length = 10.1 years | Cross-sectional; correlational | AAS | The Quality of Relationships Inventory Support-Scale, and the Social Support Interaction Coding System | Wives with an avoidant attachment perceived less support availability in their relationship. High scores of attachment anxiety predicted lower levels of perceived support availability, as reported by both husbands and wives. |
| You et al. (2015) | 367 college students 153 from China (*M* age = 20.44 years and *M* relationship length = 23.47 months) and 214 from the USA (*M* age = 19.03 years and *M* relationship length = 17.22 months) | Cross-sectional; correlational | ECR | Social Support Questionnaire (Sarason et al., 1983) | Attachment anxiety was related to perceived support across both cultural samples, whereas attachment avoidance was more strongly related to perceived support among Chinese than among Americans. |

**TABLE 5** Interpersonal studies focusing on both members of the dyad: How the attachment style of a support provider affects the support recipient's behavior and perceptions (and vice versa)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Brock and Lawrence (2014) | 103 newlywed couples; *M* age of wives = 24.78 and husbands = 25.82 years; *M* relationship length = 44 months | Time series (5 time points) | RSQ | Support in Intimate Relationships Rating Scale | Husbands' avoidant attachment was associated with greater overprovision of support experienced by their wives. |
| Cobb et al. (2001) | 172 newlywed couples; *M* age = not reported; *M* relationship length = not reported | Time series (2 time points) | RQ | T1: Social Support Interaction Coding System | Husbands' attachment security predicted wives' negative support behavior (e.g., criticizing, blaming, and complaining). |
| Davila and Kashy (2009) | 114 dating student couples; *M* age of females = 18.93 and males = 19.69; *M* relationship length = 70.76 weeks | Naturalistic Daily Diaries | AAS | Support seeking, receipt and provision: based on life events measures in other studies | One's partner's comfort with intimacy was not associated with own support seeking. |
| J. A. Feeney et al. (2003) | 76 married couples expecting children; *M* age = 30.3 years; *M* relationship length = 42.6 months. 76 childless couples; *M* age = 29.5 years; *M* relationship length = 41.9 months | Time series (3 time points) | RSQ | Caregiving Questionnaire | Husbands' attachment anxiety was associated with wives' dissatisfaction with own care, and wives' attachment anxiety was associated with husbands' failing to provide responsive care. Wives that are low in attachment anxiety and husbands that are high in comfort with closeness elicit more effect care and support from their partners. |
| Gosnell and Gable (2013) | 39 couples; *M* age = 19.54; *M* relationship length = 16.74 months | Naturalistic Daily Diaries | ECR | Perceived support responsiveness (3 item scale) | Attachment anxiety of the support provider had no significant effect on the recipient's perception of responsiveness. |
| Kane et al. (2007) | 305 dating couples; *M* age of females = 19.6 and males = 20.5; *M* relationship length = 17 months | Cross-sectional; correlational | ECR | Social support subscale from the Quality of Relationships Inventory | Partners of insecure individuals felt less supported and cared for. |

(Continues)

**TABLE 5** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Millings and Walsh (2009) | 250 couples with children; *M* age of females = 36.2 years and males = 39.3 years; *M* relationship length = not reported | Cross-sectional; correlational | ECR-R | Caregiving Questionnaire | The attachment anxiety and avoidance of an individual's partner was associated with individual's caregiving toward that partner. Partner avoidance was a negative predictor of women's caregiving sensitivity and partner attachment anxiety was a negative predictor of men's' caregiving sensitivity (approaching significance). |
| Reizer et al. (2014) | Study 1: 179 adults in a romantic relationship; *M* age of females = 26.9 years and males = 27.55 years; *M* relationship length = 3.81 years | Cross-sectional; correlational | ECR | Caregiving System Functioning Scale | Attachment anxiety of the support recipient did not predict caregiving hyperactivation of the support provider. Attachment avoidance of the support recipient did not predict caregiving deactivation of the support provider. |
| Simpson et al. (2003) | 106 married couples expecting first child; *M* age of females = 28 years and males = 29 years; *M* relationship length = 3.8 years | Time series (2 time points) | AAQ | Social Provisions Scale | Male attachment was not related to their wives' perceptions of support availability. |

**TABLE 6** Interpersonal studies focusing on both members of the dyad: Interaction between caregiver and care recipient variables

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Collins and Feeney (2000) | 93 dating couples; *M* age of caregiver = 19 years; *M* relationship length = 12.6 months | Behavioral observation in a controlled setting | ASS and RQ | Caregivers' perceptions of the interaction; care seekers' perceptions of the interaction; and independent coders rating of support seeking. | Support seekers high in anxiety tended to seek more emotional support when their partner was high in avoidance. |
| Conde et al. (2011) | 63 couples: Pregnant women and partners; *M* age of females = 28.79 and males = 30.57 years; *M* relationship length = 3.86 years | Time series (2 time points) | ASI | ASI | Avoidant and anxious women with good partner support showed an increase in anxiety symptoms from pregnancy to postpartum. |
| | | | | | Avoidant and anxious men with good partner support showed a decrease in anxiety symptoms from pregnancy to postpartum. |
| | | | | | There was no significant interaction between Partner support × Attachment Style × Gender for depression symptoms |
| Davila and Kashy (2009) | 114 dating student couples; *M* age of females = 18.93 and males = 19.69; *M* relationship length = 70.76 weeks | 14 daily diary experiences | ASS | Support seeking, receipt and provision: based on life events measures in other studies | Nonsignificant results for interaction effects. |
| Ditzen et al. (2008) | 63 married / cohabiting men; *M* age = not reported; *M* relationship length = not reported | Experimental design—support versus no support before stressful test | ECR-R | Verbal support from a romantic partner before a stressful task | The combination of social support and secure attachment exhibited the lowest anxiety levels after stress (i.e., distress decreased when partner support reached average levels). In contrast emotional support had a positive effect on recipient's distress up to a moderate level after which point it became costly. |

(Continues)

**TABLE 6** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Girme et al. (2015) | Study 1: 61 couples; *M* age = 23.38 years; *M* relationship length = 2.81 years | Observed interaction in a controlled environment | AAQ | Coders rated practical and emotional support during an interaction (Overall et al., 2010); and Support Seeking (Barbee & Cunningham, 1995) | Associations between practical support and recipients' distress were moderated by recipients' attachment avoidance. |
| | Study 2: 100 couples; *M* age = 22.64 years; *M* relationship length = 3.28 years | Observed interaction in a controlled environment | AAQ | Coders rated practical and emotional support during an interaction (Overall et al., 2010); and Support Seeking (Barbee & Cunningham, 1995) | Regardless of recipients' attachment style, greater practical support was associated with increasing distress, until it reached moderate levels, at which point distress was reduced. However, the curvilinear effect of practical support were moderated by attachment avoidance for partner control. Partner's emotional support was not moderated by attachment anxiety. |
| | Study 3: 64 couples; *M* age = 31.11 years; M relationship length = 6.33 years | Observed interaction in a controlled environment | AAQ | Coders rated practical and emotional support during an interaction (Overall et al., 2010); and Support Seeking (Barbee & Cunningham, 1995) | Attachment avoidance did not moderate the curvilinear effect of practical support on recipients' distress, but this interaction was significant when predicting stressor-related efficacy. The more partners provided low-to-average levels of emotional support, the more highly avoidant recipients experienced greater distress, but above average emotional support reduced distress. |
| | | | | | Associations between practical support and all outcomes was moderated by recipients' attachment avoidance. |

(Continues)

**TABLE 6** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| | Study 4: 73 couples; *M* age = 23.61 years; M relationship length = 3.2 years | Daily diary study (3 weeks | AAQ | Support desired, and perceptions of partner practical and emotional support | Avoidant individuals who received greater emotional support experienced greater depressed mood, whereas this cost of support did not emerge for low avoidant. Highly anxious individuals experienced greater depressed mood regardless of their partner's emotional support. |
| Gosnell and Gable (2013) | 39 couples; *M* age = 19.54; *M* relationship length = 16.74 months | Naturalistic daily diary (10 days) | ECR | Perceives support responsiveness (3 item scale) | Anxious individuals who received higher than average responsive support reported increases in relationship satisfaction. This finding was not replicated with other attachment styles. |
| Howland and Simpson (2014) | 86 couples, dating for at least one year; participants *M* age = 26.01 years; *M* relationship length = 3.68 years | Behavioral observation in a controlled environment | AAQ | Observer rated invisible and visible emotional and practical support; observer rated provider responsiveness and judgment | Secure recipients experienced improved mood outcomes when their partner displayed greater aggressive humor. The largest increases in negative mood occurred during discussions in which support providers displayed greater aggressive humor and recipients scored higher in attachment anxiety. |
| Kordahji et al. (2015) | 86 couples who had been cohabiting for a least 6 months; *M* age for females = 26.7 years and males = 29.3 years; *M* relationship length = 4.6 years | Observation of support interaction in a controlled setting | ECR | Adaptation of Bradbury's Support Interaction Task | Emotional support soothes the physiological stress response of anxiously attached men. |
| McClure et al. (2014) | 312 couples with one person sitting an exam; *M* age of caregiver = 29.9 years; *M* relationship length = not reported | Naturalistic Daily Diaries | RQ | Emotional support provision; and emotional support receipt | Emotional support receipt did not predict anxious or depressed mood in individuals with attachment anxiety or avoidance. |

(Continues)

**TABLE 6** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Meuwly et al. (2012) | 123 couples dating at least 12 months; *M* age for females = 25.9 years and males = 28.1 years; *M* relationship length = 4.4 years | Behavioral observation in a controlled setting | ECR | System to Evaluate Dyadic Coping; and the Dyadic Coping Inventory | Support recipient's attachment avoidance failed to moderate the effects of partner support on cortisol stress recovery, whereas attachment anxiety did operate as a moderator (at least among women). |
| J. A. Feeney and Hohaus (2001) | 362 married couples; *M* age of wives = 36.29 years and husbands = 38.66 years; *M* relationship length = 13.53 years | Cross-sectional; correlational | RQ and RSQ | Caregiving Questionnaire | Participants who reported responsive caregiving also described specific events in which they responded to their spouses' diverse needs (during the interview). Dismissing wives were less likely to offer both tangible and emotional support. |
| Reizer et al. (2014) | Study 2: 194 Israeli Jewish couples in a romantic relationship; *M* age of females = 31.3 years and males = 32.77 years; *M* relationship length = 9.7 years | Cross-sectional; correlational | ECR | Caregiving System Functioning Scale | The association between caregiving hyperactivation and relationship satisfaction was significant among participants with anxious partners, but not among participants with less anxious partners. Caregiving deactivation predicted a reduction in relationship satisfaction only among people whose partners were low in avoidance. |
| | Study 3: 44 Israeli Jewish married couples; *M* age of wives = 29.17 years and husbands = 30.34 years; *M* relationship length = 8.16 years | Time Series, Analysis: | ECR | Caregiving System Functioning Scale | Caregiving deactivation predicted a reduction in relationship satisfaction only among people whose partners were low in avoidance. |
| Simpson et al. (2002) | 90 couples dating for at least 3 months (at least one member was a student); *M* age of females = 19.03 years and males = 20.10 years; *M* relationship length = 17.03 months | Observation of interaction in controlled environment | AAI and AAQ | Coding of interaction for support behaviors | Women with a secure attachment altered their frequency of support in response to the level of support-seeking displayed by their partner. This interaction did not occur for avoidant women. |

(Continues)

**TABLE 6** (Continued)

| Study | Sample | Design | Attachment measure | Support measure | Findings |
|---|---|---|---|---|---|
| Simpson et al. (2007) | 93 couples dating for at least 3 months (at least one member was a psychology student). *M* age of females = 18.80 years and males = 19.53 years; *M* relationship length = 17.63 months | Observation of interaction in controlled environment | AAI and AAQ | Observer rating of instrumental, emotional and physical caregiving behavior | Care recipients who were more secure displayed more favorable responses to their caregivers' (partners') emotional caregiving efforts, whereas more dismissive care recipients' reactions were relatively less favorable. Dismissive individuals responded more positively to instrumental care. |
| Stanton and Campbell (2014) | 116 married couples; *M* age of females = 36.7 years and males = 38.6 years; *M* relationship length = not reported | Cross-sectional; Correlational | ECR-R | Social Provisions Scale | Less anxious individuals reported more positive health outcomes when social support was relatively high, whereas more anxious individuals did not appear to derive health benefits from perceiving high levels of social support. |
| Vilchinsky et al. (2010) | 101 Jewish men with ACD and their spouses; *M* age of wives = 54.89 years and husbands = 55.84 years; *M* relationship length = 27.6 years | Cross-sectional; correlational | ECR | Ways of Giving Support Questionnaire | Whereas wife's support was associated with a decrease in anxiety symptoms for patients high in attachment anxiety, they were also associated with an increase in anxiety symptoms for patients low in attachment anxiety. Overprovision of support did not benefit individuals high in attachment anxiety. No significant interaction was found between avoidance and any of the ways of providing support in predicting depression or anxiety. |

as a dispositional construct. In this instance, individuals are asked to reflect on hypothetical support-giving situations. In contrast, diary and observational studies measured support as a social transaction within an interpersonal interaction, rather than being embedded within support cognitions of individuals. In this case, individuals are asked to report on actual support behaviors, or their support behavior is coded during an interaction. Furthermore, eight validated instruments measured recipients' perceptions of support, examining either recipients' perception of actual received support or their belief that support would be available if required, specifically perceived availability of support. All instruments were questionnaires, except for the Social Support Interaction Coding System (Bradbury & Pasch, 1994), and the Attachment Style Interview (Bifulco, Moran, Ball, & Bernazzani, 2002), which in addition to categorizing attachment styles, was used to assess help-seeking and support utilization.

In addition to using validated measures of support, some studies devised their own instruments, including questionnaires ($n = 6$), diary measures ($n = 3$), interviews ($n = 1$), or behavioral coding systems ($n = 9$) to measure support during a dyadic interaction. These measures typically tapped into multiple support behaviors, including support provision, support solicitation, and recipient's perceptions of support.

## 3.4 | Categorization of support from a dyadic perspective

Although all the studies in this review focus on support within the context of dyads, they differ regarding the extent to which they take a dyadic process into account. It is important to note that individual studies may have used more than one type of dyadic analysis, which can be distinguished as follows: (a) intrapersonal studies focused on one member of the dyad (support provider or recipient), and examined how an individual's attachment style is associated with their support behavior, such as help-seeking or caregiving, or their perceptions of received support. (b) Data has also been collected from both members of the dyad. Here support has been studied at the interpersonal level, examining how the attachment style of a support provider affects the support recipient's behavior (e.g., help-seeking or their perceptions of received support) or how the attachment style of the support recipient has influenced the caregiving behavior of the support provider. (c) Finally, some interpersonal studies have collected attachment data from both members of the dyad and examined how this interacts to predict support behavior(s).

### 3.4.1 | Intrapersonal studies focusing on one member of the dyad: The support provider

The literature search revealed 23 studies examining the relationship between an individual's attachment and features of their support provision (see Table 3). These studies can be categorized with respect to how they have conceptualized support provision (i.e., caregiving).

*Hypothetical caregiving*

Approximately half the studies measured how an individual appraised their typical support behavior, revealing the relationship between attachment and subjective perceptions of global support provision ($n = 11$). For example, individuals categorized as secure perceived themselves to support others in a responsive manner with lower levels of compulsive caregiving (J. A. Feeney, 1996). In contrast, individuals high in the dimension of attachment avoidance reported a tendency to provide poor quality support (Verhofstadt, Buysse, Devoldre, & De Corte, 2007), characterized by low levels of caregiving proximity and responsiveness (Braun et al., 2012; Eldredge, 2004; J. A. Feeney & Hohaus, 2001; J. A. Feeney, Alexander, Noller, & Hohaus, 2003; Millings & Walsh, 2009; Péloquin, Brassard, Lafontaine, & Shaver, 2014; Reizer, Ein-Dor, & Possick, 2012; Reizer, Ein-Dor, & Shaver, 2014), high levels of controlling caregiving (Braun et al., 2012; B. C. Feeney & Collins, 2001; Péloquin et al., 2014), and caregiving deactivation involving decreased involvement in caregiving behavior (Reizer et al., 2014; Simpson, Rholes, Campbell, Tran, & Wilson, 2003). A single study reported no relationship between the dimension of attachment

avoidance and compulsive support (Eldredge, 2004). As expected, the dismissive attachment classification was associated with low levels of compulsive caregiving (J. A. Feeney, 1996), and dismissing wives were less likely to offer both tangible and emotional support (J. A. Feeney & Hohaus, 2001). Studies reported a consistent relationship between dimensions of attachment anxiety and hyperactivation of caregiving behavior, revealing higher levels of compulsive (Braun et al., 2012; Eldredge, 2004; Millings & Walsh, 2009; Péloquin et al., 2014; Reizer et al., 2014) and controlling caregiving (Braun et al., 2012; Péloquin et al., 2014). This relationship was also evident with caregivers classified as preoccupied (J. A. Feeney, 1996). One study revealed no association between caregiving hyperactivation (measured as caregiving frequency) and attachment anxiety (Reizer et al., 2012), and one study found men with attachment anxiety reported being less supportive (Simpson et al., 2003).

*Actual caregiving*

The remaining studies identified by the review measured support as a physical transaction between dyadic members ($n$ = 12). Although questionnaires on caregiving routinely measure the self-perceived aptitude of support skills (what is a person believes they can do), an individual's specific (day-to-day) experiences may differ. Thus, observational and diary methods of support may have higher levels of external validity compared with traditional self-report instruments. Overall, the findings for caregivers with secure or avoidant attachments were congruent with studies using questionnaires. During observations of support interactions, coders' ratings revealed that individuals with a secure attachment classification support behavior may be explained through by displayed high levels of responsive caregiving, and a low frequency of compulsive caregiving (Simpson, Rholes, & Nelligan, 1992; Simpson et al., 2002). A diary study showed secure caregivers (i.e., those low on anxiety and high on intimacy) provided more support to their partners (Davila & Kashy, 2009). On the other hand, individuals high in the dimension of attachment avoidance were more likely to provide poor quality support (Monin et al., 2012), exhibiting low levels of caregiving proximity and responsiveness (Collins & Feeney, 2000), and low frequency of support-giving (Davila & Kashy, 2009; Simpson et al., 2003). Another study, using an observational and questionnaire design revealed individuals with anxious attachment provided support due to a sense of obligation, and in the hope that caregiving behavior would be rewarded by their partner (B. C. Feeney, Collins, van Vleet, & Tomlinson, 2013) Contrary to the prediction that attachment anxiety leads to hyperactivation of caregiving, diary (McClure et al., 2014), interview (Conde et al., 2011), and questionnaire studies (Kim & Carver, 2007) revealed a lower frequency of support provision. This is surprising as Mikulincer and Shaver (2007) report individuals high in the dimension of attachment anxiety tend to exaggerate assessments of their partner's support need, thus triggering a hyperactivity of their caregiving system. Therefore, they would be expected to provide an overprovision of support, as found by questionnaire studies measuring perceptions of support behavior from anxiously attached people (Braun et al., 2012; Eldredge, 2004; J. A. Feeney, 1996; Millings & Walsh, 2009; Péloquin et al., 2014; Reizer et al., 2014). The low frequency of support behavior may be explained by study populations experiencing higher than average levels of stress. Study samples included partners of cancer patients (Kim & Carver, 2007), partners of pregnant women (Conde et al., 2011), and couples living in a geographically stressful environment (Reizer et al., 2012), and individuals sitting an exam (McClure et al., 2014). Individuals with anxious attachment may be less able to regulate affect during times of stress which could impede their ability to help others. It is feasible that their attachment system may have over-ridden their caregiving system, thus making support provision difficult to administer and impairing its effectiveness. Indeed, Reizer et al. (2012) found that personal distress moderated the link between attachment anxiety and support provision in a sample of married couples.

### 3.4.2 | Intrapersonal studies focusing on one member of the dyad: The support recipient

The literature search revealed 22 studies examining the relationship between a support recipients' attachment and their perceptions of received support, support availability and/or help-seeking behavior (see Table 4).

*Support seeking*

Five studies examined the association between attachment and support-seeking behavior. People who were more comfortable with intimacy (i.e., secure) reported seeking more support on a day-to-day basis (Davila & Kashy, 2009), whereas individuals with an avoidant attachment exhibited indirect support seeking in a lab setting (Collins & Feeney, 2000) and negative support-seeking behavior (Don & Hammond, 2017). Gender was shown to moderate this relationship, as there were low levels of support seeking among avoidant wives (J. A. Feeney et al., 2003; Simpson et al., 1992) although the findings for males were ambiguous. Attachment security classifications predicted a higher frequency of help-seeking in securely attached husbands (J. A. Feeney et al., 2003), whereas another study reported no association between men's attachment security and support-seeking behavior (Simpson et al., 2002). The disparity in findings may be due to the methodology used to capture support-seeking behavior. For example, help-seeking may not always be demonstrated during a single observed interaction in the laboratory (Simpson et al., 2002), whereas unstructured interviews of support experiences (J. A. Feeney et al., 2003), are more likely to reveal help-seeking behavior because they focus on support behavior carried out during an extended period.

*Support availability*

A small number of studies assessed the relationship between attachment dimensions and perceptions of support availability (the notion the support will be available when requested). The findings revealed that individuals with an avoidant (Kuan Mak, Bond, Simpson, & Rholes, 2010) and anxious (Stanton & Campbell, 2014; Verhofstadt et al., 2007; You et al., 2015) attachment were more likely to report lower perceptions of support availability.

*Received support*

The remaining studies measured perceptions of received partner support within a specified period. Findings revealed individuals with a secure attachment (i.e., low in avoidance and anxiety) perceived their partners as being better caregivers (Kane et al., 2007). Individuals high in the dimension of attachment avoidance were more likely to report an underprovision of support (Davila & Kashy, 2009; Ditzen et al., 2008; Hunter, Davis, & Tunstall, 2006; Martin et al., 2010; McClure et al., 2014) compared to individuals with lower in the dimension of avoidant attachment. However, gender was shown to moderate this relationship, with avoidance predicting an overprovision of support in males, and an underprovision of support in females (Brock & Lawrence, 2014; Verhofstadt et al., 2007). Support recipients high in attachment avoidance were more likely to interpret received support in a negative fashion (Cohen et al., 2005; Collins & Feeney, 2004; Don & Hammond, 2017; Iles, Slade, & Spiby, 2011; Verhofstadt et al., 2007). When acting as a support recipient, individuals with an anxious attachment were more likely to report being under supported (Brock & Lawrence, 2014; Ditzen et al., 2008) and evaluate support attempts negatively (Collins & Feeney, 2004; Don & Hammond, 2017; Iles et al., 2011). However, it is not clear whether this is a general pattern, or if the attachment style of the support provider could influence perceptions of support in anxious recipients. Collins and Feeney (2004) found secure (i.e., low in avoidance and anxiety) and insecure support (i.e., high in avoidance and/or anxiety) recipients differed in their responses to the same support messages. Although both secure and insecure adults interpreted messages high in support as favorable, individual differences existed for messages low in support. Here secure adults perceived the messages to be well intended and not motivated to harm, although both avoidant and anxious support recipients deemed it to be inconsiderate and upsetting. Also, recipients with an avoidant attachment were more likely to believe the message was intended to cause them harm. Collins and Feeney suggested the ambiguity of support transactions influenced the recipient's perception of support. Insecure adults were more likely to interpret ambiguous messages as unhelpful and less well intended. Ambiguity may activate a bias for attachment-related support perception as such situations provide more opportunity for subjective construal. Gosnell and Gable (2013) reported no association between attachment anxiety and perceived support responsiveness. However, this study examined how attachment security affects support for positive events (capitalization) rather than support during times of stress. Therefore, in this less threatening context, individuals with an anxious attachment may not experience an activation of their attachment

system, which may have biased their interpretation of their partner's support in a negative manner. Rini, Schetter, Hobel, Glynn, & Sandman (2006) reported an association between high insecure attachment dimensions of the support recipient and perceptions of support effectiveness, although no distinction was made between attachment anxiety and avoidance.

### 3.4.3 | Interpersonal studies focusing on both members of the dyad: How the attachment style of a support provider affects the support recipient's behavior and perceptions (and vice versa)

A total of eight studies examined the relationship between the attachment dimensions, or styles, of an individual and the support behavior or perceptions of the corresponding person within the same dyad (see Table 5). Most studies examined how the attachment style of the support provider influenced either support seeking or support perceptions of the recipient. For example, one study reported no association between the attachment security of support provider and the recipients' frequency of support seeking (Davila & Kashy, 2009). When support recipients are partnered with a caregiver high in the dimension of attachment avoidance, we would expect them to hold negative perceptions of support due to the caregiving deactivation related with attachment avoidance (Kunce & Shaver, 1994; P. Shaver & Mikulincer, 2002). However, the review findings are ambiguous, with partners reporting both an underprovision (Kane et al., 2007) and an overprovision of support (Brock & Lawrence, 2014). Individuals with an avoidant attachment are characterized as providing a low frequency of support, and so it would be counterintuitive for recipients to report an overprovision of support. However, this relationship was gender specific, as only females reported receiving too much support from husbands with an avoidant attachment. Brock and Lawrence (2014) conducted a moderation analysis to identify alternative pathways to explain why husbands' avoidant attachment caused perceived overprovision of support by their wife. Relationship intimacy was identified as one pathway through which husbands' avoidant attachment is linked to overprovision of support. Couples reporting low levels of emotional intimacy experience difficulty assessing their partner's needs, which could result in an overprovision of support. Simpson et al. (2003) revealed no relationship between a husband's avoidant attachment and their wife's perceptions of support availability, the subjective judgment that significant others will be available to provide emotional support during periods of stress. However, it is unlikely the support provider's attachment will influence this cognition as it is thought to be a feature of a person's internal working model (Sarason, Sarason, & Shearin, 1986) and is, therefore, resilient to changes in social conditions.

As attachment anxiety is associated with less helpful support behaviors, support recipients partnered with an anxiously attached caregiver would be expected to report more negative outcomes regarding support perceptions. However, the findings were inconsistent, with some studies presenting negative outcomes, such as greater dissatisfaction in care (J. A. Feeney & Hohaus, 2001; Kane et al., 2007), whereas other studies showed that the attachment anxiety of the support provider had no effect on the recipient's perception of received support (Gosnell & Gable, 2013), or perceived support availability (Simpson et al., 2003). Several factors could help explain these contradictory findings. For example, one study demonstrating a null effect comprised the smallest sample size of couples in the review (Simpson et al., 2003, $n = 39$). In contrast, studies which showed expected negative outcomes had higher sample sizes (J. A. Feeney & Hohaus, 2001, $n = 362$; Kane et al., 2007, $n = 305$). The other study reporting a null effect adopted a support measurement of perceived availability (Simpson et al., 2003), which is resistant to change as it is a feature of an individuals' working model (Sarason et al., 1986).

A small number of studies examined how the attachment of the support recipient can influence caregiving behavior of the support provider. Male support recipients with an avoidant attachment were less likely to receive sensitive caregiving from females (Millings & Walsh, 2009). However, the attachment avoidance of the support recipient did not predict caregiving deactivation in the support provider, and the attachment anxiety of the support recipient did not predict caregiving hyperactivation of the support provider (Reizer et al., 2014).

### 3.4.4 | Interpersonal studies focusing on both members of the dyad: Interaction between caregiver and care recipient attachment variables

Some studies have collected data from both members of the dyad and examined how this interacts to predict outcomes of interest. A total of 16 studies fulfilled this criterion (see Table 6). Two studies examined how the attachment pairings of dyad members interacted to predict support behavior. Collins and Feeney (2000) examined lab-based interactions between caregivers' and recipients' attachment styles and support-seeking behavior in a sample of dating couples. One member of the couple had to disclose a personal problem to their partner, and findings revealed support seekers high in attachment anxiety tended to seek more emotional support when their partner was high in avoidance. Conde et al. (2011) considered interactions between caregiver and recipients' attachment styles (secure vs. insecure) and support provision (high vs. low) to predict symptoms of anxiety or depression in pregnant women and their partners. Higher anxiety and depression symptoms were found in women with an "Insecure-Insecure" combination of attachment style in the couple, than in women with "Secure-Secure" or "Insecure-Secure" couple attachment style pairing. Couple attachment style categories did not predict anxiety in men. However, higher depression symptoms were found in men with an "Insecure-Insecure" attachment dyad compared with "Secure-Secure" combinations. Conde et al. (2011) distinguished between insecure attachment styles (anxious vs. avoidant) and partner support (poor support vs. good support), although no significant interactions were found for anxiety and depression symptoms.

Simpson et al. (2002) examined interactions between caregiver attachment style and support responsiveness in relation to the support recipient's help-seeking behavior. One member of a dating couple (the man) was asked to perform a stressful task, observers then rated each woman's support giving and each man's support-seeking. When acting as a caregiver, women with a secure attachment altered their frequency of support in response to the level of support-seeking displayed by their partner. This interaction did not occur for female caregivers with an insecure attachment.

The remaining studies concerned interactions between support behavior of the caregiver and the attachment style of the recipient. For example, recipients with a secure attachment responded favorably to support, irrespective of caregiver attachment style (Ditzen et al., 2008; Howland & Simpson, 2014; Simpson et al., 2007; Stanton & Campbell, 2014). This could be due to their comfortableness with intimacy, making them open to receiving support from others, even from partners with an insecure attachment. Individuals with an avoidant attachment who received support displayed negative outcomes (Simpson et al., 2007), such as increased depressed mood (Girme, Overall, Simpson, & Fletcher, 2015) or anxiety (Conde et al., 2011), whereas on other occasions attachment avoidance had no effect on support recipient's anxiety, depression (McClure et al., 2014; Meuwly et al., 2012; Vilchinsky et al., 2010), or relationship satisfaction (Davila & Kashy, 2009). The frequency of support may explain this inconsistency because individuals with an avoidant attachment showed a reduction in levels of distress after receiving above average levels of emotional support (Girme et al., 2015) while reporting a decline in relationship satisfaction after receiving low levels of support (Reizer et al., 2014). This is a surprising finding as the attachment literature suggests caregiving deactivation should be beneficial to support recipients with an avoidant attachment. However, it may be that underprovision of support is only harmful to specific outcomes, such as relationship satisfaction, because under such circumstances intimacy, trust, and communication would be low. Type of support may also be a factor because individuals with an avoidant attachment responded more favorably to instrumental care compared to emotional care (Simpson et al., 2007).

Regarding recipients with an anxious attachment, relationship satisfaction has been shown to increase with responsive support (Gosnell & Gable, 2013), and two studies reported a reduction in distress levels following support attempts (Kordahji, Bar-Kalifa, & Rafaeli, 2015). However, individuals with an anxious attachment typically displayed less favorable responses to support, deriving no health benefits from perceiving high levels of support (Davila & Kashy, 2009; McClure et al., 2014; Meuwly et al., 2012; Reizer et al., 2014; Stanton & Campbell, 2014; Vilchinsky et al., 2010). Support comprising aggressive humor was also shown to reduce mood in anxiously attached

recipients (Howland & Simpson, 2014). Reizer et al. (2014) reported support providers high in caregiving hyperactivation were less satisfied in their relationship when their partner is high in attachment anxiety. However, these studies did not consider the attachment style of the caregiver, and this could help explain the ambiguity of these findings. For example, we would expect individuals with an anxious attachment to respond more favorably to responsive support, a behavior associated with secure caregivers. In contrast, when both members of a dyad have anxious attachments, there is a higher risk for over support provision, a feature of support associated with negative outcomes. Finally, anxious recipients partnered with avoidant caregivers would be more likely to perceive an underprovision of support and again be prone to negative outcomes. Therefore, it is important for future studies to incorporate the attachment style of both dyadic members to reveal possible qualitative features of support transactions, such as support responsiveness.

## 4 | DISCUSSION

The overall findings of this review offer validation for an attachment-based model of support processes in couples. Individuals with a secure attachment were more likely to provide sensitive and responsive support, and to evaluate support attempts from others in a positive manner. Maladaptive support behaviors were more likely to occur when one or both members of a romantic dyad had an insecure attachment. Individuals with an avoidant or anxious attachment were more likely to provide inadequate support, and when receiving support, to interpret it in a negative fashion.

The review findings suggest the attachment of the support recipient is important, as this can influence interpretation of support attempts (Collins & Feeney, 2000; Pierce et al., 1997). Individuals with a secure attachment were more likely to evaluate support from others in a positive manner whereas insecure recipients tended to report negative appraisals of support transactions. As individual differences in attachment are based on working models, physical features of support transactions may be construed differently depending on the attachment security of the support recipient. Internal models may implicitly alter how individuals process information regarding social support by directing attention and memory systems to organize and filter incoming information (Collins & Allard, 2001; Collins & Read, 1994). Indeed, features of social perception are assumed to be driven by top-down processing whereby existing schemas shape the way new information is interpreted (Baldwin, 1992).

Attachment styles and dimensions are thought to bias the recipients' preference to certain kinds of caregiving, via expectations of responsiveness and reliability in others (attachment anxiety), and tolerance regarding their comfort with intimacy (attachment avoidance). Consequently, more support is not always desirable, specifically if the type of support being provided is not responsive to the attachment style of the support recipient (Maisel & Gable, 2009). The match between desired and received levels of support has also been labeled support adequacy (Brock & Lawrence, 2008; Dehle, Larsen, & Landers, 2001). Alternatively, a "support gap" will exist if there is a mismatch between an individual's desire for support and the amount of support they receive. A support gap occurs when a recipient is either under supported, receiving too little help, or over supported, receiving more support than required. Attachment theory posits support recipients with an insecure attachment are a risk of experiencing a support gap, with support recipients high in attachment avoidance more likely to report an over-provision of support, whereas those high in attachment anxiety an underprovision of support (Collins & Feeney, 2000). This review found that support recipients with an anxious attachment reported an underprovision of support, and it may be that their support need is so high it could be impossible to meet (Brock & Lawrence, 2014; Ditzen et al., 2008; Hunter et al., 2006; Martin, Paetzold, & Rholes, 2010). The review also identified a support gap for recipients with an avoidant attachment, although this was counter to expectations, as they perceived an underprovision of support. However, we must be cautious when interpreting these findings, as unless the attachment of both dyad members are measured it's hard to test this hypothesis. For example, if both members of the dyad are avoidant presumably

this could explain perceptions of under-provision, and if the support provider has a secure attachment, they are more likely to sense that their partner wants/needs less support. Therefore, perceptions of overprovision might only occur with anxious and avoidant attachment dyads.

Conversely, the findings of this review did not find a consistent link between attachment anxiety and hyperactivation of the caregiving system, although it is feasible the environmental levels of stress were not high enough to trigger caregiving hyperactivation (Mikulincer & Shaver, 2007). Personal distress is thought to overly stimulate the caregiving system meaning individuals with an anxious attachment are more likely to overestimate their partner's support needs, resulting in misattuned or insensitive support. Indeed, this shows the importance of how contextual factors may moderate support provision and the need for future studies to acknowledge these effects. Although studies in this review considered contextual factors such as relationship satisfaction, most did not measure levels of perceived stress, which is pertinent as stress activates the attachment system. Indeed, although some studies comprised samples undergoing stressful life events, such as cancer (Braun et al., 2012; Kim & Carver, 2007), pregnant women (Conde et al., 2011; Rini et al., 2006) terminally ill patients (Eldredge, 2004), exams (McClure et al., 2014), and clinically distressed couples (Peloquin et al., 2014), we cannot assume all participants perceived stress equally in relation to a specific life event. Reizer et al. (2012) measured perceived distress in geographical areas of Israel, categorized as either high-risk, intermediate risk or low-risk. Individuals high in the dimension of attachment anxiety reported the highest levels of personal distress, and this effect was more pronounced for individuals residing in high-risk areas. In addition, high levels of personal distress inhibited support provision frequency, although this relationship was not moderated by couples' area of residence (high vs. low risk). Ditzen et al. (2008) measured cortisol levels in response to an experimentally manipulated stressful event. Although support was associated with reduced cortisol levels, there was no main effect of attachment on cortisol levels and no interaction between attachment and support provision.

Attachment theory stresses the dynamic and reciprocal nature of romantic relationships; both members of a dyad are active contributors in support transactions, whereby the reactions of one partner are influenced by those of the other partner (George & Solomon, 1999). Therefore, the attachment pairing of romantic dyads can affect the interactional synchrony of support behaviors such as help-seeking and caregiving. For example, the support recipient's capacity to communicate their needs and their readiness to accept the support that is offered may be a principal factor influencing the features of caregivers' support provision. We recommend therapeutic interventions to consider attachment styles of couples in therapy because they are likely to have implications for how people utilize social support and manage their mental wellbeing in the context of stressful life events. Clinicians could then help people formulate how earlier relationship histories might impact support seeking from significant others and help those with more insecure styles try out more adaptive ways of support seeking, so social relationships are more able to offer a buffering effect against the development of mental health problems. Only two studies examine attachment dyadic interactions, indicating that insecure attachment pairings in dyads are associated with less frequent support and high rates of psychopathology (Collins & Feeney, 2000; Conde et al., 2011). However, research is needed to establish how this interaction differs according to attachment dimensions. For example, how do dyads comprising the different combinations of attachment pairings vary in the capacity to reciprocate support transactions?

## 4.1 | Limitations of review studies and future directions

One prominent limitation of the review studies is the reliance on questionnaire measures for support provision. Questionnaires, such as the Caregiving Questionnaire (Kunce & Shaver, 1994), typically measure support as a set of skills which a person subjectively believes they can perform, when an individual's actual (day to day) support experiences may differ. Beliefs about one's own support skills may not be grounded in reality and therefore may not be congruent with real experiences of received support by a partner. To overcome this limitation, we recommend researchers make use of observational and diary methods in addition to questionnaires, to identify contextual

factors which may moderate the relationship between an individual's cognitions of support skills and their actual support behavior. For example, when reviewing null finding in relation to this distinction, we discovered that studies measuring subjective perceptions of support provision skills ($n = 11$) accounted for only 2 of the reported null findings, whereas studies measuring observed support provision during interactions ($n = 10$) accounted for seven of the reported null findings. This would imply that the association between attachment and observed support provision transactions may not be a robust as the literature assumes. The weak correlation between questionnaires measuring perceived support ability and observed support transactions may be explained by moderator variables, such as empathy and motivation to help. For example, a person may have a high level of peak ability but may not show this due to a lack of motivation or because of other barriers like lack of empathy, or an inability to manage their own emotions (Collins & Feeney, 2010). As an individuals' motivation state is fluid, it may be dependent on the social contexts in which the support takes place (e.g., stress, relationship satisfaction).

A further issue within the review studies regards the conceptualization of support as dichotomous categorizations, which view support as being either present or absent. This is pertinent, as just because support has been acknowledged, it does not mean it has been effective. Individuals have unique support needs and preferences for the amount and type of support they require from their partners (e.g., Gardner & Cutrona, 2004), and perceptions of the adequacy of partner support, rather than perceptions the amount of support received, may be an important feature of social support (Cohen & Wills, 1985; Cutrona & Russell, 1990; Dunkel-Schetter & Bennett, 1990). However, only a small number of studies have assessed how well support received matches that desired by recipients. This conceptualization of support has been called support adequacy (Brock & Lawrence, 2008) and effective support (Rini et al., 2006).

Most studies included in this review did not assess how contextual factors such as environmental or relationship factors, could either facilitate or impair support attempts. Rather than expecting attachment styles to be general moderators of support effects, we need to consider the contexts in which these behavioral systems might be activated. For example, stress is important as it can activate the attachment system and may override caregiving strategies (George & Solomon, 1999; Mikulincer & Shaver, 2009). Although it was common for stress to be manipulated in the lab, studies using this design typically measured support processes over brief time periods, often under conditions of acute stress. In real life, however, support recipients are usually dealing with a long term, chronic stress, which will have a greater chance of distressing the support provider, possibly activating their attachment system. Only a small number of participants comprised a sample who were experiencing a stressful naturalistic event such as cancer (Braun et al., 2012; Kim & Carver, 2007), diabetes (Cohen et al., 2005), heart disease (Vilchinsky et al., 2010), pregnancy (Conde et al., 2011; J. A. Feeney et al., 2003; Simpson et al., 2003), or examinations (Meuwly et al., 2012). Another contextual factor is relationship satisfaction, although this factor has not been consistently controlled in the review studies. Indeed, some studies have used relationship satisfaction as an outcome measure. High levels of relationship satisfaction tend to facilitate supportive acts, and future studies would be advised to treat this as a moderator variable. Other relationship contextual factors include the relationship duration of couples. This is an issue, as if couples have a short relationship history, they may not have experienced stressful events in such a brief duration. Therefore, social support may not be a feature of their relationship to date.

Finally, certain types of support require time to become effective. For example, effective emotional support aims to modify the appraisals of the support recipient, and cannot be accomplished through a single, brief message (Burleson & Goldsmith, 1998). Therefore, future research should examine attachment and support dynamics in couples under conditions of naturalistic (i.e., chronic) stress, over a series of time points. Indeed, novel findings in the support literature have typically derived from studies using diary methods to empirically test new theories (Davila & Kashy, 2009; Gosnell & Gable, 2013; Meuwly et al., 2012), or by measuring support over a longitudinal period (Brock & Lawrence, 2014; Cobb, Davila, & Bradbury, 2001; Conde et al., 2011; J. A. Feeney et al., 2003; Iles et al., 2011; Rini et al., 2006).

### 4.2 | Limitations of the review

Although this review has confirmed a relationship between attachment and support, causality cannot be confirmed by the results of this review. In addition, the review findings should not be taken to suggest that attachment style is more important than other factors; in relation to support behaviors. Social, dispositional and environmental variables should continue to be included in studies assessing antecedents and facilitators of support behaviors. Differences regarding the conceptualization of social support have complicated the synthesis of the results. For example, whereas some investigators measured perceived caregiving skills, others have measured actual support behavior between dyads. In terms of adult attachment instruments, most assessed relationship security as a trait-like construct, where a small number were designed to measure attachment dimensions in respect to a specific relationship, such as a romantic partner or parent. Barry et al. (2007) posit that generalized and specific attachment representations are distinct, and that specific attachment to one's partner is a better predictor of support availability than general measures.

## 5 | CONCLUSION

Despite methodological limitations, the results of this review provide compelling evidence of an association between adult attachment style and support. However, the review revealed that most research has tended to study the association between attachment and support at the intrapersonal level, focusing on either the attachment style of the support provider or the support recipient, rather than on the interaction of the two. This is limiting as support is an interpersonal process, and should be studied at the dyadic level, to examine how support behavior is shaped not only by an individual's attachment style but also by that of the partner as well. For example, the effects of attachment style on the recipient's perception of received support may be amplified or attenuated depending on the attachment of the support provider. To adequately capture these dyadic processes, research must be designed in a way that allows for an assessment of both partners' characteristics and outcomes.

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