The Impact of Male Anxiety on their Spousal Relationships

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Abstract

The purpose of this research was to understand how men, who self-identify the experience of anxiety, perceive it impacts their spousal relationship. The theoretical frameworks this study draws from are attachment and social learning. This study used a qualitative, cross-sectional, exploratory design. Six males, who self-identified experiences of anxiety, participated in the study. One focus group and two individual interviews were conducted to gather qualitative data. The findings revealed four themes: (a) emotional confusion (b) avoidance of their spouse when anxiety/anger is present, (c) financial responsibilities as a precursor to anxiety, (d) cognitions and physiological responses related to anxiety and the spousal relationship. Finally, implications for social work policy, practice, and research are discussed.
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Introduction

Anxiety is part of the human condition most people will experience during some point in their lives (Vanin & Helsley, 2008). In their publication, The Human Face of Mental Health and Mental Illness in Canada, the Government of Canada (2006) stated, “Approximately 1 in 8 adults in Canada aged 15-24, 25-44 and 45-64 years reported symptoms that met the criteria for having had one of the selected anxiety disorders during their lifetime” (p. 82). They identified some of these anxiety disorders as (a) generalized anxiety disorder (GAD); (b) social phobia, also known as social anxiety; (c) specific phobia, obsessive-compulsive disorder; post-traumatic stress disorder; panic disorder; (d) and agoraphobia (pp. 80–81).

The experience of anxiety, as outlined by Vanin and Helsley (2008), is specific to the individual and may present as symptoms ranging from apprehension to hypervigilance and somatization (p. 1). AnxietyBC (n.d.) indicated one in six men experience the effects of anxiety (para. 4). It was also reported that men seem to experience more difficulty than women in requesting assistance for their anxiety:

“If you’re male and have been socialized to be active and controlling, anxiety is (perceived) as a sign of weakness,” said Dr. Rector. Men with anxiety berate themselves, saying “I’m vulnerable, I’m failing.” Their embarrassment prevents them from reaching out for help. (para. 6)

When male anxiety is present in the context of the marital relationship, it can activate the adult attachment system, which may subsequently produce fragility, stress, and tension in the relationship (Stanton & Campbell, 2014). This combination of stressors and anxiety can equate to reductions in marital satisfaction and increased degrees of conflict (Dehle & Weiss, 2002).
The question being explored in this study was: How do men, who experience self-identified anxiety, perceive it impacts the relationship with their spouse?
**Literature Review**

This review sought to explore what literature was available regarding the broad question: “How do men, who experience self-identified anxiety, perceive it impacts their spousal relationship?” Deconstruction of this question for the purpose of this review identified three sub questions: (a) How do men experience anxiety? (b) How does male anxiety impact the spousal relationship? and (c) What internal and external factors influence male anxiety?

This review identified three themes. The first outlined attachment styles within a marital relationship, the second examined the relationship between anxiety and martial satisfaction, and the final theme explored economics and anxiety in the marital relationship. Following the literature review, a gap analysis highlighted some of the areas that may not have been explored.

**Attachment Styles within the Martial Relationship**

Bowlby’s (1969, 1973, 1980, 1988) attachment theory is often used as a foundation to explain the relationship between adult attachment styles and marital satisfaction across the life cycle of a marriage (Feeney, 1994; Hazan & Shaver, 1987; Johnson, 1999). Hazan and Shaver (1987) also explored the “possibility that romantic love is an attachment process—a biosocial process by which affectional bonds are formed between adult lovers” (p. 511). Hazan and Shaver delineated three styles of adult attachment: secure, anxious/ambivalent, and avoidant.

**Secure adult attachment.** Secure attachment, as outlined by Hazan and Shaver (1987), showed that 56% of the adult respondents studied, described their love as “happy, friendly, and trusting... They emphasized being able to accept and support their partner despite the partner’s faults” (p. 515). Moreover, these individuals reported they found it relatively easy to get close to others, they did not worry about being abandoned, and they felt comfortable allowing others to be dependent on them (p. 515).
Anxious/ambivalent adult attachment. Based on their study of anxious/ambivalent adult attachment style, Hazan and Shaver (1987) indicated that 20% of the adult respondents reported an anxious/ambivalent attachment within their relationship. This was characterized as “love involving obsession, desire for reciprocation and union, emotional highs and lows, and extreme sexual attraction and jealousy” (p. 515). Furthermore, Hazan and Shaver’s participants indicated anxiously attached individuals see others as reluctant to get as close to them as they desire. This consequently causes them to worry that their partner does not genuinely love and care for them, thereby provoking internal fear that their partner may leave them. These individuals further indicate the desire to merge completely with others, which sometimes scares people away (p. 515).

Both Feeney (1994) and Stanton and Campbell’s (2014) findings supported Hazan and Shaver (1987) regarding anxious/ambivalent adult attachments. Mondor et al. (2011) described how anxiously attached adults conceptualize themselves with a foundation rooted in an internal working model of self as un-loveable (see also Hazan & Shaver, 1987). The concept of anxious attachment outlined by Hazan and Shaver was further developed by Ainsworth and Bowlby (1991), Johnson (2003), and Stanton and Campbell (2014), whereby it was noted that the individual’s attachment system became hyper-activated (i.e., attachment arousal) when faced with a threat or stress. This caused the person to become consumed with the perception of rejection and abandonment-related fears, resulting in increasingly stronger attempts to regain attention. This has been referred to in the attachment literature as proximity seeking (Bowlby, 1973; Johnson, 2003; Stanton & Campbell, 2014).

Avoidant adult attachment. In the third style of adult attachment, avoidant, Hazan and Shaver (1987) reported: “The avoidant lovers were characterized by fear of intimacy, emotional
highs and lows and jealousy” (p. 515). They were somewhat uncomfortable being close to others and found it difficult to trust them completely; they also expressed difficulty depending on others and being nervous when a lover gets too close (p. 515).

Johnson (2003) and later Mondor et al. (2011) also explored the notion that avoidance can present during times of attachment arousal. Individuals with greater avoidance characteristics utilize deactivating strategies, such as the reduction of proximity seeking in order to numb or disengage the attachment arousal (Johnson, 2003; Mondor et al., 2011). These deactivating strategies are based on internal working models of others being unavailable during times of need (Hazan & Shaver, 1987; Johnson, 2003; Mondor et al., 2011). They may be demonstrated within the spousal relationship as denial of needs and emotional disconnection from one’s spouse. This acts as a way to protect one’s self from uncomfortable feelings associated with attachment arousals (Bowlby, 1973; Hazan & Shaver, 1987; Johnson, 2003; Stanton & Campbell, 2014).

Implications of attachment styles on relationships. The implications of these attachment styles vary. Individuals who exhibit the avoidant attachment engaged in less self-disclosure and reported negative communication patterns within their intimate relationships (Stanton & Campbell, 2014, p. 530). Anxiously attached individuals reported the tendency to perceive increased conflict within their relationships, escalate the severity of such conflict, and remain distressed for longer periods than individuals who are securely attached (Mondor et al., 2011; Stanton & Campbell, 2014; Treboux, Crowell, & Waters, 2004). Feeney (1994) reported, “Couples consisting of two secure partners showed better marital adjustment than did other couples, reporting greater intimacy, more favorable evaluations of the spouse, and less aggression/withdrawal in response to conflict” (p. 334). In support of Feeney’s findings related to secure couples, Treboux et al. (2004) identified that secure couples “were most satisfied
overall with their relationships, were most confident in themselves, and reported relationships that were low in conflict” (p. 308).

**The Relationship between Anxiety and Marital Satisfaction**

McLeod’s (1994) study entitled *Anxiety Disorders and Marital Quality* looked at the perceived quality in relationships in which neither, one, nor both spouses met criteria for an anxiety disorder within the *Diagnostic and Statistical Manual DSM-III-R* (American Psychiatric Association, 1987). Regarding generalized anxiety disorders (GAD) specifically, McLeod found:

Wives with GAD reported significantly poorer marriages than did other wives. . . .

Husbands’ GAD did not significantly influence their own, or their wives’, perceptions of marital quality. As often as not, husbands with GAD gave more positive reports than did husbands without GAD, although the differences were not significant. Furthermore, wives whose husbands met criteria for GAD did not consistently report poor marital quality. (p. 770)

Pankiewicz, Majkowicz, and Krzykowski (2012) supported McLeod’s (1994) findings within their study, stating, “Couples where the female partners are affected [by an anxiety disorder] are particularly fragile” (p. 176). Leach, Butterworth, Olesen, and Mackinnon (2013) and Pankiewicz et al. (2012) supported the claim that anxiety disorders where the *wife or both* partners are affected should be considered as a potential reason for marital problems.

In contrast to the findings presented by McLeod (1994) and Pankiewicz et al. (2012), Gottman and Levenson (1986) and more recently Dehle and Weiss (2002) suggested a husband’s anxiety may impact the marital relationship more often than previously reported. Dehle and Weiss examined the association between self-reported states of anxiety and marital adjustment. Within their sample of 45 couples, they “focused on the role of husband anxiety in marital
adjustment” (p. 328). Their findings indicated “husbands who are more anxious may behave more negatively during marital interactions” (p. 336). Dehle and Weiss claimed this could be due to the husband’s “greater self-reported anxiety symptoms predict[ing] subsequent decreases in husbands’ and wives’ marital quality. [Whereas] wives’ anxiety symptoms are not significant predictors of changes in either their own or their partners’ reports of marital quality” (p. 335).

**Economics and Anxiety in the Marital Relationship**

In the cases where men see themselves as the primary income earner in the relationship, the perceived inability to provide has been found to be a stressor that can provoke anxiety (Crowley, 1998; Leach, Christensen, Mackinnon, Windsor, & Butterworth, 2008). Leach et al. (2008) explored how anxiety for men can differ across the lifespan. They indicated “problems related to employment were more common for men than women through all age groups” (p. 192). Additionally they stated “For men, negative employment experiences were more common in all age cohorts, with work problems and employment insecurity found to be associated with greater depression and anxiety” (p. 194).

Some discussion of terminology is important for the following section. Throughout the review, terms such as anxiety, distress, and stress seem to be overlapping and used interchangeably (Leach, Poyser, Cooklin, & Giallo, 2016). Vanin and Helsley (2008) stated,

> Anxiety is a normal reaction to stress … [and] can be experienced when things go right (e.g., a positive stressor such as getting a new, exciting job) as well as when things go wrong (e.g., a negative stressor such as losing one’s job). (p. 2)

As Vanin and Helsley illustrated, anxiety can have different meanings for different people and can be a confusing term (p. 1). For example, some sources identified marital distress caused by financial issues (Gundmunson, Beutler, Israelson, McCoy, & Hill, 2007; Larson, Wilson, &
Beley, 1994). Whereas, Leach et al. (2008) identified male anxiety caused by vulnerability related to employment. Finally, Crowley (1998) indicated how anxiety, perception of one’s ability, and job stress can impact the marital relationship.

Gundmunson et al. (2007) conducted a study that explored the link between financial strain and marital instability. They found that “financial strain contributed strongly and evenly to increases in husband’s [and wives] emotional distress” (p. 373). These authors linked this financial distress with couple disagreements, increased couple fighting, and decreased quality time together (p. 373). In addition, Larson et al. (1994) conducted a study titled “The Impact of Job Insecurity on Marital and Family Relationships.” They found that “husbands’ job insecurity stress negatively affected their marital satisfaction and perceptions of general family functioning, family role clarity, and affective responsiveness” (p. 142). According to Larson et al., husbands reported “more marital and family problems” when experiencing job insecurity stress (p. 140).

Similar to Larson et al.’s (1994) study, Crowley (1998) explored the relationship between men’s perceived adequacy as the family breadwinner and their well-being (p. 7). The study examined three aspects of subjective well-being, which Crowley defined as psychological, marital, and work-family. A link between these three areas in relation to men’s earner status, self-perceptions of their adequacy as breadwinners, or both, was explored. The results indicated that a perceived inadequacy to meet economic needs could affect psychological well-being (p. 15). This was evidenced by the statement: “Husbands’ experiences of conflict and negativity within their marriages were linked to the perception of their adequacy as the family breadwinner” (p. 16).
**Gap Analysis**

An overview of the literature regarding male anxiety and its impact on the spousal relationship was provided throughout this review. In addressing the first sub-question: How do men experience anxiety, there appeared to be limited information specifically regarding men. This lack of empirical study was identified by Leach et al. (2008) and was evidenced by the statement: “There is a paucity of research investigating the gender difference in anxiety” (p. 2). The absence of this research was again identified by Kierski (2014) when he found a lack of clarity and empirical research about male anxiety (p. 111). Subsequent limitations created by this gap were noted in the area of direct social work practice. Due to the lack of research in this area, there did not appear to be information related to social work assessment and/or interventions specifically related to working with couples where the male experienced anxiety. Additional study in this area could address how to assess and support couples when male anxiety occurs.

Another common and related gap that made it difficult to explore literature related to how males experience anxiety was the unclear distinction of anxiety. Multiple variations of the experience of anxiety were utilized study to study, which made it difficult to establish a baseline of how to interpret and report male anxiety. For example, some studies (McLeod, 1994) examined anxiety in terms of specific and distinct diagnostic classification (such as GAD, specific phobias, panic disorder, etc.); whereas, others appeared to refer to anxiety as a broad and all-encompassing term (Dehle & Weiss, 2002; Pankiewicz et al., 2012). This occurrence was further noted by Leach et al. (2016) in the statement: “The broad range of anxiety disorders available for assessment, (e.g. Generalised Anxiety Disorder(GAD); Panic Disorder (PD); Post-Traumatic Stress Disorder (PTSD) etc.) also poses a challenge when summarising the literature” (p. 676).
To answer the second question: How does male anxiety impact the spousal relationship, adult attachment styles were examined. The review revealed how attachment styles can provide a baseline to explore how anxious or avoidant attachments in either spouse can contribute to marital dissatisfaction. Although it was indicated women more often experienced anxious attachments and men avoidant attachment (Mondor et al., 2011), there was no information located that explored the role of psychosocial factors or gender variations related to attachment styles in the adult relationship. This limitation could be linked to the impacts of socialization and the different ways each gender experiences attachment. Because men and women are taught gender discourse differently through socialization, one may argue that attachment arousals could be triggered by external variables that are gender specific, such as factors related to the perception of men being the primary income earners (Bandura, 1977). This was also illustrated by Leach et al. (2008), who indicated psychosocial issues, such as employment vulnerabilities, caused heightened anxiety in males (p. 252).

These considerations provided the basis for the third sub question: What internal and external factors influence male anxiety? This question was mainly addressed in the section discussing economics in the marital relationship. There was an underlying notion that men carried the primary financial responsibility for the relationship; yet, this was only explicitly stated within Crowley’s (1998) study. Larson et al. (1994) had a sample of 111 couples; 69 of the participants were employed males and 42 were employed females. However, it was not specified who the main income provider for the marital relationship was, nor did they discuss the level of employment stability. Further exploration into this gap could examine if there is a relationship between marital satisfaction and the gender of the primary income provider and if this relates to male anxiety.
This review did not attempt to analyze the role that culture or ethnic variations may have on anxiety and was primarily focused on Western values and beliefs, as the roles of culture or ethnic variation were unrelated to the three inquiry questions. Additional research into the way different cultures view and experience male anxiety, including how attachment and economic issues affect the marital relationship, could provide further insight into the understanding of male anxiety. This additional research could also provide more information about how social work practitioners can assess, and support couples where male anxiety is present in the relationship.
**Theoretical Framework**

This study was guided by attachment and social learning theory frameworks. Attachment theory is grounded in the belief that one’s intimate childhood relationships are influential in how one perceives and understands the world (Bowlby, 1988; Hazan & Shaver, 1987). Attachment theory has been rooted in aspects of Darwin’s ethology, Piaget’s cognitive psychology, and Freud and Erikson’s psychoanalysis (Bretherton, 1992; Steele, 2007).

As noted by Steele (2007), John Bowlby was the founder of attachment theory and derived his knowledge from his psychiatric and psychoanalytic background. Steele noted that Bowlby incorporated the idea of the significance of the two-way bond of infant and mother as vital to survival (1:24). From the psychoanalytic perspective of Freud, Bowlby understood the “profound and long term emotional impact of early relations” (1:31) as being important in forming intimate relationships throughout the lifespan. From Erickson’s work, Bowlby gleaned the concern with “the impact of real life experiences throughout the entire life course” (1:41). Based on Piaget and cognitive psychology, Bowlby embraced the idea of the importance of internal schemas and how the “beliefs about oneself in relation to others in the world is based on mental models and schemas” (1:55).

Bowlby’s (1988) research encompassed four dominant characteristics of attachment between the caregiver and child, which he theorized would formulate an individual’s internal working model of him- or herself in relation to others. The first characteristic was *proximity maintenance* and the desire to be near to those one is attached to (Ainsworth & Bowlby, 1991, p. 7). The second was *safe haven*, which was described as the return of the child to the attachment figure for comfort and safety in the face of a fear or threat (p. 5). The third, *secure base*, was defined as the attachment figure acting as the base of security from which the child can
explore the surrounding environment (p. 11), and finally, *separation distress* was illustrated as anxiety that occurs in the absence of the attachment figure (p. 3).

In the 1970s, Mary Ainsworth expanded upon Bowlby’s work with her *strange situation* experiment (Ainsworth & Bowlby, 1991). Using the characteristics outlined by Bowlby, Ainsworth discovered three attachment styles based on how children responded to their caregivers, namely: ambivalent, avoidant, and secure. As described in the literature review, Hazan and Shaver (1987) further outlined the characteristics of these attachment styles within the context of the adult spousal relationship.

Johnson (1999, 2016) also embraced aspects of attachment theory in her work with couples. She developed emotionally focused couples’ therapy, which was built on the proponents of attachment theory outlined by Bowlby. The blending of these theories, in addition to the incorporation of the strengths perspective, has been the basis for Johnson’s therapeutic interventions. She used the attachment styles (i.e., ambivalent, avoidant, and secure) to examine the nature of relational distress and adult attachment processes within intimate relationships. Reducing the level of relational distress and repairing attachment injuries is one way that emotionally focused therapy reduces felt anxiety within the spousal relationship (Johnson, Makinen, & Millikin, 2001).

The second theoretical base utilized was social learning theory (Bandura & Davidson, 2003). Social learning theory, as outlined by Bandura (1977), provides a theoretical road map regarding the way males are taught to conduct themselves as men by virtue of learning based on modelled behaviour by others. Bandura stated, “Most of the behaviours that people display are learned, either deliberately or inadvertently through the influence of example [or model]” (p. 5).
The main components of social learning are based on four sequential elements related to observational learning and conditioning.

The first element of social learning, as outlined by Bandura (1977), relates to attentional processes. This is described as observational experiences linked with associational preferences and is related to attending to and recognizing the essential features of the model’s behaviour (p. 6). Bandura indicated models who are highly influential will be closely observed, and those with interpersonal attraction will be favoured over others (p. 7). Bandura stated, “The people with whom one regularly associates delimit the types of behavior that one will repeatedly observe and hence learn most thoroughly” (p. 6).

The second element of social learning relates to retention processes (Bandura, 1977). Bandura (1977) described retention as conditional processing designed to teach the individual how to reproduce the model’s behaviour at a later time (p. 7). This conditioning is achieved through a series of activities: symbolic, visual and verbal coding, cognitive organization, mental images, rehearsal and imitation (p. 7).

Bandura’s (1977) third element is motoric reproduction processes and is described as behavioural reproductions the learner puts together based on previously learned patterns (p. 8). This behaviour is continuously refined through self-correction and is based on direct and indirect informative feedback from performance (p. 8). The final skills acquired are reinforcement and motivational processes (Bandura, 1977). A person who learns how to execute skillfully modeled behaviour and is reinforced with positive incentives will likely continue to develop and refine this behaviour (p. 8). This provides motivation for the individual to continuously replicate the modeled behaviour (p. 8).
Based on the tenets of Bandura’s social learning theory, behavioural marital therapy was developed by Jacobson and Margolin (1986). This therapeutic approach was designed to be used with couples and provided three intervention strategies: (a) behavioral exchange, (b) communication training, and (c) problem-resolution training (Chapman & Compton, 2003). It was created to increase marital satisfaction and decrease negative marital interactions (Chapman & Compton, 2003; Jacobson & Margolin, 1986).

Stuart (1969) stated, “In a successful marriage, both partners work to maximize mutual reward while minimizing individual costs” (p. 676). Through behavioural exchange intervention strategies designed by Jacobson and Margolin (1986), mutual reward is ideally maximized through increased rates of positive mutual exchanges, the creation of hopefulness for the relationship, and heightened commitment (see also Brandell, 2011; Chapman & Compton, 2003).

This is done, in part, through developing a contingency plan that outlines how problem solving will be successfully navigated outside of the therapeutic context (Stuart, 1969, p. 263). Contingency planning is derived from what Bandura (1977) described as mutual reinforcement and can be accomplished through in kind or token interactions within the relationship. It rests on the premise that couples engage in reciprocal relations, where they provide an equal exchange to what Jackson (as cited in Stuart, 1969) referred to as “quid pro quo,” meaning, I do this for you – if you do that for me (p. 677). Stuart (1969) described how a husband may engage in entertaining his wife’s parents for the weekend, with the expectation that his behaviour will later be rewarded by his wife in a manner he deems fulfilling (p. 675).

The second strategy of behavioral marital therapy, communication training, involves strengthening couples’ assertive and respectful communication patterns. Bandura (1977) referred to these forms of learning as attentional and retention processes. They can be accomplished
through a series of learning sessions designed to enhance empathetic responses. The couple learns how to attend to their partner’s needs, validate their concerns, and develop positive communication skills. This is completed through modelling and practicing behaviours discussion and feedback from the spouse and practitioner (Brandell, 2011; Chapman & Compton, 2003; Jacobson & Margolin, 1986). This training equips each partner with the ability to voice and understand each other’s desires, needs, feelings, and thoughts and creates the basis for the third phase of problem resolution training (Chapman & Compton, 2003).

During problem-resolution training, couples work together to improve their level of communication and reactions relating to problems that arise in their marriage. This is done through mutual empathy, acceptance of differences, and reformulation of problems into external entities the couple can address together (Brandell, 2011, p. 270). To teach mutual empathy, the practitioner works with the couple to develop each spouse’s understanding of the root of the behaviour, why conflict arises from it, and how it impacts their spouse (p. 270). This practice builds the couple’s ability to normalize and emotionally detach from their conflict. This will then create space for them to explore and discuss their conflictual events and the emotional reactions elicited from them. Upon mastering this, the couple should then be able to autonomously problem solve marital conflict while maintaining marital satisfaction (p. 270). Bandura (2011) described this stage as motoric processes, where the spouses continue to refine and develop their skill set relating to their abilities to manage spousal conflict.

This combination of attachment and social learning theories can provide a basis to guide social work practice when working with male anxiety, in general, and male anxiety related to the spousal relationship. Building upon these two theoretical frameworks, behavioral marital therapy
and emotionally focused therapy, provide tangible strategies that social work practitioners can utilize when working with this population, to reduce anxiety and increase martial satisfaction.
Design and Methodology

This study was conducted from an attachment and social learning conceptual framework, using a qualitative, exploratory, cross-sectional, design to investigate the research question: How do men who experience self-identified anxiety perceive it impacts the relationship with their spouse? The data were collected from participants at one point in time. This design was chosen because it was important for the researcher to be able to conceptualize the feelings related to the anxiety and ask clarification questions based on non-verbal cues that arose during the interviews. The researcher conducted inductive research and wanted to learn about male anxiety and the impact of the behaviours that manifested due to elevated anxiety within the context of the spousal relationship.

Participant Recruitment

Participants were obtained by snowball sampling, which is a non-probability recruitment approach (Dudley, 2011). The study was approved by University of the Fraser Valley (UFV) Research Ethics Board on March 18, 2015 (Appendix A). Following this approval, a letter was distributed to male individuals engaged in therapeutic interventions (group or individual counselling) with one of the two registered clinical counsellors employed by the Ann Davis Transition Society (ADTS). The recruitment letter provided to the participants by their therapists outlined the purpose of the research, the procedures followed in relation to the protection of their confidentiality, the limitations to this confidentiality, the detailed process of how their information was to be collected and protected, and their right to withdraw from the study (Appendix B). The letter provided the option to attend either a focus group or an individual interview. Four men attended a focus group held at ADTS, and two separate individual interviews were conducted at UFV. Written confirmation was received from the registered
clinical counsellor employed at ADTS to complete this research alongside himself and another registered clinical counsellor.

Inclusion criteria consisted of the participant self-identifying his experiences of anxiety and a self-report that his anxiety had somehow impacted his spousal relationship. Consent outlined the possible adverse reactions and whom to speak with should a reaction occur (Appendix C). A signature was obtained once consent was understood. Study confidentiality was explained verbally by the researcher.

The letter informed the participants that their information would be disseminated to the UFV academic community, including MSW students, professional publication, and peer-reviewed journals; therefore, other professionals and organizational institutions may have access to the information. No names have been used, and identity has been kept confidential by ensuring information is non descriptive and the person who shared the information will not be identifiable.

**Data Collection and Analysis**

Twelve questions guided the focus group and the interviews (Appendix D). Four participants were interviewed by using a focus group interviewing method, and two participants were interviewed individually. Interviews took 90 to 120 minutes each.

There were opportunities to address questions as they arose in the group and individual interviews. All interviews, including the focus group, were digitally recorded, and the participants were fully aware and consented to their information being recorded. Once the focus group and individual sessions were completed, the information from the recordings was transcribed by the researcher onto a password-protected computer at the researcher’s residence, and to protect participants’ anonymity, all identifying information was removed once coded.
After the research is disseminated, it will be kept under lock and key for five years from the dissemination date, at which time it will be shredded or erased.

In order to identify central themes that arose from the interviews with the participants, a thematic analysis was completed. This was completed by the familiarization with the data, the generating of codes, the identification of themes, the review of those themes, and finally, the defining and naming of the themes (Dudley, 2011).

**Ethical Considerations**

Developing this research was done in partnership with the executive director and staff from Ann Davis Transition Society (ADTS). The executive director provided permission and staffing time to ensure the therapists employed by ADTS understood the scope of the research question in order to be able to assist with securing participants. One of the registered clinical counsellors, who assisted with securing participants, provided an approval and permission letter via email outlining that ADTS was aware of the scope of the research being done on their premises (Appendix E). To circumvent any conflict of interest, the researcher had not worked in a professional or personal capacity with the participants.

This study was submitted to the University of the Fraser Valley’s Research Ethics Board on March 12, 2015, and was approved March 18, 2015. Due to the nature and sensitivity of the information collected, there was a risk of harm. This risk was examined closely by Human Research Ethics Board, and after edits and discussion, approval was granted to complete the study (Appendix A). To mitigate potential risk, an attempt was made to ask the questions in a manner that ensured strength-based questions were asked. Additionally, the questions were structured in such a way that positive behavioural questions were asked at the end of the each session. To account for any increased harm that may have come to participants, a list of available
therapists was provided to participants. Furthermore, they were provided with contact
information for Fraser Health’s crisis line.
Findings

Demographic Summary

Six male participants were interviewed for this study. They ranged in age from 34 to 65, with an average age of 42 years. They were married or in a relationship with a woman for an average of 10 years, ranging from less than one year to 24 years. All six participants had been involved in individual therapy in the year prior to this study, and four men had been involved in group therapy in addition to completing individual sessions. All participants, except one, had children. Five of the six men worked in trades, including roofing, logging, and the oil industry, and one had a business degree and worked as a professional.

Study Findings

In this section, the four themes uncovered through the thematic analysis of the data are delineated. The first theme, emotional confusion, was unexpected and provides a context for the subsequent themes. The emotional confusion theme explored how the participants appeared to misinterpret their anxiety with other varied experiences, such as internal pressure, stress, distress, or anger. The second theme, avoidance of spouses when anxiety/anger is elevated, explored the way participants reported avoidance of their spouses when they felt their anxiety was overwhelming. The third theme, financial responsibilities as a precursor to anxiety, was a theme highlighted by the participants as one of the key underlying factors that created internal experiences of anxiety. Finally, the presence of cognitive and physiological responses relating to anxiety and spousal relationship was identified as the fourth and final theme.

Theme 1: Emotional confusion. As Vanin and Helsley (2008) stated, the terminology of anxiety can illicit contradictions regarding the subjective way anxiety is conceptualized, manifested, and experienced (p. 8). This confusion appeared to be evident throughout this study.
The participants often responded to questions about anxiety with answers more reflective of anger. They often used terminology such as negativity, pressure, stress, being wound up, or hyperactivity interchangeably when asked questions specifically about anxiety. This confusion was evident within the explanation provided by Participant 5, when asked directly by the researcher: “How does anxiety affect your marital relationship?” He responded by stating, “She [his wife] would tell me that she doesn’t know how to help me; she feels helpless. I guess [my] negativity, if you’re around somebody negative all the time, it really brings you down, and she is a really positive person.”

Further evidence of the confusion related to anxiety was provided by Participant 1, when he answered the question asked by the researcher: “Do you believe you have experienced anxiety?” His response was:

Yes, I have experienced anxiety. There’s a lot of different things in my life that have been very trying. We have had still-born babies, my son is a twin, and the other twin didn’t make it; death’s in the family. That seems to be our biggest problem. Now my wife has been in depression for six years, and she always brings this up all the time. There’s always anniversaries of the passings. It’s very stressful on me.

Additional evidence of this emotional confusion regarding anxiety was provided by Participants 2, 5, and 6, where instances of verbal, physical, and potential sexual altercations occurred within their spousal relationships, which they indicated were part of their anxiety. For example, Participant 2 provided a description of a time he engaged in verbal and physical violence with his spouse that resulted in “smashed out windows, kicked in doors, and smashed TVs.” He shared the following:
You know, anxiety means you’re fighting. If I have anxiety about something, it means I’m fighting with the partner. So, there is no intimate, nothing, and it can take days. . . .

Six days before I even looked at her the last time. I don’t even like looking at her.

He then provided his description of how he linked what he referred to as anxiety and fighting by explaining,

When I raise my voice, my 110-pound Newfoundlander actually comes up to me and growls at my groin. He will bite my balls, and I’m not kidding, he will bite them. I was like, “What the hell dog?” and I was yelling at the girlfriend, and he was barking, and he was looking right at them. I was like, “Wow this is affecting my dog, and the cats are fucking off, and the kids are hiding in their rooms.” One’s got the earphones in, they probably can’t hear me yelling and screaming. Years ago they could, when I first got together with the girlfriend. Now, I try and go outside the house to yell and scream or into the garage, because it’s soundproof. Yeah, it’s not too good. The wife says that when I get wound up, it winds the whole house up.

This example provided by Participant 2, relating to his feeling of being “wound up” from his anxiety and fighting, was supported by Participant 1 when he stated,

Yeah, it has affected our whole family also. Even taken it back to work. [Participant 2 nodded in agreement]. I’ve lost it on a boss. He’s like, “Whoa, what’s up?” I tell him, and he’s like, “Oh, okay; that’s understandable.” It was rough for a bit, and sometimes there are some things that will set me off, and it’s not anything major to me, but I’ll walk in the house, and the wife will go, “What’s up?” Just the aura of me walking in the door sometimes is like, somethings wrong. It might be something very small, like getting pissed off with someone on the corner, as you’re coming in the door, and I mean it’s
nothing, but sometimes with my wife being in a depression mode herself for so many years, it just sets her up further, which trickles down to me too, and then vice versa. It goes round and round.

**Theme 2: Avoidance of their spouse when anxiety/anger is present.** In addition to anger being used to illustrate anxiety within these narratives, a second theme that arose was the avoidance of their spouses when the participants reported feeling anxious. Following a reportedly stressful narrative by Participant 1, Participant 2 looked at him and asked him if he had ever considered running away. This notion of avoidance of their spouses during times of conflict and heightened anxiety was referenced by Participants 1, 2, 4, 5 and 6.

Participant 5 illustrated how he would engage in shutting himself into his bedroom for one to two days after he had a fight with his spouse, as his guilt and shame would leave him feeling debilitated. Participant 1 mirrored this statement by indicating, “Yes, yes, and then that’s when, if I find myself losing my mind, that’s when I call it quits, that’s my shutdown for days.” Participants indicated that “you go blind” (Participant 1), and “in that state of mind, you don’t think. . . . Logical thinking goes out the window; there is none” (Participant 2). Due to this described blindness, they have often left their homes, sometimes for several hours, before they are able to calm down and return.

Participant 2 shared an intimate story of what he considered the ultimate avoidance tactic through his attempt to commit suicide. He reported about a difficult period of time he and his spouse had endured that elevated the anxiety, both within the context of the relationship and from an individual framework. Participant 2 disclosed this anxiety, and subsequent anger, had been present within the context of their relationship over the course of a few months. The toll of this chronically elevated anxiety caused chronic fighting and resulted in instances of physical,
psychological, and verbal aggression and violence. Like the other participants, Participant 2 reported feeling extreme guilt and pressure to try a different method of handling his internal and external conflict, and due to lack of teaching and understanding, he was confused about how to do this. The pressure, guilt, feeling of inadequacy, and confusion about how to change, drove him to try and protect his spouse from the harm he was causing, and he attempted to commit suicide.

**Theme 3: Financial responsibilities as a precursor to anxiety.** All six men who participated in this study shared experiences relating to personal pressures and self-identified inadequacies relating to financial strain. They identified this strain as a main source of their anxiety and conflict in their relationships. Each participant made comments regarding his personal inability to achieve what he considered financial comfort.

Participant 2 began the focus group conversation by stating, “Anxiety, yeah, stress, yeah all that stuff plays a part in a big way, I think, in every guy’s life. Trying to look after your family the best way you know how and sometimes you fall short.” He further conceptualized how he perceives financial pressures and stress to be a problem, as reflected in this statement:

> Money, is huge. Little bastards running around the house, also known as children. Yeah I love all three of the kids, but let me tell you, the kids are a huge factor in it, and with that comes money, and with life comes money. So money is a big part of it. I kind of have to learn how to let go of the money thing a little bit, the stress, cuz you know, its gimme, gimme, gimme all the time, unless it’s something for the house. Food, of course, you’re going to pay it, bills whatever stuff like that. . . . So money is one of the biggest problems in anyone’s life I think, especially a man’s.
He further illustrated several narratives of times he and his spouse experienced marital disputes due to financial strain within their relationship. He reported lack of financial resources as a direct cause of his anxiety and marital upset, thereby resulting in times of marital dissatisfaction and avoidance of his spouse. In response to what Participant 2 described, Participant 1 commented, “Money is huge, and it doesn’t seem to matter how much you make.” This statement was agreed upon unanimously by all focus group members, in addition to being a common theme throughout the individual interviews.

Participant 1 spoke directly about his experience of being the main breadwinner and the perception of the expectation and stress this role had on him:

It’s just hard being, you know, the main breadwinner. . . . When I was working in logging camps, my kids were three and four years old, and it was getting to the point of daddy’s coming home on Fridays, but in the middle of the week, you’re getting phone calls, where you know there’s this wrong and this wrong, and you’re just like, “Wow, I’m here in the middle of nowhere, and I’m working my guts out and it’s still not enough.” Participants 2 and 3 nodded and communicated verbal agreement when Participant 1 shared this story.

Participant 4 commented, “Conforming, to be the breadwinner, tipping, living a lifestyle that is beyond your means, and trying to keep up with the Kardashians” as his way of summarizing how these messages increase his feelings of anxiety and expectation. He went on to indicate how in a past relationship, he attempted to achieve what he thought was the right financial thing to do; he described feeling “used and being made a fool of” because he tried to “give and give and give.” This resulted in him feeling a deep sense of remorse as demonstrated in the following statement:
[It’s] such a downer when it’s never enough and it ends. You’ve given everything, and you have to start all over again. That’s happened to me a few times, and I will not go back into that in my life and give everything. I have done that with someone, and then they woke up one day, and it wasn’t enough. I just can’t do that to myself [anymore] to my body, my mind. I can’t. . . . So, I refuse to do it, and if it ends, it ends. I can’t do anything about that, and I’m finding that it’s a peace that I am coming to in my life, and if I have to remain single, I guess that’s it, cuz I can’t live [like that]. I’ve been to the soup kitchen once, and I’m not going to do it again.

Within an individual interview, Participant 6 also spoke about financial focus and shared how he historically placed higher regard on money than the companionship of his wife. He reported how his attempt to attain higher financial stability, and the accompanying anxiety that resulted from this pressure, cost him the demise of his relationship with his wife and subsequently his son. He stated,

I came from a broken home, and I want to be there for my son. Maybe it’s the Asian heritage in me, but I wanted a boy, and I wanted that boy to have a family. Unfortunately, I have not created that for him, and I have experienced the loss of my wife’s company and the inability to see my son when I get home. Money is important, but it’s not everything. I was a little too focused, and I didn’t consider other people’s points of view, and a relationship is two points of view.

Theme 4: Cognitions and physiological responses related to anxiety and the spousal relationship. Each participant indicated negative thought processes occurring as a result of their anxiety, and they linked these cognitive processes to interactions with their spouses. An illustrative example of this was provided by Participant 6, when he illustrated interactions with
people whom he perceived to carry a higher position of authority than him. He shared how his thinking defaults to viewing the other person as sociopathic, manipulative, or unfair and how the consequences of this thinking increases his anxiety. He reported demonstrating outward respect to the person, yet internally, fantasizing about obtaining revenge, sometimes by picturing “bashing his head into a wall” or other violent acts. He linked the origin of these negative thought processes back to his childhood and narrated a story about a crucial time in his life where he required protection, guidance, and support and how he felt this was not achieved. He described his perception of how the school system manipulated his newly immigrated parents into sending him to a special program in a high-end school (he lived in poverty in Vancouver’s East end), which resulted in him being bullied, marginalized, oppressed, victimized, traumatized, and isolated, all as he puts it, in the name of funding.

Participant 6 then linked this story to his current anxiety and shared how his outlet for processing the perception of being manipulated by his superior would manifest later in interactions with his wife through decreased patience and increased irritability.

Several participants indicated histories of bullying during childhood and drew inferences between this bullying and their current triggers related to their anxiety (Participants 1, 4, 5, 6). In addition to the example provided by Participant 6 regarding thought processes that can heighten anxiety, each participant either directly or indirectly demonstrated engagement with self-deprecating and self-critical thoughts and comments. Common comments included the following:

- Man, I am such an idiot. (Participant 4)
- Dad always said I was the asshole of the family. (Participant 4)
- It’s never enough. (Participant 1)
- I hate myself a lot of times. (Participant 6)
- I hate a lot of the things I’ve done in the past. (Participant 6)
- I dislike the amount of work I have to do to try and appear normal. (Participant 6)
- Am I a bad friend for thinking that way? (Participant 2)
- I don’t feel like I am being who I really am. (Participant 6)
- Man what an idiot! How come I couldn’t do that right? (Participant 3)
- Then I go into a panic, where I think like, “I’m no good.” (Participant 5)

Participant 2 highlighted how his internal thoughts will encompass negativity when his anxiety is heightened. He stated,

Definitely your thoughts go to a negative place. I don’t know definitely, but mine do. I find myself racing, very fast, I won’t slow down, until I am fucking gone. Excuse my language, and then, you know, whatever situation I’m in that’s making me stressed out or hyper or whatever, anxiety I think its anxiety. I’ve gotta clear myself of the situation, and then I actually have to do it for days. I don’t want to be around that situation for a few days, and most of my anxiety is family. It’s my significant other. I can pretty much say 98.5% of my anxiety is her.

Discussion about the internal physiological reactions that accompanied the participants’ anxiety took place. Participant 3 shared his perception of how his anxiety affected him historically with his statement: “A few years ago, I wasn’t functioning very well, and I used to get headaches because I was anxious. I used to get very tense neck muscles, didn’t eat well, didn’t sleep well.”
Participant 5 also spoke of his physiological reactions to his anxiety within his statement:

I feel so much pressure inside: in my head and my stomach. . . . It was like what a feeling of failure. It’s just like an overwhelming fear of failure, . . . and I had to just look away because I had tears in my eyes, and I couldn’t breathe.

He reported he later excused himself from this interaction and went to the washroom to cry, which caused him further embarrassment, shame, and anxiety. He highlighted how this anxiety occurs internally, with accompanying feelings of the desire to withdraw and avoid situations (including his wife), stomach aches, panic attacks, being overwhelmed, the feeling of suffocation, debilitating fear, and anticipatory anxiety (i.e., feeling fearful of potential future situations where he may feel out of control).

All of the participants identified irritability, decreased patience, restlessness, and muscle tension as pertaining to them individually. This was evidenced by Participant 6 in his description of his physiological reaction when he felt like someone was trying to oppress him with their power. He reported his anxiety would elevate, and he would experience the sensation of a racing heart, shallowed breathing, elevated tone of voice, excitability, and would engage in nail biting. He further explained how on days where his anxiety was particularly high and circumstances left him feeling as though he had no resources to calm himself, he would more easily engage in conflict with his wife and use alcohol as a way of reducing his symptoms.

**Summary of findings.** The findings from this study revealed four themes: (a) emotional confusion, (b) avoidance of spouse during times of elevated anxiety/anger, (c) financial responsibility as a precursor to anxiety, and finally, (d) cognitions and physiological responses related to anxiety and the spousal relationship. The following section will highlight limitations of this study.
Limitations of the Study

This study had several noteworthy limitations. To begin, the sample size was small, and therefore, generalizations cannot be made. Additionally, because the selection criteria of the participants only included males who were engaged in clinical therapeutic interventions, it cannot be assumed that males who do not engage in therapy maintain these same experiences.

Furthermore, the types of therapeutic interventions each participant engaged in and the length of time they spent in counselling varied. For example, the men who attended the focus group had all attended individual therapy and were additionally attending the support group together. This provided two limitations. The first was that participants who were engaged in long-term therapy seemed more readily able to articulate and utilize the strategies they had learned from their counselling; whereas, individuals who were newer to counselling still appeared to engage in more impulsive and reactionary behaviours.

Secondly, the rapport built through their counselling and group work seemed to provide a sense of familiarity, comfort, and safety with one another, which may have increased the participants’ level of disclosure with the researcher. This may or may not have produced a social desirability bias, which Grimm (2010) outlined as the tendency for study participants to provide responses they perceive as socially desired.

A second and important limitation was related to the confusion regarding the terminology of anxiety. DSM-5 (American Psychiatric Association, 2013) outlines seven distinct types of anxiety disorders that all include comprehensive diagnostic criteria. This study had an underlying assumption that the participants experienced anxiety that resembled symptoms of Generalized Anxiety Disorder (GAD) (p. 222), although to the researcher’s knowledge, none of the
participants had been formally diagnosed. This assumption was not clarified with the participants and caused confusion during the literature review, interviews, and the thematic analysis.

Additionally, the emotional confusion theme provided a second noteworthy limitation regarding primary and secondary emotions displayed by the participants. There was a lack of specificity and clarity regarding the difference between anxiety, stress pressure, and anger, which may have also contributed to Finding 1: Emotional Confusion. An interesting notation is that confusion was also outlined in the literature review, which may suggest this is a broader societal and cultural issue, and not specific to this study.

The final limitation is that the study questions asked of the participants did not encompass questions related to attachment styles from childhood or from the context of their spousal relationship, yet it was identified in the literature and was a finding in this study. A future area for research may be to explore how male anxiety disorders impact the different attachment styles. For example, does male GAD have any connection to an avoidant attachment in the spousal relationship?

There were several limitations outlined throughout this section. Selection criteria, sample size, and social desirability bias were identified as the first three potential areas of limitation and were specific to this study. The broad range of anxiety disorders and the emotional confusion limitation sections were two areas that aligned with this study and were also found in the literature review. This suggests that these limitations may be from a broader societal context and not specific to this study. The final limitation, attachment styles, provides a future area for research regarding the link between attachment styles and anxiety disorders and how these might relate to spousal relationships.
Discussion

The purpose of this study was to explore how men who experience self-identified anxiety perceive it impacts their relationship with their spouse. The following will attempt to illustrate how the literature review, findings, and theoretical framework converge and diverge.

The first finding, emotional confusion, was unexpected. Jakupcak, Salters, Gratz, and Roemer (2003) provided a potential explanation as to why this emotional confusion theme may have arisen. These authors explained how primary emotional responses include physiological reactions and are based on a threatening stimulus. A combination between this stimulus and internal emotional responses such as fear or anxiety are referred to as primary emotional responses and can be the caveat to secondary emotional reactions such as anger (p. 111). Moreover, they explained how these secondary emotions are learned behaviours based on gender socialization (p. 111; see also Bandura, 1977). This explanation may provide insight as to why the participants in this study appeared to experience confusion between their anxiety and anger.

As noted in the theoretical framework section on social learning it appeared the participants in this study learned their confusion through indirect and direct conditioning (Bandura, 1977), given the majority of participants illustrated this theme. This confusion of terminology between stress, distress, anxiety, and anger did not seem to influence the way the participants viewed anxiety and conflict with their spouse. However, participants seemed to find it challenging to emotionally process internal anxiety and spousal distress in a respectful and meaningful way that honoured the self, the spouse, and the relationship. Instead, their primary experience of anxiety presented as a trigger to secondary emotional reactions, such as avoidant or angry behaviours toward their spouse. This was evident in the reports made by Participants 1,
2, 5, and 6, where they reported their spousal conflict manifested in their relationships as verbal or physical violence and avoidance.

In the literature review and this study, attachment theory was used to analyze the second theme: namely, avoidance of the participant’s spouse when experiencing anxiety. This theme appeared to relate directly to the avoidant attachment style outlined by Hazan and Shaver (1987). When these participants described behaviours, such as a desire to run away, shut themselves into their rooms, or leave for prolonged amounts of time, in addition to their internal experiences of shutting down or “going blind,” these statements appeared to be characteristics of avoidant attachment. The participants reported that when they felt overwhelmed (e.g., due to anxiety, pressure, distress, anger, etc.), they would engage in what Hazan and Shaver described as deactivating strategies or as reduced proximity seeking with their partners (p. 515). Although not explicitly described, it can be inferred that the impact these avoidant behaviours had on the relationship produced increased attachment arousal and attachment injuries for each spouse, thereby potentially increasing anxiety and creating a foundation for further conflict (Johnson et al., 2001).

Financial responsibility as a precursor to anxiety was the third theme identified in the findings and was also supported in the literature section, where the role economics played in the marital relationship was discussed (Crowley, 1998; Gundmunson et al., 2007). Masculine socialization and accompanying expectations of this role are part of social learning (Bandura, 1977) and appeared to underlie this theme. Financial strain and the responsibilities associated with being the primary income earner were significant causes of these participants’ reported anxiety triggers. Although some may argue the primary income earner may not always be the male in the relationship, all six participants identified themselves as carrying this responsibility.
Additionally, all participants indicated they experienced anxiety related to the fear of financial inadequacy and their inability to provide what they felt their family *should* have. This fear appeared to threaten their deeply engrained core value, learned through gender socialization (Bandura, 1977) and seemingly held by these males, that above all else, they should strive to protect and provide for their families. This level of expectation and responsibility generated internal pressure, stress, anxiety, and feelings of “falling short” as reported by Participant 2. As indicated through the collected data, the presence of these stressors had the potential to increase spousal conflict and decrease relational satisfaction when anxiety related to financial matters was present.

The fourth theme, cognitions and physiological responses related to anxiety and the spousal relationship, can be related to both attachment and social learning theory. As Vanin and Helsley (2008) described,

>A core problem in anxiety disorders is a faulty connection between a stimulus and a response as well as a misinterpretation of an event's meaning. . . . Anxiety tends to occur with limited patterns of thinking and behavior and is associated with circuits that are emotionally driven. (p. 2)

There appeared to be a link between what Vanin and Helsley (2008) described as the misinterpretation of an event’s meaning (i.e., cognitive processes) and the anxious or avoidant attachments highlighted in the literature and theoretical framework. When Participant 6 shared the narrative regarding his cognitive processes that manifested related to people he perceived with social status higher than his, it appeared many of these thoughts were linked back to attachment injuries he experienced in childhood (Johnson et al., 2001). These attachment injuries have seemingly left him with residual feelings of mistrust, cynicism, and anger, which he
reported elevated his anxiety and contributed to his negative cognitive processing and physiological reactions. This, subsequently, increased his unhealthy attempts to decrease his anxiety through the heavy use of alcohol and cigarettes. These attachment injuries, which he has carried from childhood, manifest in adulthood when he perceives others as sociopathic, manipulative, and unfair. The days this participant encountered attachment arousals appeared to be the days where he reported he was more irritable and aggressive with his wife.

These four discussion themes were analyzed through an amalgamation of three components: (a) the literature review, (b) theoretical framework, and (c) findings. This context has provided the researcher the opportunity to draw connections between these three elements in respect to the male participants involved in this study. Social learning theory is a tool that frames and guides knowledge and understanding of the way individuals learn through intergenerational teaching and socialization (Bandura, 1977). This theory was found to be most pronounced in Finding 1: Emotional Confusion and Finding 3: Financial Responsibilities as a Precursor to Anxiety.-Attachment theory provided more of an explanation related to why individuals may process or react to things in a certain way (Bowlby, 1988). Finding 2: Avoidance and Finding 4: Cognitions and Physiological Responses to Anxiety appeared to be more closely correlated with attachment styles. This information can provide information related to how male anxiety in the spousal relationship can impact social work practice.
Implications for Practice and Policy and Future Research

The primary implications and policies impacted by this study are in the areas of social and health services. As illustrated in both the literature review and findings, anxiety can lead to feelings of isolation, avoidance, decreased quality of life, a reduction in marital satisfaction, and increased marital conflict (Participants 1, 2, 4, 5, 6; see also Dehle & Weiss, 2002; Gottman & Levenson, 1986).

Part of this isolation and avoidance may stem from the stigma that accompanies male anxiety. As indicated by AnxietyBC (n.d.), men’s embarrassment often prevents them from reaching out for help because they associate anxiety with feelings of being less masculine and shameful (para. 7). Further exploration regarding male anxiety could potentially reduce the stigma associated with anxiety, which may, in turn, reduce the instances of reactionary behaviours and increased awareness and services for males.

As reported by this study, anxiety can be a precursor to manifestations of secondary emotional reactions such as uncontrolled and impulsive behaviour (Jakupcak et al., 2003), which can lead to forms of abuse and potential relationship breakdown, as Participants 1, 2, and 6 described. The occurrence of secondary reactionary behaviours such as violence toward their spouses has the potential to produce practice implications related to social service agencies in areas such as transition houses, income assistance, and social housing, as these are often relied on when domestic violence occurs.

Additionally, reactionary behaviours can also produce practice implications for individuals related to their employment. Participants 1, 5, and 6 shared how anxiety and subsequent spousal conflict had the potential to spillover and negatively impact them in their place of employment. All six men identified themselves as the primary income earner; therefore,
instances such as “losing it on a boss” as noted by Participant 1, could potentially produce job insecurity and, consequently, financial insecurity, which was highlighted as a source of their anxiety. In households where the male experiences anxiety that impacts his ability to work and where he is also the primary income earner, this may cause him to attempt to manage his anxiety in maladaptive ways, such as through attempting to ignore the anxiety or through substance use as reported by Participant 6 and as referred to by AnxietyBC (n.d.). The combination of maladaptive coping mechanisms and breadwinner inadequacies may result in chronically elevated anxiety, which can then exacerbate this and other mental and physical health complications (Vanin & Helsely, 2008). The combination of income insecurity, unmanaged mental health challenges, and marital distress has the potential to exacerbate anxiety and, therefore, may set the stage for future instances of impulsive reactions in the workplace.

The males in this study indicated they desired to manage their anxiety symptoms and reactionary behaviours, and therefore, they engaged in therapeutic interventions. They expressed that once provided with a supportive male environment and strategies designed to manage their interpersonal anxiety, they felt a sense of connection and support, which resulted in increased awareness and reduced impulsivity. All of the men who participated in the focus group agreed the support of other men, in combination with a skilled facilitator, provided a sense of normalcy and comfort in exploring deeper levels of emotionality. They noted these group interventions reduced the stigma and embarrassment they felt and enabled them to build empathy, skills to reduce and compartmentalize their anxiety, and an ability to critically analyze their behaviour in a supportive group setting. Although generalizations cannot be made due to this being a relatively small study, these notations illustrate how availability of services can potentially reduce negative symptomology associated with male anxiety. This could have positive
consequences on the spousal relationship, such as increased emotional regulation skills and adaptive interpersonal and, therefore, marital functioning.

In neither the literature review nor in this study was there an exploration or comparison between supportive group therapy and individual therapy regarding interventions for men who experience anxiety. Johnson’s (2016) emotionally focused therapy is one type of empirically tested intervention that works from an adult attachment framework with couples where either spouse may experience anxiety. However, an area for future research may be to compare and contrast individual, couples’, and men’s emotional processing support groups to explore if there are empirically significant differences.

This section addressed some of the social and health implications identified by the participants in this study. The reported psychosocial emotional impacts of male anxiety seemed to align with what was identified in the literature review. Shame, embarrassment, and isolation stemming from this mental health concern appeared to negatively impact all the participants in some regard, which is why they sought health and social service interventions. The participants reported how their anxiety affected many important micro, meso, and macro areas of their lives, including, but not limited to, employment, relationships, families, social service agencies, health services, and their community. They also included that the presence of quality services in a community can reduce the effects of anxiety and increase interpersonal and marital satisfaction.
Conclusion

Anxiety does not exist in a vacuum. What may trigger anxiety for one man may not for another. This study explored the implications of six male participants’ self-reported anxiety in the context of their spousal relationship. It was premised on the conceptual frameworks of social learning and attachment theories. A main component uncovered was how male anxiety can be confusing, both to understand and to experience on a personal level. This was evident in both the literature review and the findings. The implications of this confusion and misinterpretation of emotional reactions can seemingly manifest further feelings of uncertainty and anxiety, potentially leading to increased spousal conflict, decreased happiness, and stigma.

Heightened awareness and understanding about the implication of mental health challenges such as male anxiety is necessary in order to reduce this stigma and potential negative health and social effects on individuals and their loved ones. It is hoped this awareness could result in increased resources being provided to males who may require them. Services could entail support and strategies for psychosocial emotional needs that arise from male anxiety, which may subsequently create more securely attached spousal bonds and increased marital happiness.
References


Washington, DC: Author.


# Appendix A: HREB Letter of Approval

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<th>Institution(s) where research will be carried out</th>
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<td>University of the Fraser Valley; Anne Davis Transition Society</td>
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<th>Review Date:</th>
<th>Approval Date:</th>
<th>Approval Term:</th>
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Certification:

*The protocol describing the above-named project has been reviewed by the UFV Human Research Ethics Board, and the procedures were found to be in compliance with accepted guidelines for ethical research.*

![Signature]

Andrea Hughes, Chair, Human Research Ethics Board

*NOTE: This Certificate of Approval is valid for the above noted term provided there is no change in the procedures or criteria given.*

*If the project will go beyond the approval term noted above, an extension of approval must be requested.*
Title of the Project: How do men who experience anxiety perceive it impacts their relationships with their partners?

Letter of Informed Consent

Researcher: Terresa McKenzie (Terresa.McKenzie@student.ufv.ca) 604 792 2760. Dr. Glen Paddock, Professor (Glen.Paddock@ufv.ca), 604 504 7441 local 4112, Dr. Leah Douglas, Professor (Leah.Douglas@ufv.ca), 604 504 7441 local 4292

Purpose/Objectives of the Study

My name is Terresa McKenzie and I am a Masters of Social Work student at the University of the Fraser Valley. I am conducting an exploratory research project to identify how male anxiety affects intimate relationships. In this study we want to examine what factors influence male anxiety and how this anxiety impacts intimate relationships. We are hoping to learn what therapeutic tools decrease the impact of anxiety on relationships in order to be able to better understand and assist couples, where anxiety is present.

The objective of this research is to understand how men who self-identify as experiencing anxiety perceive the impacts of these anxiety related feelings on their relationships. This information will help practitioners better understand and assist male clients who may be experiencing anxiety, and how this anxiety may affect their relationship. If you chose to participate in this study you will be given a choice to either participate in a small focus group or an individual interview. I invite you to share your experiences, give your opinions, and talk about how your anxiety impacts your relationship with your partner. I seek your participation in this research, either through focus group or an individual interview.

Procedures involved in the Research

The group will take place at the Ann Davis Counselling office located at 9046 Young Road, Chilliwack BC in one of the boardrooms and will be scheduled for 1.5 – 2 hours in length. The group will start after a discussion of confidentiality has taken place. I, Terresa McKenzie
will facilitate the focus groups and it will be done so in a semi-structured way, meaning, there will be guiding questions, however, other questions may arise during the interview and I have allowed time and space to have open discussions within the groups. If the participant requests an interview this will also take place at Ann Davis in a counselling office and will be 1.5-2 hours in length, and will begin post confidentiality.

**Potential Harms, Risks or Discomforts to Participants**

As a participant you should understand the purpose of this research is to identify factors that contribute to anxiety, and how anxiety may positively or negatively impact your relationship. Participating in this study will expose you to questions about anxiety, how you deal with anxiety and how this impacted your relationship. You may be uncomfortable expressing how your anxiety currently impacts your relationship or how it has in the past. This may cause participants to re-experience anxiety or feelings of shame, grief, anxiety, or guilt. Participants are welcome to take care of themselves they may do this by withdrawing at any time and are free to pass on questions which may cause them discomfort.

Should you feel any discomfort, counsellors employed by Ann Davis Transition Society will be available to speak with. In the event that you are not comfortable engaging with the therapists at Ann Davis and this study causes you distress, I invite you to contact myself, or the Fraser Health crisis line at: 1 877 820 7444.

As per the limits to confidentiality, any disclosure in regard to the safety or harm of a person under the age of 18, or if the researcher believes a participant has the intention to harm themselves or another person, a duty to report will be enacted and the proper authorities will be contacted.

**Potential Benefits**

There are benefits for participating. These may include benefits to the community, science and society. Secondly, this study will provide the participants the opportunity to share their valuable insight regarding their awareness in relation to how they function when they experience anxiety. It will also provide insight to how adaptive tools and skills work to keep relationships emotionally healthy.

**Confidentiality**

The groups will be audio-recorded with each participant’s permission and I will take brief notes during the session. Your answers will be reviewed by myself and by my research supervisors Glen Paddock and Leah Douglas. Your name will not be disclosed and all information given by you will be assigned as a number throughout the course of the study. This number will be used to relate the information and research data collected about you in order to respect your right to privacy. To ensure confidentiality, participants will sign a written informed consent and confidentiality prior to the beginning of the focus group in addition to a verbal discussion led by the researcher about confidentiality within the group setting. Confidentiality will be discussed and respected by the researcher, and all participants will be expected to maintain confidentiality. The information will be kept for five years after the research is
complete and at that time all the data including audio-recordings will be erased, destroyed and
deleled permanently. The raw data will be destroyed no later than January 1, 2021.

**Participation**

Participation in this study is voluntary and participants may withdraw at any time without
consequence. In addition, participants have the right to refuse to answer some questions and
remain in the study. If a participant decides to withdraw from the study they will be asked what
they would like done with their data. Once you leave the focus group, it is not possible to destroy
your data because your individual contribution will not be identifiable. If you participate in an
interview and you chose to have your data destroyed, this will be done through being deleted,
erased and shredded. If you chose to not participate or withdraw this will not impact you
negatively in any way. If choosing to withdraw and/or have data removed after the group is
concluded, I, Terresa McKenzie can be contacted by email Terresa.McKenzie@student.ufv.ca.

**Study Results**

Participants are welcome to see the study once complete. The researcher will provide a
copy of the study once complete to Ann Davis to distribute. This study will be published as my
major paper to the University of the Fraser Valley and will be available in the UFV library. In
addition, this study will be presented to the community and academic meetings, and may be
submitted for publication in peer-reviewed journals.

**Questions**

If any questions arise about the study the researcher can be contacted by email at
Terresa.McKenzie@student.ufv.ca, 604 792 2760. If you have any ethical concerns about this
research study, please contact Adrienne Chan, UFV Associate Vice President of Research,
Engagement, and Graduate Studies, at 604-557-4074 or Adrienne.chan@ufv.ca. The ethics of
this research project have been reviewed and approved by the UFV Human Research Ethics
Board.
Appendix C: Consent Form

By signing below I agree to participate in this study, titled: How do men who experience anxiety perceive it impacts their relationships with their partners?

I have read the information presented in the letter of informed consent being conducted by Terresa McKenzie and Glen Paddock at the University of the Fraser Valley. I have had the opportunity to ask questions about my involvement in this study and to receive any additional details.

I understand that I have the right to withdraw from the study at any time and that confidentiality and/or anonymity of all results will be preserved. If I have any questions about the study, I should contact Terresa McKenzie at Terresa.McKenzie@student.ufv.ca, 604 792 2760. If I have any ethical concerns about this research study, I should contact Adrienne Chan, UFV Associate Vice President of Research, Engagement, and Graduate Studies, at 604-557-4074 or Adrienne.chan@ufv.ca.

I agree to audio recording. Yes ______ No ______

Name (please print) ____________________________________________________________

Signature ________________________________________________________________

Date _________________________________________________________________

Once signed, you will receive a copy of this consent form.
Appendix D: Guiding Research Questions

Focus group and individual interview questions: How do men who experience anxiety perceive it impacts their relationships with their partners?

1. Do you believe you have experienced anxiety?
2. Can you describe your physiological symptoms of your anxiety?
3. What external factors do you feel influence your anxiety?
   a. Probe for: societal pressures, pressures to conform, be the breadwinner etc. stress
4. What internal factors do you feel influence your anxiety?
   a. Probe for: is there internal self-talk which is reflective of high expectations that males cannot meet?
5. When you experience elevated anxiety does it impact your intimate relationship?
   a. How so?
6. Have you asked your partner how it impacts them?
7. Before therapy how did you deal with your anxiety?
8. Since engaging in therapy, what tools do you now use?
9. Do you find these new tools beneficial to your relationship?
10. Have you considered discussing your anxiety with your family physician?
11. If no, can you explain why?
   a. Probe for: is anxiety associated with “being feminine,” does is go against gender stereotypes of being a “strong male”?
Appendix E: Approval Email

From: MAyers@anndavis.org
To: Terresa_a@hotmail.com
Subject: Mike's email
Date: Tue, 17 Mar 2015 18:59:49 +0000

I, Mike Ayers, Registered Clinical Counsellor employed through Ann Davis Transition Society, am aware and in support of Terresa McKenzie (UFV Social Work Master candidate) completing her research with clients from our agency. I am aware that participation is voluntary and that participants can withdraw at any time, without recourse. I am aware that her research will be done through a combination of focus group and individual sessions, and that the questions being asked will seek to provide a better understanding of how anxiety impacts intimate relationships. She will be working with Brian Emery PhD, RCC, and myself, Mike Ayers MA, MFT.

Sincerely,

www.anndavis.org
www.facebook.com/AnnDavisTransitionSociety
www.twitter.com/Ann_Davis_9046

CONFIDENTIALITY NOTICE: This e-mail, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. Thank you.