Université de Montréal

Couples in distress: A dyadic analysis of attachment insecurities and romantic disengagement among couples seeking relationship therapy

par Melissa Callaci

Département de psychologie
Faculté des arts et des sciences

Thèse présentée à la Faculté des études supérieures en vue de l'obtention du grade de

Philosophiae Doctor (Ph.D)

en psychologie recherche et intervention,

option clinique

Août 2019

Université de Montréal

Département de psychologie, Faculté des arts et des sciences

Cette thèse intitulée

Couples in distress: A dyadic analysis of attachment insecurities and romantic disengagement among couples seeking relationship therapy

Présentée par

Melissa Callaci

A été évaluée par un jury composé des personnes suivantes

Sophie Bergeron, PhD
Université de Montréal
Président -rapporteur

Isabelle Daigneault, PhD
Université de Montréal
Membre du jury

Rebecca J. Cobb, PhD
Simon Fraser University
Examinatrice externe

Katherine Péloquin, PhD
Université de Montréal
Directrice de recherche

Résumé

Le désengagement conjugal fait référence à une perte d'amour entre les partenaires amoureux. Il comprend une indifférence émotionnelle ainsi que des stratégies d'évitement cognitif et comportemental. Ceci constitue une des difficultés le plus souvent rapportées auprès des couples qui consultent en thérapie conjugale. Par ailleurs, la problématique serait parmi les plus difficiles à traiter en thérapie selon les thérapeutes conjugaux. Bien que quelques études et écrits cliniques ont examiné le processus de désengagement conjugal et l'ont mis en lien avec le bien-être conjugal, aucune étude n'a examiné le désengagement auprès des couples présentant de la détresse conjugale. Le peu d'études réalisés sur le sujet ont principalement utilisé des approches individuelles et recruté des échantillons provenant de la population générale. Compte tenu de la prévalence du désengagement auprès des couples requérant les services de thérapie conjugale, ainsi que la difficulté à traiter cette problématique en thérapie conjugale, des études supplémentaires sont nécessaires pour mieux comprendre les prédicteurs de désengagement auprès d'une population clinique et l'impact de la thérapie conjugale pour réduire le désengagement. La théorie de l'attachement propose un cadre théorique pertinent pour l'étude du désengagement conjugal. Ainsi, cette thèse examinera les insécurités d'attachement comme prédicteurs de désengagement dans un contexte clinique. De plus, la thèse évaluera dans quelle mesure la thérapie conjugale en milieu naturel réduit le désengagement, ainsi que le rôle des insécurités d'attachement des deux partenaires dans le cadre d'une telle thérapie. Le but principal de cette thèse est donc de mieux comprendre le désengagement conjugal dans un contexte clinique afin de proposer des pistes d'intervention aux thérapeutes conjugaux.

Afin de mieux comprendre le désengagement dans un contexte clinique, une première étude a été effectué au sein des couples en détresse entament une thérapie conjugale. L'étude à examiner l'association entre l'insécurité d'attachement de chaque partenaire et le niveau de désengagement dans une perspective dyadique. Les analyses réalisées auprès de 171 couples hétérosexuels révèlent que les insécurités d'attachement sont liées au désengagement conjugal au-delà de ce qui est expliqué par la dépression, la satisfaction conjugale et l'engagement conjugal. Nos résultats suggèrent que le désengagement pourrait se présenter différemment chez les hommes et les femmes. Alors que le désengagement des hommes serait principalement lié à leurs propres insécurités d'attachement (évitement), le désengagement des femmes serait lié à la fois à leurs propres insécurités d'attachement ainsi qu'à celles de leur partenaire. Plus précisément, un plus haut niveau de désengagement chez la femme serait lié à son propre évitement ainsi qu'à l'anxiété d'abandon de son partenaire. De plus, l'association entre l'anxiété d'abandon chez la femme et son propre désengagement serait modérée par l'évitement de son partenaire. En effet, les femmes présentant plus d'anxiété d'abandon rapportent moins de désengagement lorsqu'elle est en couple avec un partenaire présentant plus d'évitement de l'intimité. Ces résultats soulignent l'importance des enjeux d'attachement chez les couples qui entament un processus de thérapie conjugale et qui présentent un haut niveau de désengagement. Les interventions visant à comprendre la dynamique d'attachement ainsi qu'à réduire la dépression et augmenter la satisfaction conjugale et l'engagement des partenaires du couple pourraient fournir aux thérapeutes une piste pour aider les partenaires à s'engager de nouveau dans leur relation.

En s’appuyant sur les résultats de cette première étude dyadique, notre deuxième article visait à examiner si la thérapie de couple offerte en milieu naturel parvient à réduire le désengagement auprès des couples qui consultent en thérapie conjugale. L’étude a également examiné dans quelle mesure les insécurités d'attachement sont associées à l’amélioration du désengagement au fil de la thérapie conjugale. L’échantillon comprenait 163 couples hétérosexuels débutant une thérapie conjugale dans une clinique privée. Les partenaires ont complété des questionnaires pré-intervention après la première séance d’évaluation et ont rempli des questionnaires de suivi après 15 semaines en thérapie. Les résultats révèlent que le désengagement diminue lorsque les couples suivent une thérapie conjugale, et ce même après seulement quatre à 10 séances d’intervention. Cependant, les insécurités d'attachement nous informent pour qui la thérapie semble la moins efficace. L’évitement de l’intimité de l’homme et l’anxiété d’abandon de la femme étaient associés à un plus haut niveau de désengagement chez l’homme lors du suivi de 15 semaines, et ce même après avoir contrôlé pour la dépression et la satisfaction conjugale. Ces résultats suggèrent que les insécurités d’attachement peuvent être des facteurs qui rendent la thérapie plus difficile, surtout chez les hommes. Les résultats sont discutés à la lumière des interventions cliniques pour la thérapie de couple.

Mots-clés: couples, détresse, dyade, thérapie conjugale, insécurités d’attachement, désengagement conjugale

Abstract

Romantic disengagement refers to a loss of love between romantic partners. It is characterized by emotional indifference as well as cognitive and behavioral distancing strategies. Lack of love appears among the most reported difficulties by couples seeking relationship therapy and the most difficult problems for therapists to treat. It is also considered an important factor in relationship functioning and maintenance, as it is associated with relationship dissatisfaction and divorce. Although a few studies and clinical writings have examined the process of romantic disengagement and linked it to relationship outcomes, no study has examined disengagement among distressed couples. The few studies conducted have mainly employed an individual approach within community samples. Given the prevalence of disengagement among distressed couples and the difficulty associated with its treatment in therapy, studies are needed to better understand disengagement in a clinical context. Attachment theory offers a theoretical framework for assessing romantic disengagement, as it provides an explanation of why individuals form and maintain relationships. Thus, this thesis examined attachment insecurities as predictors of disengagement among distressed couples seeking relationship therapy. In addition, it assessed the role of more contextual factors including depression, relationship satisfaction and commitment on romantic disengagement. Moreover, the thesis evaluated the effectiveness of couple therapy in a naturalistic setting for reducing disengagement and assessed whether attachment insecurities act as risk factors for disengagement change in therapy. The underlying aim of the thesis was to better understand romantic disengagement in a clinical context in order to propose clinical implications for therapists.

In an attempt to better understand romantic disengagement within a clinical context, a first study was carried out among 171 relationally distressed couples seeking relationship therapy in a naturalistic setting. The study examined the association between attachment insecurities (avoidance and anxiety) and romantic disengagement from a dyadic perspective while controlling for depression, commitment and relationship satisfaction. Analyses revealed that attachment insecurities are associated with greater romantic disengagement but suggest that disengagement may present differently for men and women. While for men disengagement appears to be mainly linked to their own attachment insecurities (avoidance), disengagement in women appears to be associated to both to their own and their partners' attachment insecurities. More specifically, women reported higher romantic disengagement when she was high on attachment-related avoidance and when her partner was high on attachment-related anxiety. Male attachment-related avoidance was found to moderate the association between female attachment-related anxiety and female romantic disengagement in that women with higher attachment-related anxiety report lower disengagement when paired with a partner high on attachment-related avoidance. These results highlight the importance of attachment insecurities for couples who present in therapy with high levels of disengagement. Furthermore, it suggests that intrapersonal and contextual factors such as depression, relationship satisfaction and commitment play an important role in understanding romantic disengagement in couples seeking therapy. Interventions aimed at understanding the couple's attachment dynamic, as well as reducing depression and improving commitment and relationship satisfaction may provide therapists with a lead for aiding partners high in romantic disengagement to re-engage in their relationship.

Building on the results of our first study, our second article aimed to examine whether couple therapy was effective at reducing disengagement among distressed couples and the extent to which attachment insecurities help or hinder changes in disengagement. Participants included 163 heterosexual couples seeking relationship therapy. Couples completed questionnaires after the first intake session and 15 weeks into therapy. The results revealed that disengagement decreases when couples undergo therapeutic treatment, even after only four to 10 intervention sessions. Moreover, attachment insecurities play a role is who is more likely to improve in therapy. Attachment insecurities were associated with romantic disengagement at follow-up even when controlling for depression and relationship satisfaction. Men higher on attachment-related avoidance reported greater romantic disengagement at follow-up. Moreover, men also reported higher disengagement at follow-up when paired with a woman high on attachment-related anxiety. Results suggest that attachment insecurities may be factors associated with progress in therapy, especially for men. Findings are discussed in light of clinical interventions for couple therapy.

Keywords: couples, distress, dyad, relationship, romantic disengagement, attachment insecurities

Table of contents

List of tables

List of figures

List of abbreviations

APIM: Actor-Partner Interdependence Model

IBCT: Integrative Behavioral Couple Therapy

DAS: Dyadic Adjustment Scale

ECR: Experiences in Close Relationships

EFT: Emotionally Focused Therapy

PSI: Psychiatric Symptom Index

RCTs: Randomized Control Trials

RDS: Romantic Disengagement Scale

Acknowledgements

Over the course of my doctoral studies I have been fortunate enough to work alongside many individuals whose contributions to my success have been paramount.

First off, I would like to express my deepest appreciation to Dr Katherine Péloquin for her valuable and constructive suggestions during the planning and development of this thesis. Katherine - your patient guidance, endless encouragement and useful critiques were instrumental to my progress and the completion of this work. Your interest and passion for relationship research is inspiring. Thank you for your support and your profound belief in my work. I could not have asked for a better mentor.

A special thanks to the clinicians at the Clinique de consultation conjugale et familiale Poitras-Wright, Côté (CCCF), without whom this research would not have been possible. I felt truly privileged to have collaborated with you. I particularly appreciated the enriching exchanges during your monthly meetings which highlighted your investment and dedication to my research.

I would also like to express my sincere gratitude to all my co-authors for their insightful feedback and advice throughout the writing process. You helped challenge me and your contributions made my research that much stronger. I acknowledge the research assistants and my fellow lab mates. I'm grateful to have known and collaborated with such bright individuals.

I extend my thanks to the Social Sciences and Humanities Research Council of Canada (SSHRC), the Fonds de Recherche du Québec - Société et Culture (FRQSC), the Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles (CRIPCAS), the Faculté des etudes supérieures et postdoctorales (FESP), and

my doctoral supervisor, Katherine Péloquin, for their financial support. Your contributions gave me the freedom to dedicate time to my research. Moreover, they allowed me to attend both national and international conferences to share my findings and connect with dedicated and inspiring researchers.

To my friends - you have kept me grounded and reminded me that there was time for silliness amidst all the serious work. Thanks for all the deep conversations, laughs, meals and coffees we shared over the years.

Lastly, I am extremely indebted to and appreciative for my family. What a ride it has been. Mom, dad - words cannot begin to express how much you both mean to me. You have loved, supported and believed in me during times when I found it hard to believe in myself. Thanks for standing by me through it all. Your unwavering support has not gone unnoticed. You have always encouraged me to do my best and been proud of me no matter the outcome. I am forever grateful and honoured to have shared this journey with you.

Introduction

Humans are social beings who are motivated to have emotionally important interpersonal relationships (Bowlby, 1969/1982). As such, it is not surprising that being in a romantic relationship is perceived as important by most individuals (Johnson, 2013; Reis, Collins, & Berscheid, 2000). In accordance with its importance, being in a romantic relationship has been associated with increased well-being (Patrick, Knee, Canevello, & Lonsbary, 2007), positive affect (Le & Agnew, 2001), and improved physical health (Powers, Pietromonaco, Gunlicks, & Sayer, 2006). Conversely, romantic breakups can have detrimental effects on the individual. For instance, relationship dissolution has been associated with negative affect (Sbarra, 2006), increases in psychological stress and declines in life satisfaction (Rhoades, Kamp Dush, Atkins, Stanley, & Markman, 2011). In order to decrease negative stresses associated with relationship termination, it is essential to have a better understanding of potential factors involved in the process of romantic relationship dissolution. More specifically, studies are needed to investigate variables influencing romantic disengagement, a process that precedes and can eventually lead to romantic relationship breakup (Barry, Lawrence, & Langer, 2008). It is worth noting that dissolution itself is oftentimes oversimplified throughout the literature (Le, Dove, Agnew, Korn, & Mutso, 2010). For instance, romantic stability is typically treated as a dichotomous construct; whereby a relationship is either considered intact or dissolved. However, such an approach fails to capture the complex nature of this interpersonal process, given that relationship termination can be a fluid, dynamic process of stages over time (Agnew, Arriaga, & Wilson, 2008), one that typically involves a process of romantic disengagement.

Romantic Disengagement

Romantic disengagement, commonly referred to as "growing apart" and “falling out of love” with one’s romantic partner (Barry, 2010), constitutes one of the most frequently stated reasons committed couples give when explaining relationship distress and dissolution (Amato & Previti, 2003). Although the construct itself is associated with negative relationship outcomes, including relationship dissatisfaction, low commitment, and conflict, romantic disengagement is conceptually distinct (Barry et al., 2008). According to Kayser (1996), partners who are falling out of love will differ in how they cope with the process and the steps taken in light of the stress it places on the intimate relationship. For instance, some individuals may decide to separate, some may decide to persist in a less satisfying relationship despite a decrease in emotional connection, and others may strive to repair the relationship (e.g., seek relational therapy). Given that individuals differ in how they behave when falling out of love, couples whereby one or both partners are romantically disengaged do not all resemble one another. For instance, although dissatisfied individuals may be more likely to romantically disengage, dissatisfaction does not necessarily lead to loss of love towards their partner. Couples may disagree and undergo periods of dissatisfaction and yet still love their significant other. Likewise, although individuals who are more disengaged may be less committed to their partner, this is not always the case, as some individuals may choose to remain committed to their partner due to strong family values, financial expenses, and social or religious pressures. Similarly, although relationship conflict may contribute to the process of romantically disengaging, romantic disengagement is not the same as conflict, as individuals may experience more disputes and conflict without necessarily being

romantically disengaged. Keeping in mind that deadening of emotions and affect is characteristic of disengagement, couples who experience high conflict tend to express high levels of negative affect (i.e., anger) and low levels of positive affect (i.e., happiness), suggesting that although related, the two remain conceptually distinct constructs (Barry et al., 2008; Kayser, 1993).

Despite conceptual differences between romantic disengagement and other relationship constructs, there is no denying that the disengagement process is associated with relationship decline. As such, it comes as no surprise that romantic disengagement is a frequently reported concern among couples pursuing couple therapy (Whisman, Dixon, & Johnson, 1997). However, successfully getting couples to reengage seems to be quite difficult to do. Accordingly, couple therapists have been reported to rank disengagement as one of the most difficult presenting problems to treat (Whisman et al., 1997). In addition, research suggests that romantic disengagement predicts poor therapy outcomes for couples seeking couple therapy (Hahlweg, Schindler, Revenstorf, & Brengelmann, 1984). According to research on relationship decline, few couples recover from romantic disengagement (Gottman, 1999), suggesting that it may be the final step in the process that leads up to relationship dissolution. Despite a high prevalence of romantic disengagement among distressed couples, and a marked difficulty to treat this problem in therapy, research studies have not yet been able to identify clear predictors of romantic disengagement, particularly among couples who decide to seek help. Thus, little work has been done highlighting key factors influencing the process of romantically disengaging from one's romantic partner, leaving clinicians in the dark as to what can be done to help these couples in therapy. Rather than focusing on identifying predictors, most studies on

romantic disengagement have examined its association with relationship dissolution (e.g., Banks, Altendorf, Greene, & Cody, 1987; Kayser & Rao, 2006). Furthermore, most studies examining the construct have focused on individual partners as opposed to the couple as a unit, utilized community-based samples, and measured disengagement retrospectively, whereby participants are already highly disengaged and separated. However, given the variations in how couples cope with romantic disengagement, those who seek therapy may differ from those who decide to separate or persist in the relationship despite a lack of love. As a result, it is challenging for clinicians to know which factors are related to romantic disengagement in couples who seek therapy, making it relatively difficult to know which interventions to target when working towards preventing and reducing disengagement among distressed couples seeking therapy.

Beyond the lack of research addressing the precursors of romantic disengagement, Barry and colleagues (2008) highlight that a poor conceptualization of the variable is another important factor limiting the progress of research targeting the prediction and prevention of romantic disengagement. Defining romantic disengagement has been difficult given that various researchers have incorporated different components in their definition and research on the construct. In addition, studies have used the term to refer to different concepts, i.e., either to underline a relational process (e.g., Barry, 2010; Kersten, 1990; Sailor, 2013) or as a synonymous term for relationship dissolution (e.g., Banks et al., 1987; Emmers & Hart, 1996). Although different studies may name and conceptualize the construct differently, there is a general consensus that romantic disengagement encompasses affective components, as well as cognitive and behavior relational distancing strategies (Barry, 2010; Barry et al., 2008). Researchers seem to

agree that romantic disengagement is characteristic of emotional indifference (no strong positive emotion, e.g., love, nor negative emotion, e.g., anger) and low levels of positive affect (i.e., low interest in one's partner or relationship; Fincham & Linfield, 1997; Gottman, 1999). As such, the construct comprises both emotional and affective deadening towards one's romantic partner. In addition, it includes distancing from one's partner that can be achieved via cognitive or behavioral strategies, such as ignoring one's partner and/or spending less time with them (Barry, 2010; Barry et al., 2008; Gottman, 1999; Kayser, 1993).

Despite this consensus, other potential aspects of the construct have not attained unanimity (Barry et al., 2008). For instance, Gottman (1999) includes tension and sadness as factors of emotional disengagement, whereas Kayser (1993) includes disappointment and hopelessness in what she coined as marital disaffection. Given that various researchers incorporated additional elements in their definition of disengagement, Barry and colleagues (2008) attempted to clarify the construct by examining whether romantic disengagement is distinct from related variables, such as commitment, relationship satisfaction, and conflict behavior. Using factor analyses, they found that romantic disengagement, although related to similar constructs (conflict behavior, love, passion, intimacy, detachment, attachment-related avoidance, relationship satisfaction, and commitment), would be made up of a distinct single factor encompassing the following three core facets: (1) emotional indifference, (2) cognitive distancing strategies, and (3) behavioral distancing strategies. Based on these findings, Barry and colleagues (2008) developed a self-report measure reflecting their clarified conceptualization of disengagement, the Romantic Disengagement Scale (RDS). Despite not having a clinical

cut off score for assessing whether individuals are clinically disengaged in therapy, this self-report questionnaire provides an empirically validated measure for romantic disengagement, now allowing researchers to more confidently examine etiological factors and outcomes of romantic disengagement.

Given its prevalence among couples seeking therapy, the importance of disengagement in relationship distress and dissolution, and the reported difficulty with getting couples to reengage leading to poor prognosis for couple therapy (Robles & Kiecolt-Glaser, 2003), research identifying predictors of romantic disengagement is needed, particularly within a clinical context. Doing so would provide important clinical implications by informing clinicians on how to prevent couples from becoming disengaged and improve efforts to treat couples in which one or both partners are currently highly disengaged. As such, the overarching goal of the present thesis was to examine the role of romantic attachment as a potential risk factor for becoming romantically disengaged and assess the effectiveness of couple therapy for reducing disengagement among couples seeking relationship therapy.

Attachment Theory

Attachment theory provides an explanation for why individuals form and maintain close relationships (Feeney, 1999; Hazan & Shaver, 1994). Humans have a drive to form and maintain close relationships in order to feel comforted and supported both physically and emotionally (Mikulincer, Shaver, & Pereg, 2003). Bowlby (1969, 1973, 1980) theorized that early interactions with significant others bring forth expectations and beliefs that then shape our perceptions and behavior about what relationships and relationship partners should be like during adulthood. When an infant's primary caregiver

provides consistent and reliable attention to their needs and experiences during childhood, a secure attachment relationship is most likely to develop (Bowlby 1969, 1973, 1980). Relationships by which needs are consistently met encourage trust, a sense of self-worth and lovability, and improve individual functioning throughout the lifespan (Collins & Read, 1990; Mikulincer et al., 2003). In contrast, insecure attachment develops when early caregivers fail to provide a consistent and reliable source of attention and emotional support to the child in their early years of life (Bowlby 1969, 1973, 1980). The lack of consistency during childhood instills a sense of mistrust allowing children to believe that others cannot be counted on, and that closeness and intimacy in relationships are dangerous. Moreover, the child is likely to develop a negative perception of the self as being unlovable and unworthy of affection and care (Bartholomew & Horowitz, 1991). As such, insecurely attached individuals tend to fear outcomes such as betrayal, abandonment, and/or rejection when forming new attachment relationships with others, especially romantic partners (Mikulincer & Shaver, 2016).

Although attachment representations (secure vs. insecure) initially develop in childhood, early experiences generalize and crystalize throughout adolescence and essentially form an internal working model of the self and others. By relying on such working models, reoccurring relationship patterns are preserved and consolidated, therefore increasing their resilience to change in adulthood (Bowlby, 1979). These working models are essential to interpreting and predicting an individual's own behaviors, thoughts, and feelings, as well as those of others (Bretherton & Munholland, 1999). Shaver and Hazan (1987) have stressed the importance of the attachment system in adulthood, particularly in the context of romantic relationships, whereby partners

become each other's primary attachment figure. Although situational influences and new interpersonal experiences (e.g., interpersonal trauma, therapy) may affect attachment representations to varying degrees, evidence suggests that there is a moderate degree of stability of attachment in relationships over time (Fraley, 2002; Waters, Weinfield, & Hamilton, 2000).

Various conceptualizations and measures of adult attachment have emerged since the initial theory (Crowell, Fraley, & Shaver, 2008). Brennan, Clark, and Shaver (1998) conceptualized attachment using two orthogonal dimensions: anxiety over abandonment and avoidance of intimacy. The attachment anxiety dimension captures sensitivity to rejection and abandonment (i.e., negative model of self), whereas the avoidance dimension captures level of discomfort and aversion of closeness and intimacy (i.e., negative model of others). Therefore, an individual's standing on these two dimensions (low to high) can be used to highlight their attachment style. Recent research has indicated that attachment is best measured in continuous, rather than categorical, terms (Fraley, Hudson, Heffernan, & Segal, 2015; Fraley & Spieker, 2003). Accordingly, the present thesis used attachment-related anxiety and avoidance dimensions to examine whether insecure attachment is a risk factor for romantic disengagement.

Over the decades, attachment theory has gained popularity in addressing relationship functioning and well-being. A growing body of research has identified attachment theory as an important framework for understanding emotional and interpersonal processes occurring throughout the lifespan (Mikulincer & Shaver, 2016). For instance, attachment security is linked to longer and more enduring relationships, whereas attachment insecurity is associated with lower relationship satisfaction and

relationship dissolution (Mikulincer & Shaver, 2016). Attachment theory has also been recently proposed as a framework by which to explain the disengagement process (Barry & Lawrence, 2013; Beavis, 2014). However, to date, there is no published research examining whether each individual's attachment insecurities are related to both their own and their partner's degree of disengagement in a dyadic understanding of the disengagement process. Nevertheless, studies have revealed that attachment insecurities are related to certain factors associated with relationship distress and dissolution such as low relationship satisfaction in couples seeking therapy (e.g., Banse, 2004; Mondor, McDuff, Lussier, & Wright, 2011) and sexual dissatisfaction (e.g., Brassard, Péloquin, Dupuy, Wright, & Shaver, 2012). To complement the aforementioned findings and address limitations of past studies on disengagement, the current thesis examined whether romantic attachment insecurities are related to romantic disengagement in both partners of relationally distressed couples seeking couple therapy.

Attachment-related Avoidance and Romantic Disengagement. On the basis of attachment theory, one could suppose that individuals high on attachment-related avoidance may have higher levels of romantic disengagement. Mikulincer and Shaver (2016) indicated that individuals with high avoidance of intimacy employ certain strategies, namely deactivating strategies, that minimize their attachment needs and reduce their feelings of vulnerability to rejection or abandonment as well as reliance on others for comfort and support. Deactivating strategies include inhibition of proximity seeking and what Bowlby (1980) called "compulsive self-reliance" and "detachment". As such, these individuals tend to avoid intimacy and dependence in relationships all the while maximizing cognitive, emotional, and physical distance from others. Given that

cognitive and behavioral distancing strategies are two main facets of romantic disengagement (Barry et al., 2008), greater use of these deactivating strategies may make avoidant individuals more likely to romantically disengage from their partner. Past research has found that individuals high in attachment-related avoidance tend to have less desire to form a committed relationship and are less likely to commit to their current partner (Pistole, Clark, & Tubbs, 1995; Simpson, 1990). Moreover, they are also less likely to actively engage in relationship maintenance activities and tend to put little effort into protecting their relationship. These characteristics would thus make individuals high on attachment-related avoidance increasingly susceptible to higher levels of romantic disengagement. In her dissertation, Beavis (2014) examined attachment insecurities and romantic disengagement among a community sample of university students and found a positive association between attachment-related avoidance and romantic disengagement, but these findings were never published. In accordance with this finding, individuals high on avoidance of intimacy have been found to report relatively high levels of relationship breakup (Mikulincer & Shaver, 2016) and to use indirect breakup strategies characterized by avoidance of the partner and withdrawal from the relationship (Collins & Gillath, 2012). Although attachment-related withdrawal and avoidance may seem to overlap with romantic disengagement, attachment avoidance and romantic disengagement have been found to be distinct (Barry et al., 2008)[1].

[1] The study examined bivariate correlations of romantic disengagement with attachment-related avoidance in dating and married individuals. Results indicated that disengagement was moderately and positively correlated with attachment-related avoidance in dating individuals ($r = .32$) and wives ($r = .34$) and weakly and positively correlated for husbands ($r = .27$). These findings support the authors' contention that the RDS is not simply measuring individual differences such as an avoidant attachment style, but rather is measuring a construct that is relatively specific to the relationship.

Attachment-related Anxiety and Romantic Disengagement. To the best of our knowledge, no published studies have directly examined attachment-related anxiety and romantic disengagement. However, certain studies have indirectly highlighted the possible association between the two variables. The direction of this association, however, is unclear. On the one hand, we may advance a negative association between attachment anxiety and romantic disengagement. Research has shown that individuals with a high degree of attachment-related anxiety feel unworthy of having their needs met and are more likely to persist in an unfulfilling relationship, whereas individuals low in attachment anxiety would recognize these needs as unmet and be more likely to end the relationship (Davila & Bradbury, 2001; Kirkpatrick & Davis, 1994; Lee & Sbarra, 2013). Furthermore, as highlighted by Mikulincer and Shaver (2016), individuals who score high on attachment-related anxiety tend to use hyper-activating strategies when they feel that their relationship is threatened. These hyper-activating strategies manifest through hypervigilance when it comes to a partner's interest, commitment, and faithfulness. These strategies also include repeated attempts to elicit the partner's involvement, care, and support through clinging and controlling behaviors, as well as cognitive and behavioral efforts aimed at minimizing distance from the partner (Mikulincer et al., 2003; Shaver & Hazan, 1993). In line with their tendency to employ such hyper-activating strategies, it may be possible to posit that individuals high on attachment-related anxiety would be less likely to romantically disengage. Research supporting these assumptions report findings which highlight that individuals scoring high on attachment-related anxiety can be highly invested and committed in their relationships (Etcheverry, Le, Wu, & Wei, 2013; Mikulincer & Erev, 1991; Mikulincer & Shaver, 2016). Given the importance they place

on their relationships, individuals high on attachment-related anxiety may be more likely to expend substantial effort in trying to maintain their relationship before they disengage. Thus, these individuals may indeed be more likely to report lower levels of romantic disengagement.

On the other hand, a negative association between attachment-related anxiety and romantic disengagement might also be probable. Mikulincer and Shaver (2016) reported that anxiously attached individuals tend to be in relationships that involve a cycle of breakup and reconciliation. Given that individuals who score high on attachment-related anxiety fear being abandoned when difficulties arise in the relationship, they tend to use strategies to protect themselves, including some distancing strategies, which may make them more susceptible to romantic disengagement. In addition, individuals high on attachment-related anxiety are frequently angry or dissatisfied with their partner for not providing a sufficient secure base (Mikulincer & Shaver, 2016), which over time may also lead them to become more romantically disengaged.

Given contradictory findings, it is also possible to assume that attachment-related anxiety can be associated to either increased or decreased levels of romantic disengagement. Supporting this proposition, Brassard and colleagues (in revision) recently found that attachment-related anxiety was indeed positively associated with both under-commitment and over-commitment, highlighting these individuals' relational ambivalence and tendency to over-invest in relationships while also considering leaving their relationship. Other studies have also demonstrated that individuals high on attachment-related anxiety tend to alternate between too much commitment and not enough commitment (Joel, MacDonald & Shimotomai, 2011; Shaver & Mikulincer,

2006) suggesting that these individuals frequently shift between idealizing and devaluing their partner. In sum, theory and research findings on attachment anxiety and commitment suggest that attachment-related anxiety may be related to both lower and higher levels of romantic disengagement, but the association between these two variables remains unclear and warrants further investigation.

Attachment Insecurities and Partner Disengagement. Romantic partners can provide each other with support, happiness, and security, but they also can cause each other to experience significant distress, anxiety, and insecurity (Coyne & DeLongis, 1986; Rook & Pietromonaco, 1987). Whether individuals experience positive or negative feelings in their relationships is likely to depend on their own expectations, beliefs, and behaviors as well as those of their partner. This reflects the interdependence pertaining to partners in romantic relationships and emphasizes the need to examine dyadic associations. As such, it is possible to postulate that one partner's attachment insecurities may not only impact his or her own level of romantic disengagement but may influence their partner's level of disengagement as well.

Theoretically, it is possible that an individual paired with an avoidant partner would report higher relationship disengagement. However, to date, the association between these two variables has not been examined empirically. Nevertheless, research shows that individuals higher on attachment-related avoidance are less responsive, tend to provide less support to their partners and show heightened distancing behaviors during times of relationship distress (Feeney & Collins, 2001; Fraley & Shaver, 2000). As a result, their partners express receiving less support and report lower relationship satisfaction, commitment, and trust (Brassard et al., in revision; Givertz, Woszidlo, Segrin, &

Knutson, 2013; Kane et al., 2007; Molero, Shaver, Ferrer, Cuadrado, & Alonso-Arbiol, 2011). Hence, when the relationship is threatened and partners experience relationship distress, an individual whose partner is high on attachment-related avoidance may be less likely to invest energy into restoring the relationship. Instead, such individuals may be more inclined to give up on the relationship and become increasingly disengaged, in part due to their perception of increased disengaging behaviors coming from their partner.

Indirect support for the theoretical assumptions made between attachment-related avoidance and a partner's romantic disengagement also comes from a recent study. Barry and Lawrence (2013) found that when husbands were higher on attachment-related avoidance, their wives showed more disengaging behaviors (e.g., remained silent, denied the importance of an issue, looked away from the partner) during observed conflict interactions compared with wives whose husbands were lower on avoidance. Disengaging behaviors during specific couple interactions have been found to be moderately associated with overall relationship disengagement (Barry et al., 2008). Taken together, results from these studies suggest that partners of individuals high on avoidance of intimacy may also be more likely to report higher levels of romantic disengagement, but a direct empirical investigation of this assumption is needed.

Similarly, one can presume that an individual paired with an anxious partner may also be more likely to report higher relationship disengagement. Studies indicate that individuals high on attachment-related anxiety tend to exhibit greater hostility and more relationship-damaging behaviors, especially when dealing with major relationship threats (Simpson, Rholes, & Phillips, 1996). Individuals high on attachment-related anxiety are also perceived by their partners as using more coercive behaviors (Feeney, Noller, &

Callan, 1994; Levy & Davis, 1988). The coercive and distrusting actions of highly anxious individuals during conflicts, as well as their general relational characteristics (i.e., demandingness, clinginess, relational hypervigilance, dependency; Mikulincer & Shaver, 2016), may in turn contribute to their partners pulling away and disengaging from the relationship when the couple is experiencing relationship difficulties and distress. Overall, both theory and empirical findings point to possible dyadic associations between attachment insecurities and romantic disengagement in both partners. Yet, to date, no study examined these dyadic relations among couples experiencing significant relationship distress making it unclear how dispositional factors impact disengagement in a clinical population and limiting the therapeutic interventions that can be drawn from existing research.

Effectiveness of Couple Therapy on Relationship Outcomes

Not only is it important to better understand disengagement and its predictors among couples seeking therapy, but it is also important to better understand factors that can influence therapy outcomes. As previously mentioned, romantic disengagement appears to be a frequently reported difficulty in couple therapy and difficult for therapists to treat (Whisman et al., 1997). However, to date very little is known as to whether couple therapy is effective at treating romantic disengagement and which factors can help or hinder therapeutic outcomes.

Although some longitudinal data collected among populational samples indicate that with time relationship distress can decrease on its own (Beach, Kamen & Fincham, 2006), spontaneous remission of high relationship distress (as is often the case when romantic disengagement is present) is more of an exception. For instance, waitlisted

couples seeking therapy were not found to improve on their own (Baucom, Hahlweg, & Huschel, 2003; Wright, Sabourin, Mondor, McDuff, & Mahmodhoussen, 2007). Rather, relationship therapy is often necessary to help couples that experience important relationship distress. Overall, research has consistently shown that couple therapy is an effective means to reduce relationship distress. Shadish and Baldwin (2003) reviewed eight meta-analyses of marital therapy and found a large effect size for therapeutic efficacy. More recently, Halford and Snyder (2012) reported that regardless of the treatment approach, over 30 randomized controlled trials (RCTs) showed that couple therapy is generally effective in reducing relationship distress, and this finding is supported by an overall medium to large effect size across studies relative to control conditions.

Research aimed at assessing the benefits of couple therapy on relationship distress have traditionally been categorized as research efficacy studies and clinical effectiveness studies (Christensen, Baucom, Vu, & Stantom, 2005; Sexton, Alexander, & Mease, 2004). Nathan and colleagues (2000) highlight the well-established differences between these two types of psychotherapy research. Various factors differentiate the two types of studies, one of which is the rigor and control embedded in their design. For instance, efficacy studies examine measurable effects of specific interventions and are primarily focused on replication. As such, they are designed in such a way that other researchers can test the same hypotheses by recreating the same research setting. Research efficacy studies are typically RCTs, whereby there is rigorous control on variables (e.g., client characteristics, treatment duration, treatment approach, severity of relationship difficulties), which assures that internal validity remains high. The need for strong

internal validity has led to the frequent use of manualized treatment and procedures to ensure that clinicians conducting the interventions adhere to the protocol. Moreover, priority is placed on creating homogenous groups of participants – meaning that treatment groups are often well defined in terms of presenting problems and pathology (Nathan, Stuart, & Dolan, 2000).

Contrarily, clinical effectiveness studies assess therapeutic intervention in naturalistic clinical settings that provide much more external validity (Sexton et al., 2004). Effectiveness studies aim to examine the impact of treatment when applied under clinically representative conditions (i.e., couples seek out therapy and pay for services as opposed to being recruited, interventions adapted to couple's difficulties, duration of therapy varies, etc.). Although efficacy studies are essential to our understanding of therapy outcome research, authors stress that there remains a gap between clinical research and clinical practice and efforts should be made to integrate the two (Nathan et al., 2000). Usually, efficacy studies are the first step of evaluating a treatment and are then followed with effectiveness studies (Sprenkle, 2003). Although the two are different, both are necessary and complement each other in furthering the understanding of psychotherapeutic interventions and outcomes.

Although research indicates that couple therapy is effective at reducing relationship distress, most of the studies to date assessing couple therapy and relationship outcomes have been RCTs. As such, the majority of the literature is comprised of research efficacy studies. However, given the strict and predefined inclusion and exclusion criteria of such studies, couples who are highly disengaged may be more likely to be excluded from RCTs as they often present as more ambivalent with regards to

working on their relationship and may not be as engaged in the treatment process. This is oftentimes problematic in RCTs where participants often adhere to a predetermined number of sessions with manualized treatment protocols (Shadish & Baldwin, 2003). Much fewer studies have examined the clinical effectiveness of couple therapy as delivered in routine practice (Anker, Duncan, & Sparks, 2009; Doss et al., 2012; Klann, Hahlweg, Baucom, & Kroeger, 2011; Lundblad & Hansson, 2006; Reece, Toland, Sloane, & Norsworthy, 2010; Ward & McCollum, 2005). As it stands, most couple therapy studies present with low to moderate levels of clinical representativeness, suggesting that results obtained from research efficacy studies may not accurately represent the reality of what is done in private practice, outside of highly structured research settings (Shadish & Baldwin, 2005; Wright et al., 2007). For instance, in private practice, clinicians do not extensively screen couples, do not benefit from support provided by the research team's personnel to maintain couples in the protocol, do not offer free therapy for participating in the study, and do not exclude complex couples with varying degrees of motivation or comorbid disorders. Overall, in routine practice, clinicians are typically faced with more complex couple difficulties and may be more flexible in their therapeutic interventions as they adapt to their clients as opposed to following a predefined protocol. In such a setting, clinicians may be faced with more ambivalence and likely higher romantic disengagement. For instance, Doherty (2011) reported that in around 30% of couples seeking therapy, partners differ on whether or not they want to repair the relationship. Moreover, Owen and colleagues (2012) also found that 36% of couples had at least one partner who reported ambivalence regarding the relationship in a sample of 249 couples seeking therapy for relationship distress in a

community based private practice. Halford and colleagues (2016) highlight that ambivalence is characteristic in routine practice and contrasts with the commitment required in efficacy studies. As such, there is a need to examine the clinical effectiveness of couple therapy in naturalistic settings, as these may be the only conditions where researchers are able to tap into more complex relationship difficulties and ambivalence, such as romantic disengagement, which may not be sufficiently represented in research efficacy studies.

Effectiveness studies are designed to account for greater external validity and address the drawbacks from RCTs, notably that they may not accurately capture the clinical reality of what is treated in routine practice (Halford, Pepping, & Petch, 2016; Wright et al., 2007). As such, findings from RCTs are less generalizable when it comes to informing natural clinical practice. Nonetheless, Shadish and colleagues (2000) report that despite notable differences in the design between efficacy and effectiveness studies, clinical effectiveness studies also show general improvement in treatment outcomes. In their literature review, Halford and colleagues (2016) reported that the four published clinical effectiveness studies on couple therapy yielded improvements in relationship satisfaction. For instance, Doss and colleagues (2012) found that couples showed significant improvements in relationship satisfaction following approximately nine sessions and that the relationship, psychological (e.g., depression, anxiety) and demographic characteristics were not significantly associated to the amount of change in therapy when initial relationship satisfaction was accounted for. Klann and colleagues (2011) also found that couple therapy delivered in routine practice improved relationship satisfaction, but also improved individual depression. Lundbald and Hansson (2006)

replicated initial findings from Hahlweg & Klann's (1997) study, whereby both studies reported improvements in relationship satisfaction, individual mental health (including depression), and coping abilities. As can be expected given the less stringent controls and consequently greater variability in the treatment in terms of therapeutic approach, number of sessions, and comorbidities, effect sizes are generally lower among effectiveness studies than they are for research efficacy studies (Halford et al., 2016). However, the research available does highlight that couple therapy as provided in routine practice does produce significant changes in relationship well-being. Given the limited studies available, more research in needed to further our understanding on how couple therapy can improve additional relationship outcomes, such as relationship disengagement, and determine factors that can influence response to treatment.

To date, very little is known with regards to the ability of couple therapy to reduce disengagement, both in terms of research efficacy and clinical effectiveness studies. Only one published study has assessed the effect of 8 individual CBT sessions on romantic disengagement (Aghdam, 2017). The study was semi-experimental and assigned women filing for divorce to either a CBT group (N=15) or a control group who did not receive any treatment (N=15). Disengagement was measured prior to beginning treatment and after treatment. Results showed that women in the CBT group reported lower disengagement following treatment, whereas those in the control group did not report any statistically significant change. These results provided initial support that therapy may be able to help treat this presenting problem. However, the study has noteworthy limitations, including the sample of women who were filing for divorce, implying they had already decided to end the relationship, and more importantly the lack of a dyadic design and

couple intervention, despite the current understanding that romantic disengagement is a couple difficulty (Barry 2010; Kersten, 1990).

Conceptual Model and Thesis Objectives

The current thesis made use of attachment theory to examine romantic disengagement among distressed couples seeking relationship therapy. Disengagement was conceptualized and measured using Barry and colleagues' (2008) empirically validated construct defining romantic disengagement as comprising emotional indifference as well as cognitive and behavioral distancing strategies. Given that attachment theory has been proposed as a relevant framework for conceptualizing the disengagement process, the current thesis globally aimed to assess the associations between attachment insecurities and romantic disengagement in a clinical sample of couples seeking relationship therapy. The two-dimensional model of attachment (anxiety over abandonment and avoidance of intimacy) served as predictors of romantic disengagement. The emphasis in both studies was dyadic in nature as opposed to individualistic—that is the design allowed us to examine how each individual's attachment is associated to the individual's own romantic disengagement (actor effect) as well as how it is associated to their partner's disengagement (partner effect). Furthermore, both studies were conducted on couples seeking therapy as opposed to community samples of relatively satisfied couples. Studying disengagement among distressed couples will allow for a better understanding of how disengagement presents in a clinical sample representative of couples seeking therapy. Moreover, it will allow researchers to draw clinical implications from couples actively seeking therapy and currently in the process of disengaging as opposed to being already disengaged and

separated.

More specifically, the two studies included in the present thesis shared the overarching aims of better understanding romantic disengagement in a clinical context by 1) investigating attachment insecurities as predictors of romantic disengagement among couples seeking relationship therapy; and 2) assessing whether couple therapy as offered in routine practice is effective at reducing disengagement and if so, the extent to which attachment insecurities are associated with both partners' levels of disengagement over the course of therapy.

Study 1. The main objective of the first study was to examine the associations between romantic attachment insecurities and romantic disengagement in a large clinical sample of couples, using a dyadic approach. The study used the Actor Partner Interdependence model to assess whether attachment insecurities was associated with romantic disengagement among couples seeking therapy beyond what could be attributed to contextual and interpersonal factors such as relationship satisfaction, commitment and depression. The dyadic design allowed us to examine whether each individual's attachment insecurities were associated with their own and their partners' disengagement while accounting for relationship satisfaction, commitment and depression. No studies have examined romantic disengagement among couples seeking therapy, despite findings that such couples frequently report low affect and lack of love. As such, the study was the first to examine predictors of romantic disengagement with a clinical sample of couples seeking therapy. It was hypothesized that individuals with greater attachment-related avoidance would report greater romantic disengagement. No hypothesis was put forth for an individual's attachment-related anxiety on their own disengagement, as findings in the

literature were contradictory. In terms of partner effects, it was hypothesized that individuals with partners higher on attachment avoidance or anxiety would report greater romantic disengagement. We expected that higher depression, lower relationship satisfaction, and lower commitment would all be associated with higher disengagement. Although we were interested in assessing whether the association between an individual's own attachment insecurities and disengagement would be moderated by their partner's attachment, no hypotheses were made a priori and the analyses were exploratory. Although cross-sectional in nature, this study was the first to employ a dyadic design within a clinical sample, allowing for a first look at potential clinical intervention targets when partners present with disengagement in therapy. This first study has received a positive review, has undergone three rounds of revisions and has now been published in the *Journal of Marital and Family Therapy*.

Study 2. This study aimed to assess whether couple therapy conducted in a naturalistic setting reduced disengagement after 15 weeks of intervention. In addition, the study assessed both partners' attachment insecurities (anxiety and avoidance) to determine whether they were related to one's own or partner's romantic disengagement following time in therapy. Given that romantic disengagement among samples who have already disengaged and separated may not be representative of couples seeking therapy, this study addressed an important limitation in the literature as it examined distressed couples in therapy who were actively in the process of disengagement. Furthermore, it attempted to shed light on the effectiveness of therapy on treating the difficulty, as research has suggested that therapists find getting couples to re-engage is difficult. We hypothesized that couple therapy would reduce both partners' levels of disengagement

following 15 weeks in therapy. We also expected that greater attachment-related avoidance would be related to higher disengagement after 15 weeks in therapy. No hypothesis was put forth between attachment anxiety and disengagement after 15 weeks, given mixed findings in the literature. Moreover, although partner effects were examined (i.e., partner's attachment insecurities predicting the individual's level of disengagement after 15 weeks in therapy), the lack of studies assessing partner effects in the context of couple therapy lead to exploratory analyses without set hypotheses. This study therefore allowed for a better understanding of the changes in disengagement and a first look at therapeutic effectiveness in a naturalistic setting for reducing both partners' levels of disengagement. Additionally, it provided informed insight as to therapeutic interventions that may better equip therapists to treat disengagement thereby potentially lowering their perceived difficulty when working with disengaged couples. Interventions based on attachment insecurities may help clinicians target and treat factors that promote re-engagement and improve therapy outcomes. This second study was submitted to *Couple and Family Psychology: Research and Practice.*

Methodological Approach

The current doctoral research studies were based on data collected as part of a larger on-going study assessing the characteristics of couples seeking couple therapy and the effectiveness of couple therapy as conducted in routine practice. Therapists in a fee-for-service practice invited their clients to take part in the research protocol. Couples completed an online battery of questionnaires at multiple time points within the therapeutic process. Clinicians were provided with the results of these questionnaires to aid them in their comprehensive evaluation and treatment planning.

Both studies are based on the actor-partner interdependence model (Kenny, Kashy, & Cook, 2006), a dyadic statistical approach allowing us to examine the couple as a unit of analysis. This statistical approach allowed us to address an important limitation in the literature on disengagement, the use of individualistic designs, whereby relationship outcomes are often examined without accounting for both partners' contributions. Although both studies were dyadic in nature, the two studies differ in that the first study was cross-sectional, thereby assessing couples prior to beginning therapy, and the second study was longitudinal—that is, disengagement scores were assessed both prior to beginning therapy and after 15 weeks of intervention.

Co-Authors' Contributions

The author of this thesis played an active role in the conceptualization and realization of both studies included in this thesis. The author worked in close collaboration with the private clinic where the data was collected throughout the study. Furthermore, the author led each step of writing both articles, including the literature review, writing, data analyses, and data interpretation.

All co-authors contributed to the articles. In study 1, Robin Barry and Nadine Tremblay advised the candidate in writing the manuscript and revised the final draft, whereas Katherine Péloquin, research director, oversaw the entire project and assisted the candidate in the selection and execution of statistical analyses. In Study 2, contribution from co-authors is as follows: Marie-Pier Vaillancout-Morel assisted the candidate in the selection and execution of statistical analyses. Thalie Labonté helped compile the literature sources and contributed to reference checking. Audrey Brassard revised the manuscript and improved the clarity and flow of the final draft. Nadine Tremblay revised

the final draft and contributed to data interpretation and clinical implications. Katherine Péloquin oversaw the entire project. She advised the candidate in data interpretation and provided a critical revision of the article.

Study 1

A Dyadic Analysis of Attachment Insecurities and Romantic Disengagement among Couples Seeking Relationship Therapy

Callaci, M., Péloquin, K., Barry, R.A., & Tremblay, N. (2020) A dyadic analysis of attachment insecurities and romantic disengagement among couples seeking relationship therapy. *Journal of Marital and Family Therapy*. Advance online publication. doi: 10.1111/jmft.12422

Running head: ATTACHMENT INSECURITIES AND ROMANTIC DISENGAGEMENT IN COUPLE THERAPY

TITLE:

A Dyadic Analysis of Attachment Insecurities and Romantic Disengagement among Couples Seeking Relationship Therapy

AUTHORS:

Melissa Callaci, BA (PhD Candidate), Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

Katherine Péloquin, PhD, Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

Robin Barry, PhD, Department of Psychology, University of Wyoming, Laramie, Wyoming, USA.

Nadine Tremblay, PhD, Clinique de consultation conjugale et familiale Poitras-Wright, Côté, Longueuil, Canada.

CONTACT INFORMATION OF CORRESPONDING AUTHOR:

Katherine Péloquin, PhD
Département de psychologie
Université de Montréal
C.P. 6128 Succursale Centre-ville
Montréal, Québec, Canada H3C 2J7
Email : katherine.péloquin@umontreal.ca

ACKNOWLEDGEMENTS:

This research was supported in part by a grant from the Interdisciplinary Research Center on Relationship Problems and Sexual Abuse. MC is a recipient of a doctoral scholarship from the Social Sciences and Humanities Research Council (SSHRC).

The authors would like to thank all the psychologists at the Clinique de consultation conjugale et familiale Poistras-Wright, Côté for their collaboration, without which this research would not have been possible.

ABSTRACT

This study examined the dyadic associations between attachment insecurities and romantic disengagement among 171 couples seeking relationship therapy. Partners completed the Experiences in Close Relationships and the Romantic Disengagement Scale. Path analysis revealed that attachment-related avoidance, but not anxiety, was associated with romantic disengagement in men and women. Men's attachment-related anxiety was related to greater disengagement in their partner. As for the moderation effect, the combination of men's attachment-related avoidance and women's attachment-related anxiety significantly predicted women's romantic disengagement. All analyses accounted for depression, relationship satisfaction, and commitment. Findings are discussed in light of clinical interventions for couple therapy.

A DYADIC ANALYSIS OF ATTACHMENT INSECURITIES AND ROMANTIC DISENGAGEMENT AMONG COUPLES SEEKING RELATIONSHIP THERAPY

Romantic disengagement refers to the process of emotional uncoupling, commonly referred to as growing apart from one's partner, or feeling indifferent towards them (Barry, Lawrence, & Langer, 2008). Emotional uncoupling is among the most frequent reasons couples give when explaining relationship distress and dissolution (Amato & Previti, 2003) and among the most common difficulty presenting in relationship therapy (Boisvert, Wright, Tremblay, & Mcduff, 2011; Doss, Simpson, & Christensen, 2004). Although it would be prevalent in couples seeking therapy, therapists find it challenging to treat couples who are emotionally disengaged, such as those who report a lack of loving feelings (Whisman, Dixon, & Johnson, 1997).

Despite studies suggesting a high prevalence of romantic disengagement among distressed couples and a marked difficulty to treat this problem in therapy, research on disengagement suffers from important limitations. For instance, past studies have measured disengagement retrospectively (i.e., disengaged or separated individuals), utilized community samples, and focused on individuals instead of couples (Kersten, 1990; Sailor, 2013). Results from studies using community samples or separated partners may not accurately represent the experience of disengagement in couples experiencing significant relational difficulties who seek therapy to potentially improve their relationship. Moreover, although some authors have highlighted the association between disengagement and relationship dissolution (e.g., Kersten, 1990), few studies have sought to identify its predictors. As a result, researchers and clinicians have a relatively poor

understanding of the individual and dyadic factors associated with romantic disengagement, limiting therapists' ability to treat disengagement among distressed couples. In an attempt to better understand the predictors of romantic disengagement among clinically distressed couples, we examined the role of attachment insecurities as predictors of romantic disengagement in both partners of couples seeking relationship therapy.

Romantic Disengagement

Although some studies have attempted to uncover factors contributing to partners emotional uncoupling (e.g., Kersten, 1990; Sailor, 2013), research on romantic disengagement is limited. Barry et al. (2008) highlight that a poor conceptualization of the variable contributes to a lack of available studies. Despite a general consensus that romantic disengagement encompasses affective components, as well as cognitive and behavioral distancing strategies, other aspects of the construct were not unanimous (Barry et al., 2008). In order to clarify the construct, Barry et al. (2008) conducted an exploratory factor analysis on the items from the existing measures of romantic disengagement and related constructs. Analyses yielded a single factor encompassing three core facets: (1) emotional indifference (i.e., no strong positive (e.g., love), nor negative emotion (e.g., anger)), (2) cognitive distancing strategies (e.g., ignoring one's partner), and (3) behavioral distancing strategies (e.g., spending less time with one's partner), paralleling the consensus on the construct's defining features. Barry et al. (2008) then created a measure reflecting their clarified conceptualization of disengagement, the Romantic Disengagement Scale (RDS), providing an empirically validated tool that allows researchers to more confidently examine etiological factors and outcomes of

disengagement (Barry et al., 2008).

Attachment Theory

Attachment theory provides an explanation for why individuals form and maintain close relationships (Bowlby, 1969). The first attachment bonds develop in the early years of life. The quality and consistency of care provided by early attachment figures (i.e., parents) set the stage for the way individuals form relationships later on in life. Attachment relationships by which the needs of the child are consistently met encourage trust, self-worth and lovability, fostering the development of a secure attachment. In contrast, insecure attachment develops when there is a lack of consistent and reliable attention and emotional support (Bowlby, 1969). Children progressively internalize a negative working model of themselves or others, perceiving themselves as being unlovable and others as unreliable, or even dangerous. Early attachment representations are consolidated over time as individuals form additional relationships (Mikulincer & Shaver, 2016). Hazan and Shaver (1987) stressed the importance of adult attachment, particularly in romantic relationships, whereby partners become each other's primary attachment figure. In adulthood, attachment insecurities are conceptualized using two orthogonal dimensions. Attachment-related anxiety captures sensitivity to rejection and abandonment (i.e., negative model of self), whereas attachment-related avoidance captures discomfort and aversion of closeness and intimacy (i.e., negative model of others; Brennan, Clark, & Shaver, 1998).

Attachment Insecurities and Romantic Disengagement. Attachment theory appears useful for conceptualizing the disengagement process (Barry & Lawrence, 2013), but to date, there is no research examining whether attachment insecurities are related to

disengagement. However, some indirect evidence supports this association. Attachment insecurities are related to factors associated with disengagement, such as low relationship satisfaction in couples seeking therapy (Mondor, McDuff, Lussier, & Wright, 2011), as well as with disengagement characteristics (i.e., distancing behaviors) during observed couple interactions (e.g., partner does not help find alternatives to disagreements, denies problems, changes subject), suggesting that attachment may be a potential predictor of romantic disengagement (Barry & Lawrence, 2013).

The attachment avoidance dimension seems especially promising in identifying whether certain individuals are at greater risk of disengaging. Individuals with high avoidance employ deactivating strategies, which minimize their attachment needs and reduce their feelings of vulnerability and reliance on others for comfort and support (Fraley & Shaver, 2000). As such, these individuals tend to avoid intimacy and dependence in relationships all the while maximizing distance from their partner (e.g., cognitive, emotional, and physical). Research shows that individuals high on avoidance are less likely to commit to their partner (Etcheverry, Le, Wu, & Wei, 2013), which may make them less likely to work on maintaining and protecting their relationship, particularly during times of relational distress. These characteristics would make these individuals increasingly susceptible to higher disengagement, especially when faced with relationship distress. In this sense, disengaging from the relationship could help avoidant individuals protect themselves from potential relational hurt. It is worth noting, however, that romantic disengagement and attachment-related avoidance differ in important ways, despite conceptual similarities. Disengagement is conceptualized as a transient state that can change as a function of the relationship, whereas avoidance represents an internal

working model that tends to be relatively stable across relationships and time (Barry et al., 2008). Accordingly, variations in the level of disengagement based on the state of the relationship are expected, even in individuals high on avoidance who may have a higher baseline propensity to disengage.

In contrast, the role of attachment-related anxiety in predicting disengagement is unclear. It is possible that a negative association exists between anxiety and disengagement. Individuals who score high on attachment anxiety tend to employ hyper-activating strategies when they perceive a relationship threat (Mikulincer & Shaver, 2016), including repeated efforts to obtain the partner's attention and support by means of clinging and controlling behaviors (Mikulincer, Shaver, & Pereg, 2003). This tendency would suggest that such individuals may be less likely to disengage. In support of this, individuals high on anxiety have been found to be highly invested in their relationships and persist in unfulfilling relationships despite high relational distress and dissatisfaction (Etcheverry et al., 2013). Contrarily, Treboux et al. (2004) found that individuals high on anxiety were less invested in their relationship, compared to those with lower anxiety. Feeney (2003) found that they also use some distancing strategies to protect themselves from rejection. As such, greater anxiety may also be associated with greater disengagement.

Attachment Insecurities and Partner Disengagement. Whether individuals experience positive or negative feelings in their relationships depends not only on their own expectations, beliefs, and behaviors, but on those of their partner as well. This reflects the interdependence pertaining to partners in romantic relationships. As such, an individual whose partner scores high on attachment-related avoidance may report greater

romantic disengagement. Individuals higher on avoidance are less responsive, tend to provide less support to their partners, and show heightened distancing behaviors during times of relationship distress (Feeney & Collins, 2001). As a result, their partners report less relationship satisfaction and commitment (Mondor et al., 2011; Givertz, Woszidlo, Segrin & Knutson, 2013). Hence, when the relationship is threatened, as is often the case in couples seeking therapy, individuals whose partner is high on avoidance may be less likely to invest energy into restoring the relationship. Instead, they may be more inclined to give up on the relationship and become increasingly disengaged, in part due to their perception of their partner's increased disengaging behaviors. Indirect support for this hypothesis comes from a study of newlywed couples, which found that wives with husbands higher on avoidance showed more disengaging behaviors during observed conflict interactions than wives whose husbands were lower on avoidance (Barry & Lawrence, 2013). Such behaviors have been moderately associated with disengagement (Barry et al., 2008). Together, results suggest that an individual whose partner is high on attachment avoidance may be more likely to disengage.

We may also presume that a person paired with an anxiously attached partner would report higher disengagement. In couples experiencing high relationship distress, the general relational characteristics of anxious individuals (i.e., demandingness, relational hypervigilance, dependency) may increase their partner's likelihood of pulling away and disengaging from the relationship. Supporting this, individuals high on attachment anxiety are perceived as using more coercive behaviors and less supportive behaviors by their partners (Guerrero, Farinelli, & McEwan, 2009) and their partners tend to report lower relationship satisfaction (Butzer & Campbell, 2008).

Interactive effects. Beyond considering both partners' attachment style individually to predict disengagement, investigating the interaction between partners' attachment style may provide additional insight into the couple's relationship dynamic. Although researchers have stressed the importance of a systemic approach to understanding relationship functioning (e.g., Feeney, 2003), relatively few studies have assessed how attachment pairings affect relationship outcomes. For instance, couples whereby one partner is high on attachment-related avoidance and the other high on attachment-related anxiety report greater relationship dissatisfaction (Shallcross, Howland, Bemis, Simpson, & Frazier, 2011). Similarly, couples whereby both partners report high anxiety experience more relationship difficulties and conflicts (Mikulincer & Shaver, 2016). These findings suggest that the configuration of partners' attachment insecurities is important to consider for understanding relationship functioning and well-being. However, whether partners' attachment insecurities interact to explain their disengagement is unknown, particularly among distressed couples.

Relational and Personal Factors

Although attachment insecurities appear to provide a strong theoretical basis for understanding disengagement, it is essential to acknowledge that disengagement is likely multifactorial and influenced by both relational and personal factors. Beyond attachment insecurities, it is very likely that disengagement arises as a result of more proximal factors pertaining to the state of the relationship and/or the individual partners. Qualitative studies have shown that disengagement is a process that often develops following an accumulation of unresolved problems in the relationship (Kersten, 1990; Sailor, 2013). Barry et al. (2008) also found that disengagement was moderately

correlated with both relationship satisfaction and commitment. As such, individuals who experienced less relationship satisfaction and lower commitment reported higher disengagement towards their partner. Personal well-being may also play a role in individuals' likelihood of disengaging when facing relationship problems. Individuals who are depressed are more likely to show decreased relationship functioning including withdrawal from working on conflicts and from loved ones (Whisman & Baucom, 2012) and could more easily disengage when problems occur with their partners because of limited personal resources to regulate emotions and deal with relationship difficulties. A true test of the role of attachment insecurities in disengagement thus needs to consider these contextual and personal factors that could also contribute to romantic disengagement in some individuals.

Goal and Hypotheses

Most studies on romantic disengagement have used community samples. A lack of relationship distress may alter findings, given that the regulatory strategies typically employed by individuals high on attachment insecurity are primarily activated when relationship difficulties threaten the relationship quality or stability (Simpson & Rholes, 2012). Couples who seek relationship therapy typically experience important relationship problems, resulting in high levels of relational and personal distress. Thus, it is unsurprising that partners' affectionate feelings for each other may eventually come to fade away. It is thus crucial to assess disengagement within the context of relational distress and examine how both individual and relationship characteristics, in addition to dispositional vulnerabilities, impact disengagement in relationally distressed couples. The present study assessed the dyadic associations among attachment insecurities and

disengagement in relationally distressed couples seeking relationship therapy, while also considering partners' levels of depression, relationship satisfaction, and commitment. With respect to attachment insecurities, individuals with greater attachment-related avoidance were expected to report greater disengagement (actor effect). Given the contradictory findings regarding the potential association between attachment-related anxiety and disengagement, we tested this association, but did not propose hypotheses regarding directionality. We also hypothesized that individuals whose partner scores higher on attachment-related avoidance or anxiety would report greater romantic disengagement (partner effects). Finally, we explored whether the association between an individual's own attachment insecurities and disengagement would be moderated by their partner's attachment insecurities. Given that personal and relationship factors likely influence relationship functioning, including disengagement, we examined depression, relationship satisfaction, and relational commitment as other potential predictors of disengagement. We expected that higher depression, lower relationship satisfaction and lower commitment would be associated with higher disengagement. Gender differences in these effects (actor, partner, interactive) were also assessed.

METHOD

Participants

This study was part of a larger investigation examining factors associated with successful couple therapy. The sample consisted of 171 mixed-sex (male/female) couples seeking relationship therapy in a private practice located near Montreal, Québec between 2015 and 2017. Most participants were French-speaking (93% of men and 89% of women) and Caucasian (96% of men and 95% of women). Participants' mean age was 42

years (range: 23 to 70, *SD* = 9.5) for women and 45 years (range: 27 to 73, *SD* = 9.5) for men. Couples reported an average relationship duration of 13 years (ranging from less than a year to 49 years, *SD* = 10), whereby 40% of couples were married, 52% were cohabitating without being married, and 8% were neither married nor cohabiting. The majority of couples had at least one child (83%). Couples reported experiencing relationship difficulties for a median of two years (ranging from less than one month to 40 years). Men's (*M* = 95.15; *SD* = 15.56) and women's (*M* = 91.34; *SD* = 19.45) mean dyadic adjustment scores (assessed using the Dyadic Adjustment Scale) were below the clinical cutoff of 100, indicating relationship distress (Spanier, 1976). Half of the men earned CAN $90,000 or more, whereas 50% of women earned CAN $60,000 or more. Most of the sample had university education with 71% of men and 66% of women having at least a bachelor's degree.

Measures

Demographic information. Sociodemographic data was collected. Questions related to age, ethnicity and income were included in addition to inquiries pertaining to relationship duration and length of relationship difficulties.

Romantic disengagement. The Romantic Disengagement Scale (RDS; Barry et al., 2008) assesses disengagement using 18 items representing emotional indifference, cognitive distancing, and behavioral distancing. Items are rated on a seven-point scale and summed to create a total score ranging from 18 to 126. Higher scores reflect greater relationship disengagement. The measure has good conceptual and empirical validity, and excellent reliability, as assessed in dating relationships, married couples, and physically victimized women. Alpha coefficients ranged from .95 to .97 across all validated

subgroups (Barry et al., 2008). The RDS was translated and validated in French, yielding similar alpha coefficients for both men (.95) and women (.94). A comparison between couples recruited for this study (men: $M = 54.15$, $SD = 18.61$; women: $M = 55.58$, $SD = 19.91$) and a community sample of long-term couples recruited in our lab (men: $M = 40.36$, $SD = 14.38$; women: $M = 36.80$, $SD = 12.82$) also suggests that relationally distressed couples report higher levels of disengagement then couples from the general population, $t(312.03) = 7.44$, $p < .001$ for men; $t(293.89) = 10.14$, $p < .001$ for women.

Attachment insecurities. The 12-item Experiences in Close Relationships (ECR-12; Lafontaine et al., 2015) is an abbreviated version of the 36-item scale (Brennan et al., 1998) that comprises two 6-item subscales assessing attachment anxiety and avoidance. Items are scored on a seven-point scale. Scores range from 1 to 7, with higher scores indicating greater levels of attachment-related anxiety and avoidance. The scale has high reliability and validity (Lafontaine et al., 2015). Internal consistency was high in the current study for both anxiety ($\alpha = .83$ for men; $\alpha = .82$ for women) and avoidance dimensions ($\alpha = .83$ for women; $\alpha = .89$ for men).

Relationship satisfaction. The Dyadic Adjustment Scale is a 32-item measure assessing relationship satisfaction (Spanier, 1976). Items are scored on six or seven-point scales and summed to calculate a total score (ranging from 0-151). Scores below 100 reflect clinically significant relationship distress. The scale has excellent psychometric properties and accurately distinguishes distressed from non-distressed couples (Spanier, 1976). Internal consistency in this study was excellent ($\alpha = .91$ for women; .90 for men).

Relationship commitment. The optimal commitment scale (9 items) of the Multimodal Couple Commitment Questionnaire (Brault-Labbé, Brassard, & Gasparetto,

2017) was used to assess relationship commitment. Each item is rated on a nine-point Likert scale and a mean score is calculated to determine the global score for optimal commitment. Global scores range from 0 to 9 with higher scores reflecting greater commitment. The optimal commitment scale has previously shown good internal consistency (α = .81). Good internal consistency was found for both men (α = .88) and women (α = .83) in the current study.

Depression. The depression scale (10 items) of the Psychiatric Symptoms Index (PSI; Ilfeld, 1967) was used to measure depressive symptoms. Items are scored on a four-point scale from 0 to 3. Total scores are computed by creating a mean score and rescaled to form scores ranging from 0 to 100, with higher scores indicative of higher depression. The scale has good psychometric properties. Results from our study indicate good internal consistency (α = .88 for men and .87 for women).

Procedure

Couples were invited to participate by their clinician during the initial therapy session. Following informed consent, each partner was sent a link via e-mail to complete a series of online questionnaires on Qualtrics Research Suites, a secure online platform. Partners were asked to complete the questionnaires individually in one sitting (approximately one hour) prior to their next therapy session. Participation was voluntary, and no monetary compensation was offered. However, results were provided to the therapist and used as a therapeutic tool during the evaluation process. The study received ethics approval by the university's review board.

RESULTS

We computed preliminary correlations, t-tests, and repeated-measures ANOVAs

to identify potential control variables among sociodemographic data. Analyses yielded non-significant associations with all sociodemographic variables (including relationship duration and length of relationship difficulties), with the exception of having a child which was associated with higher female disengagement. Having a child, however, was removed from the final model, as it was no longer significant in the overall path model (described below).

Preliminary correlations between the main variables (see Table in Supplementary Files) revealed moderate correlations between men and women's attachment-related avoidance, but not anxiety, and their own disengagement. We found positive correlations between their attachment insecurities and their partner's disengagement with the exception of men's attachment-related avoidance, which was not significantly associated with women's disengagement. Depression was positively associated with disengagement for both men and women. Relationship satisfaction and commitment were negatively associated with disengagement for both men and women, respectively.

Path analyses in Mplus 8.3 (Muthén & Muthén, 2004) were used to test the proposed models based on the Actor-Partner Interdependence Model (Kenny, Kashy, & Cook, 2006). This approach treats the couple as a single unit of analysis and allowed us to examine actor effects (i.e., the effect of an individual's insecure attachment on their own disengagement) and partner effects (the effect of an individual's insecure attachment on their partner's disengagement) within a single analysis. Missing data were handled using full information maximum likelihood (FIML). We first tested a base model that included each partner's attachment insecurities, depression, relationship satisfaction, and commitment scores as predictors of romantic disengagement (see Figure 1). To test the

effect of attachment couple pairings on disengagement, we created four interaction terms based on men's and women's attachment insecurities (Women's Avoidance x Men's Anxiety; Men's Avoidance x Women's Anxiety; Women's Anxiety x Men's Anxiety; Women's Avoidance x Men's Avoidance). We then ran four additional models in which we added one of the four interaction terms. We tested for gender differences in actor and partner effects using a chi-square difference test, comparing a model in which all parameters were free to vary and a model in which the effect was constrained to be equal between men and women. Model fit was assessed using several fit indices (Kline, 2015): a non-significant chi-square, the comparative fit index (CFI; values greater than .90 suggest a good fit), and the root mean square error of approximation (RMSEA; values of .08 or less suggest a model that fits well) and its 90% confidence interval. The fit of the final model was deemed adequate: $X^2(30) = 37.291$, $p = .169$, CFI = .963, RMSEA = .038, 90%CI [.000, .073].

Results indicated that both men's and women's higher avoidance, but not anxiety, predicted their own higher disengagement (actor effects). Men's higher anxiety predicted their female partner's higher disengagement (partner effect), but women's anxiety was unrelated to their partner's disengagement. This gender difference was statistically significant, $X^2(1) = 4.70$, $p = .030$. Avoidance was not associated with the partner's disengagement. With respect to couple pairings, there were no significant associations between any of the attachment interaction terms and men's disengagement. Only one of the four interactions predicted women's disengagement. More specifically, women's anxiety was negatively related to their own disengagement when their male partner reported high levels of avoidance ($b = -2.12$, $p = .046$), but not when they reported low (b

= 1.68, p = .135) or moderate (b = -0.22, p = .795) levels of avoidance (see Figure in Supplementary file). Results also revealed that individuals with more depressive symptoms and lower relationship satisfaction and commitment were also more disengaged.

[Insert Figure 1 here]

DISCUSSION

Romantic disengagement is among the most common reasons couples seek therapy (Boisvert et al., 2011; Doss et al., 2004), and would be considered difficult for therapists to treat (Whisman et al., 1997). Yet, little is known about the predictors of disengagement, especially in relationally distressed couples. Addressing this gap, this dyadic study examined the associations between attachment insecurities (avoidance and anxiety) and romantic disengagement in a large clinical sample of couples seeking relationship therapy. To account for intrapersonal and relationship factors that may also play a role in our understanding of romantic disengagement, relationship satisfaction, commitment, and depression were also included in the study. Overall, our results demonstrate that attachment insecurities are associated with disengagement from both an individual and couple perspective, beyond the effect of more contextual personal and relationship factors. However, although attachment insecurities appear helpful in understanding romantic disengagement, other intrapersonal (depression symptoms) and relational variables (relationship satisfaction and commitment) also appear to be important in understanding romantic disengagement and should be considered when treating disengagement in therapy.

Attachment Insecurities Predicting One's Own Romantic Disengagement

Results suggest that attachment-related avoidance plays a role in romantic disengagement among couples seeking relationship therapy. Consistent with our hypothesis, our findings suggest that men and women with greater attachment-related avoidance appear to have greater romantic disengagement, even when analyses account for their levels of depression, relationship satisfaction, and commitment. These individuals tend to avoid intimacy and dependence in relationships all the while maximizing cognitive, emotional, and physical distance from others (Brennan et al., 1998). As such, results are consistent with theoretical conceptualizations and studies assessing relationship outcomes, showing that attachment-related avoidance is associated with negative relationship outcomes (for a review, see Mikulincer & Shaver, 2016). When facing major relationship difficulties to the point of needing couple therapy, avoidant individuals may be even more likely to exert distancing behaviors and to disengage from their partners as a way of protecting themselves from facing relationship issues and connecting with their pain, which would likely be too distressing for them to deal with (Simpson & Rholes, 2012). In this sense, the emotional indifference that emerges through the disengaging process could therefore be a defensive reaction aimed at dismissing attachment-related cues and needs. Consistent with this, avoidant individuals have been found to end their relationships prematurely (Feeney, 2008) and to report less emotional distress following relationship break-up (Simpson, 1990).

Attachment-related anxiety was not associated with an individual's own romantic disengagement. This lack of association may reflect these individuals' ambivalent stance toward their relationship, whereby they fluctuate between proximity-seeking behaviors to have their needs met and distancing strategies used to protect themselves from rejection

(Feeney, 2003). Future research should consider contextual moderators that could reveal a significant association between attachment-related anxiety and disengagement. In a daily diary study conducted with a community sample of dating couples, Campbell and colleagues (2005) found that individuals high on anxiety expected greater future happiness and reported greater relationship stability on days when they perceived greater support from their partner. As such, disengagement may vary in these individuals as a function of specific relational events (e.g., partner support vs. conflicts).

Attachment Insecurities Predicting Romantic Disengagement in the Partner

Partially supporting our hypothesis, our results showed that only attachment-related anxiety, not avoidance, was associated with greater partner disengagement and this, while accounting for the partner's depressive symptoms, relationship satisfaction, and commitment. Specifically, greater anxiety in men was associated with greater disengagement in their female partner. Guerrero et al. (2009) found that the highest level of relationship dissatisfaction was reported by participants whose partners had an anxious attachment style and who reported expressing anger in a destructive manner. As our sample consisted of distressed couples, it is likely that they experience more relationship conflicts and express anger in a more destructive manner compared to couples from the general community (Gottman, 1994). As such, women paired with highly anxious men may experience high relationship dissatisfaction, which could explain their greater level of disengagement. Our results are also congruent with the finding that women report a sense of burden in caring for their spouse when their male partner is high on anxiety (Feeney, 2003). It is possible that the characteristic behaviors of individuals high on anxiety (e.g., excessive proximity-seeking behaviors) go against the stereotypical image

of masculinity whereby men are discouraged from showing vulnerabilities and dependency, and less likely to openly express feelings such as fear and disappointment (Jansz, 2000). As such, in clinically distressed couples, it is possible that women are more likely to disengage from their partner when he behaves in an overbearing, clingy, or dependent manner. This is also consistent with results from a study showing that couples formed by anxious men and avoidant women evidenced the highest break-up rates over time (Kirkpatrick & Davis, 1994). In contrast, our findings suggest that attachment-related anxiety in women was not associated with their partner's disengagement. Perhaps, the stereotypical image of femininity allows for greater expression of vulnerabilities and feelings, potentially making men more tolerant and accepting of the overbearing nature and preoccupation women high on anxiety may exhibit (Janz, 2000), which may explain why female anxiety was not related to their partner's level of disengagement.

It is important to note that the directionality between attachment-related anxiety and disengagement cannot be ascertained from our correlational data. It is possible that women's disengagement may increase men's anxiety about being rejected and abandoned by their partner, especially in couples with enduring relationship problems. Longitudinal studies are needed to clarify how attachment and disengagement interrelate and evolve over time in distressed couples.

The lack of association between attachment-related avoidance and partner disengagement was surprising, as we expected partners of individuals high on avoidance to report greater disengagement. In the context of relational distress, it may be the more overt behaviors, such as demandingness, criticalness, or aggressiveness—more often associated with attachment-related anxiety—that increase the likelihood of partner

disengagement instead of the passive or withdrawal behaviors, that are more characteristic of attachment-related avoidance.

Attachment-based Couple Pairings Predicting Romantic Disengagement

We also explored whether certain attachment-based couple pairings would be associated with partners' levels of disengagement. Of the four interaction terms tested, only one was found to be significantly associated with disengagement in women. We found that women high on attachment anxiety reported lower disengagement when their male partner reported high avoidance, but not when he reported average or low avoidance. This is congruent with attachment theory and previous research. Couples in which one partner is high on anxiety and the other is high on avoidance are more likely to display a destructive demand-withdrawal communication pattern, whereby one individual makes repeated demands as an attempt to solicit their partner's attention and have their emotional needs met, whereas their partner responds by withdrawing, which in turn evokes more critical demands (Christensen & Heavey, 1990). As a result, these couples also tend to report greater relationship dissatisfaction (Davila & Bradbury, 2001). Shallcross et al. (2011) reported that this attachment pairing may result in both partners persisting in a relationship where their needs are rarely met. It is possible that women high on anxiety are constantly trying to engage their partner and have them attend to their needs, but due to their chronic self-doubts, they never feel reassured about their withdrawing partner's love (Mikulincer & Shaver, 2016). These women may be stuck in a pattern where they expend substantial efforts in maintaining their relationship, hoping that their behavior will provoke the desired change. These efforts may prevent them from distancing themselves from their partner and going through the process of emotional

uncoupling. This would be consistent with research showing that anxious/avoidant couples are very stable over time (Davila & Bradbury, 2001). Given that couples in this study were seeking therapy, however, women in these couples may represent a subset of all anxious women, those that may be more motivated to maintain their relationship. As our analyses regarding couple-based pairings were exploratory, results will need to be replicated.

Depression, Relationship Satisfaction, and Commitment Predicting Disengagement

Although attachment theory appears to be an important framework for understanding disengagement, our results also indicate that more proximal relational and intrapersonal variables need to be considered—that is, more variance in partners' disengagement was explained by depression, relationship satisfaction, and commitment. These results suggest that individuals' current personal well-being and the immediate context of their relationship are likely to have a greater impact on their likelihood of growing apart from their partner. This is in line with studies showing a link between intrapersonal factors and decreased relationship functioning. For instance, in a meta-analysis, Whisman (2001) found a robust association between depression and lower relationship functioning for both men and women. A longitudinal study, however, found no significant differences between relationship functioning predicting depression and vice versa, suggesting a bidirectional association between relationship functioning and depressive symptoms (Whisman & Uebelacker, 2009). It is possible that in couples seeking relationship therapy, the depressive symptoms may both be the cause and the consequence of disengagement–as couples tend to wait years before seeking therapeutic

help. Longitudinal studies will be needed to uncover the developmental course of disengagement in distressed couples.

Our results also highlight the need to examine contextual relationship factors to understand disengagement, with relationship satisfaction and commitment being important contributors. This is congruent with past studies. Barry et al. (2008) found that lower relationship satisfaction and commitment were associated with greater disengagement in dating and married individuals, and in physically abused women. The authors also found conflict behavior to be associated with romantic disengagement among their dating and married samples. As such, contextual factors within the relationship also appear to inform us about disengagement. More research is needed to understand how contextual factors eventually pave the way to disengagement.

Limitations and Future Directions

The cross-sectional design prevents the inference of causal relationships between attachment, depression, relationship satisfaction, commitment, and disengagement. Nonetheless, it allowed us to test a theoretically-based model linking these variables in couples that experience significant relationship distress. Future studies should evaluate how romantic disengagement changes over the course of therapy to uncover the extent to which therapy aids in reducing disengagement in light of each partner's attachment insecurities as well as intrapersonal and relational factors. Such studies could provide valuable information about the timing and effectiveness of interventions for addressing relationship disengagement in distressed couples. Given that contextual factors (both individual and relational) considerably explain romantic disengagement, it may be worth examining whether interventions should first target contextual factors as opposed to

dispositional factors (i.e., attachment insecurities) that may require more extended therapeutic work. Future research should also seek to uncover mechanisms by which attachment insecurities in both partners instill a relational climate where disengagement is more likely to arise. Potential mediating variables possibly include the presence of more conflict and the difficulty to solve these conflicts constructively.

Additionally, the sample was predominantly Caucasian couples with relatively high socioeconomic status, which may limit generalizability to couples from different socio-cultural backgrounds. Our sample may also reflect a limited range of disengagement, with most individuals reporting scores at the lower end of the scale. Although the scores in our sample appear higher than those reported in a community sample (Barry et al., 2008), our sample was seeking relationship therapy, implying that at least one of the two partners were minimally engaged and willing to seek help to repair the relationship. Couples in this sample may be more engaged than couples that have separated without ever seeking therapeutic help.

Implications for Couple Therapists

Our findings underline the importance of conducting a thorough assessment of attachment as partners' attachment insecurities may affect their likelihood of disengaging when faced with important relationship distress. Although clinicians could assess attachment through self-reported measures such as the brief ECR (Lafontaine et al., 2015), simply observing interactions between partners in therapy, paying particular attention for fear of abandonment and tendencies to avoid intimacy, would provide meaningful clinical information about partners' attachment style. A constant need for reassurance from the partner and demandingness and criticalness may reflect attachment-

related anxiety, whereas withdrawal, minimizing behavior, and a tendency towards self-reliance may reflect attachment-related avoidance.

Our results also suggest that disengagement may present differently in men and women. Whereas disengagement in men was primarily related to their own attachment insecurities (avoidance), disengagement in women was related to both their own (avoidance, anxiety when men's avoidance was high) and their partner's (anxiety) attachment insecurities. Therefore, interventions aimed at understanding the couple's attachment dynamic may help partners high in romantic disengagement re-engage in their relationship. In this respect, Emotionally Focused Couple Therapy (EFT; Johnson, 2004) appears especially useful as its interventions are grounded in attachment theory and seek to create new interactional patterns that foster secure attachment in partners. Although no studies have formally assessed the effectiveness of EFT on treating disengagement, EFT has been suggested as a promising treatment option (Sailor, 2013). In this therapeutic approach, avoidant individuals are guided into a re-engagement process and encouraged to express greater internal vulnerability and to become more available emotionally to their partner's attachment needs, as opposed to being closed off to their partner (Johnson, 2004). Such corrective emotional experiences have been found to reduce attachment insecurities and increase relationship satisfaction in both partners (see Wiebe & Johnson, 2016 for a review), suggesting that EFT may reduce disengagement in couples with insecure attachment bonds.

More globally, our results also suggest that interventions targeting more proximal factors may be another effective way of reducing disengagement. In particular, depressive symptoms explained more variability in romantic disengagement (especially

in men) than attachment insecurities. Addressing depression may be an easier target because attachment tends to be more reflective of an individuals' enduring personality characteristics and changing attachment insecurities likely requires more extensive therapeutic work. As such, reducing depression, especially in men, may produce more immediate changes in disengagement. Treating depressive symptoms in couple therapy has been reported to significantly improve relationship functioning (Whisman and Baucom, 2012). As such, focusing treatment on depressive symptoms may lead to changes in relational factors (e.g., satisfaction and commitment), which may then contribute to potentially improving disengagement. However, whether simply reducing depressive symptoms would be enough to re-engage partners in their relationship or lead to lasting positive relationship changes is unknown. Restructuring negative relational patterns (e.g., insecure attachment) may still be necessary to repair the relationship and restore relationship satisfaction in both partners.

That being said, Poitras-Wright and St-Père (2004) emphasized that therapists should not assume that all couples seek therapy to repair their relationship. This assumption is held by many couple therapists and may contribute to the reported difficulty in treating disengagement (Whisman et al., 1997)—that is, perhaps therapists report such difficulty because they are trying to get partners to re-engage instead of addressing ambivalence or considering a separation mandate. Assessing disengagement in both partners is thus an important step to treating couples in therapy as their emotional and motivational stance impacts their willingness to work on repairing their relationship (Doherty, Harris & Wilde, 2016). A thorough assessment will allow the therapist to clarify the couple's needs and direct interventions in a way that aligns with the couple's

personal and relationship goals, whether to improve the relationship, address ambivalence, or work toward separation. Because partners differ in their levels of disengagement (partners' disengagement scores were uncorrelated in this study), discernment counseling may be helpful with mixed-agenda couples (i.e., one partner is unsure about pursuing the relationship and the other wants to improve the relationship). This approach helps partners gain clarity about the direction that their relationship should take through an increased understanding of each partner's contribution to the relationship problems (Doherty et al., 2016). This may help therapists and couples decide whether therapy is worth perusing. Our results nonetheless indicate that on average, partners seeking therapy do not present with very high levels of disengagement, suggesting that therapeutic work to repair the relationship may not be in vain for many couples.

Although the RDS provides a validated assessment tool to measure romantic disengagement in research contexts, it does not include a clinical cut-off score, which minimizes its utility in clinical practice. Therapists may assess disengagement through screening questions evaluating emotional connection between partners (e.g., distress from emotional distancing, desire to work on rekindling love). Asking questions related to emotional indifference and a lack of love, as well as behavioral and cognitive distancing strategies within the relationship (key facets of romantic disengagement) can provide important information about each partner's level of disengagement, inform the goal of therapy (i.e., repair the relationship or not), and potentially help decrease therapists' frustration and challenges related to treating disengagement in therapy.

CONCLUSION

Although lack of emotional affection has been reported as a frequent difficulty

among couples seeking therapy (Mondor et al., 2011), more research is needed to better understand romantic disengagement and help clinicians address the problem in therapy. The present study aimed to provide a better understanding of the role attachment insecurities play on disengagement among couples seeking therapy. Overall, results suggest that attachment insecurities are associated with disengagement from both an individual and couple perspective. However, from a dyadic perspective, attachment appears to be a better predictor of women's romantic disengagement, as men's disengagement was only associated with their own attachment-related avoidance. Moreover, intrapersonal and relational factors also appear to play a role in understanding disengagement and warrant consideration in couple therapy. Clinical implications highlight the need to assess dispositional and relational factors to help orient clinicians in treating couples presenting in therapy with romantic disengagement.

References

Amato, P. R., & Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. *Journal of Family Issues, 24*, 602-626. doi: 10.1177/0192513X03254507

Barry, R. A., Lawrence, E., & Langer, A. (2008). Conceptualization and assessment of disengagement in romantic relationships. *Personal Relationships*, *15*, 297-315. doi:10.1111/j.1475-6811.2008.00200.x

Barry, R. A., & Lawrence, E. (2013). "Don't stand so close to me": An attachment perspective of disengagement and avoidance in marriage. *Journal of Family Psychology, 27*, 484-494. doi:10.1037/a0032867

Boisvert, M-M., Wright, J., Tremblay, N., & McDuff, P. (2011). Couples' reports of relationship problems in a naturalistic therapy setting. *Family Journal: Counseling and Therapy for Couples and Families, 19*, 362-368. doi 10.1177/1066480711420044

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

Brault-Labbé, A., Brassard, A., & Gasparetto, C. A. (2017). Un nouveau modèle d'engagement conjugal : Validation du Questionnaire multimodal d'engagement conjugal [A new model of relationship commitment: Validation of the multimodal couple commitment questionnaire]. *Canadian Journal of Behavioural Science, 49*, 231-242.

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46-76). New York: Guilford

Press.

Butzer, B., & Campbell, L. (2008). Adult attachment, sexual satisfaction, and relationship satisfaction: A study of married couples. *Personal Relationships, 15*, 141–154. doi:10.1111/j.1475-6811.2007.00189.x

Campbell, L., Simpson, J. A., Boldry, J., & Kashy, D. A. (2005). Perceptions of conflict and support in romantic relationships: the role of attachment anxiety. *Journal of Personality & Social Psychology, 88*, 510-531. doi:10.1037/0022-3514.88.3.510

Christensen, A., & Heavey, C. L. (1990). Gender and social structure in the demand/withdraw pattern of marital conflict. *Journal of Personality and Social Psychology, 59,* 73– 81. doi:10.1037/0022-3514.59 .1.73

Davila, J., & Bradbury, T. N. (2001). Attachment insecurity and the distinction between unhappy Spouses who do and do not divorce. *Journal of Family Psychology, 15*, 371-393. doi: 10.1037//0893-3200.15.3.371

Doherty, W. J., Harris, S. M., & Wilde, J. L. (2016). Discernment Counseling for "mixed-agenda" couples. *Journal of Marital and Family Therapy, 42*, 246-255. doi:10.111/jmft.12132

Doss, B.D., Simpson, L. E., & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology: Research and Practice*, *35*, 608. doi: 10.1037/0735-7028.35.6.608

Etcheverry, P. E., Le, B., Wu, T.-F., & Wei, M. (2013). Attachment and the investment model: Predictors of relationship commitment, maintenance, and persistence. *Personal Relationships, 20*, 546-567. doi:10.1111/j.1475-6811.2012.01423.x

Feeney, J. A. (2003). The systemic nature of couple relationships: An attachment

perspective. In P. Erdman & T. Caffery (Eds). *Attachment and family systems: Conceptual, empirical, and therapeutic relatedness* (pp. 139-164). New York: Brunner-Routledge.

Feeney, J. A. (2008). Adult romantic attachment: Developments in the study of couple relationships. In J. Cassidy & P. R. Shaver (Eds.), *The handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 456–481). New York: Guilford Press.

Feeney, B. C., & Collins, N. L. (2001). Predictors of caregiving in adult intimate relationships: An attachment theoretical perspective. *Journal of Personality and Social Psychology, 80*, 972-994. doi:10.1037//0022-3514.80.6.972

Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of General Psychology*, *4*, 132-154. doi 10.1037/1089-2680.4.2.132

Givertz, M., Woszidlo, A., Segrin, C., & Knudson, K. (2013). Direct and indirect effects of attachment orientation on relationship quality and loneliness in married couples. *Journal of Social and Personal Relationships, 30,* 1096–1120. doi: 10.1177/0265407513482445

Gottman, J.M. (1994). *Why marriages succeed or fail*. New York: Simon & Schuster.

Guerrero, L. K., Farinelli, L., & McEwan, B. (2009). Attachment and relational satisfaction: The mediating effect of emotional communication. *Communication Monographs, 76*, 487-514. doi:10.1080/03637750903300254

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*, 511-524. doi:10.1037/0022-

3514.52.3.511

Ilfeld, F. (1976). Further validation of a psychiatric symptom index in a normal population. *Psychological Reports, 39*, 1215-1258. doi: 10.2466/pr0.1976.39.3f.1215

Jansz, J. (2000). 'Masculine Identity and Restrictive Emotionality'. In Fischer, A. (Ed.), *Gender and Emotion: Social Psychological Perspectives*. Cambridge: Cambridge University Press.

Johnson, S.M. (2004). The practice of emotionally focused couple therapy: Creating connection (2nd ed.). New York: Brunner-Routledge.

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: Guilford.

Kersten, K. K. (1990). The Process of Marital Disaffection: Interventions at Various Stages. *Family Relations, 39*, 257-265. doi: 10.2307/584869

Kirkpatrick, L. A., & Davis, K. E. (1994). Attachment style, gender, and relationship stability: A longitudinal analysis. *Journal of Personality and Social Psychology, 66*, 502-512. doi: 10.1037/0022-3514.66.3.502

Kline, R. B. (2015). *Principles and practice of structural equation modeling*. Guilford Press.

Lafontaine, M.F., Brassard, A., Lussier, Y., Valois, P., Shaver, P. R., & Johnson, S. M. (2015). Selecting the Best Items for a Short-Form of the Experiences in Close Relationships Questionnaire. *European Journal of Psychological Assessment, 32,* 140-154.

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Second edition: Structure, dynamics, and change*. New York, NY: Guilford Press.

Mikulincer, M., Shaver, P. R., & Pereg, D. (2003). Attachment theory and affect regulation: The dynamics, development, and cognitive consequences of attachment-related strategies. *Motivation and Emotion*, *27*, 77-102. doi: 10.1023/A:1024515519160

Mondor, J., McDuff, P., Lussier, Y., & Wright, J. (2011). Couples in therapy: Actor-partner analyses of the relationships between adult romantic attachment and marital satisfaction. *The American Journal of Family Therapy*, *39*, 112-123. doi: 10.1080/01926187.2010.530163

Muthén, L. K., & Muthén, B. O. (2004). *Mplus User's Guide: Statistical Analysis with Latent Variables: User's Guide*. Los Angeles, CA: Muthén & Muthén.

Poitras-Wright, H., & St-Père, F. (2004). Grille d'évaluation des mandats en thérapie pour la recherche sur l'efficacité de la thérapie conjugale. [Assessment grid for therapeutic mandate for the research on the effectiveness of couple therapy.] Unpublished document.

Sailor, J. L. (2013). A phenomenological study of falling out of romantic love. *The Qualitative Report, 18*, 1-22.

Shallcross S. L, Howland, M., Bemis, J., Simpson, J. A., & Frazier, P. (2011). Not "capitalizing" on social capitalization interactions: The role of attachment insecurity. *Journal of Family Psychology, 25*, 77– 85. doi: 10.1037/a0021876

Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology*, *59*, 971–980. doi: 10.1037/0022-3514.59.5.971.

Simpson, J. A., & Rholes, W. S. (2012). Adult Attachment Orientations, Stress, and Romantic Relationships. In P. Devine & A. Plant (Eds.), *Advances in Experimental*

Social Psychology (Vol. 45, pp. 279-328): Academic Press.

Spanier, G.B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family, 38*, 15-28. doi: 10.2307/350547

Treboux, D., Crowell, J., & Waters, E. (2004). When "new" meets "old": Configurations of adult attachment representations and their implications for marital functioning. *Developmental Psychology, 40*, 295-314. doi: 10.1037/0012-1649.40.2.295

Wiebe, S. A., & Johnson, S. M. (2016), A Review of the Research in Emotionally Focused Therapy for Couples. *Family Process*, *55*, 390-407. doi:10.1111/famp.12229

Whisman, M. A. (2001). The association between marital dissatisfaction and depression. In S. R. H. Beach (Ed.), *Marital and Family Processes in Depression: A scientific Foundation for Clinical Practice* (pp. 3-24). Washington, DC: American Psychological Association.

Whisman, M. A, & Baucom, D. H. (2012). Intimate relationships and psychopathology. *Clinical Child & Family Psychology Review, 15*, 4-13.

Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology, 11*, 361–366. doi: 10.1037/0893-3200.11.3.361

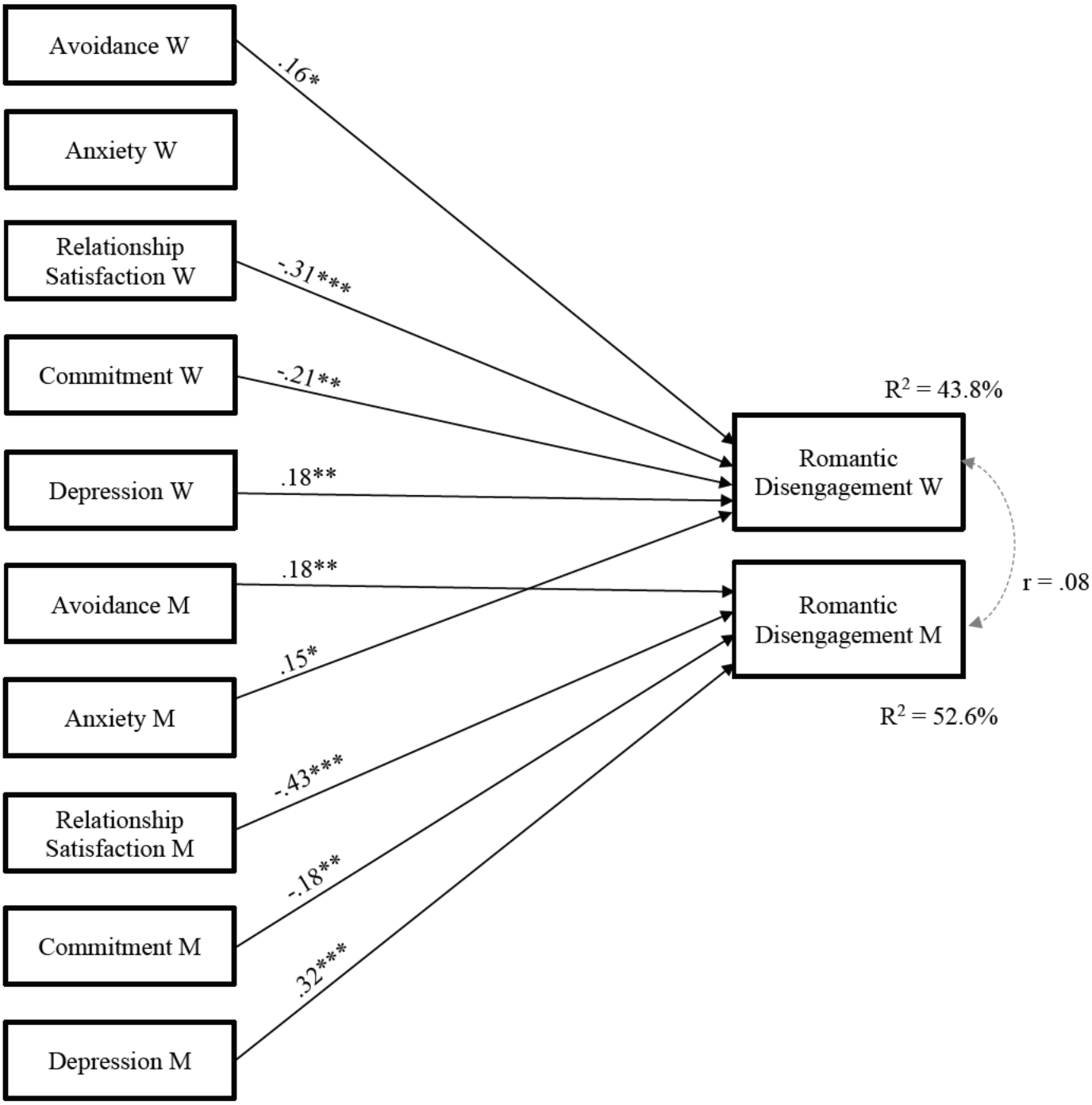
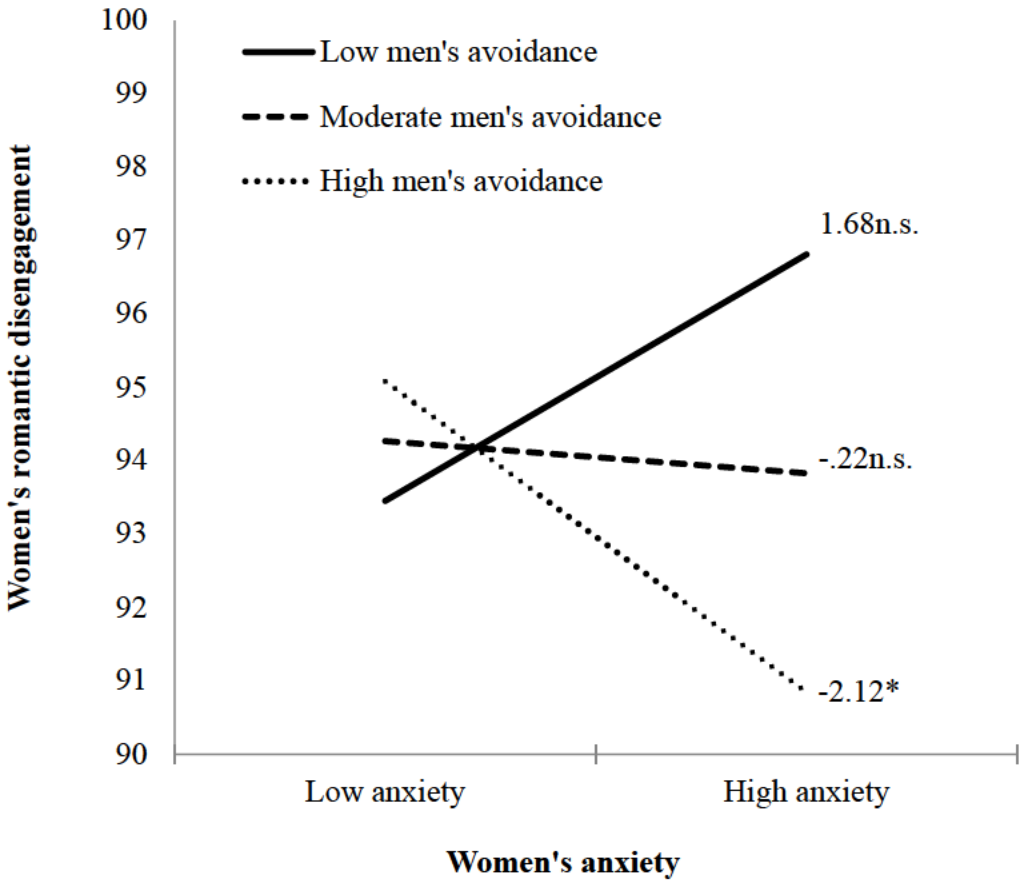


Figure 1. Path analyses showing romantic attachment, relationship satisfaction, commitment, and depression predicting romantic disengagement (N = 171 couples). All possible direct paths between attachment variables and disengagement were tested. Only significant standardized path coefficients are shown. Dashed line = non-significant path. Correlations between exogenous variables were tested but not shown in the figure. M = Men; W = Women.
*p < .05. **p < .01. ***p < .001.

Table 1. *Correlations, Means, and Standard Deviations for Attachment Insecurities, Depression, Relationship Satisfaction, Commitment, and Romantic Disengagement among Men and Women (N = 171 couples)*

Variables	*M*	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. M attachment avoidance	3.17	1.14		.098	.133	-.447**	-.323**	.452*	.146	.192*	.064	-.180*	-.002	.030
2. M attachment anxiety	3.89	1.25			.326**	-.128	-.020	.112	.173*	-.065	.104	-.173*	-.209*	.279**
3. M depression	27.23	20.34				-.170*	-.242**	.431**	.079	.152*	.167*	-.158*	-.208*	.185*
4. M relationship satisfaction	95.15	15.56					.480**	-.632**	-.143	-.171*	-.231**	.560**	.252**	-.224**
5. M commitment	5.55	1.14						-.442**	-.095	-.146	.030	.139	.040	-.001
6. M romantic disengagement	54.15	18.61							.156*	.161*	.166*	-.277**	-.176*	.172*
7. W attachment avoidance	2.72	1.30								-.013	.084	-2.68**	-.416**	.366**
8. W attachment anxiety	4.17	1.37									.229**	-.055	.020	.017
9. W depression	36.28	21.12										-.347**	-.281**	.367**
10. W relationship satisfaction	91.34	19.45											.623**	-.546**
11. W commitment	5.44	1.42												-.623**
12. W romantic disengagement	55.58	19.91												

Note. M= Men; W = Women.
*p < .05. **p < .01.



Supplementary Figure. Interaction between women's attachment-related anxiety and men's attachment-related avoidance predicting women's romantic disengagement. *p < .05. ns = not statistically significant

Study 2

Attachment Insecurities Predicting Romantic Disengagement over the Course of Couple Therapy in a Naturalistic Setting

Callaci, M., Vaillancourt-Morel, M-P., Labonté, T., Brassard, A., Tremblay, N., & Péloquin, K. (under review). Attachment insecurities predicting romantic disengagement over the course of couple therapy in a naturalistic setting. *Manuscript submitted for publication in Couple and Family Psychology: Research and Practice.*

TITLE:

Attachment Insecurities Predicting Romantic Disengagement over the Course of Couple Therapy in a Naturalistic Setting

AUTHORS:

Melissa Callaci, BA (PhD Candidate), Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

Marie-Pier Morel-Vaillancourt, PhD, Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

Thalie Labonté, MA, Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

Audrey Brassard, PhD, Department of Psychology, University of Sherbrooke, Sherbrooke, Quebec, Canada.

Nadine Tremblay, PhD, Clinique de consultation conjugale et familiale Poitras-Wright, Côté, Longueuil, Canada.

Katherine Péloquin, PhD, Department of Psychology, University of Montreal, Montreal, Quebec, Canada.

CONTACT INFORMATION OF CORRESPONDING AUTHOR:

Katherine Péloquin, PhD
Département de psychologie
Université de Montréal
C.P. 6128 Succursale Centre-ville
Montréal, Québec, Canada H3C 2J7
Email : katherine.péloquin@umontreal.ca

ACKNOWLEDGEMENTS:

This research was supported in part by a grant from the Interdisciplinary Research Center on Relationship Problems and Sexual Abuse. MC is a recipient of a doctoral scholarship from the Social Sciences and Humanities Research Council (SSHRC).

The authors would like to thank all the psychologists at the Clinique de consultation conjugale et familiale Poistras-Wright, Côté for their collaboration, without which this research would not have been possible.

ABSTRACT

The present study examined whether romantic disengagement decreases over the course of relationship therapy and whether attachment insecurities are associated with partners' levels of romantic disengagement after 15 weeks of couple therapy. Participants included 163 mixed-sex couples seeking relationship therapy in a private psychotherapy clinic. Partners completed the Experiences in Close Relationships questionnaire at intake and the Romantic Disengagement Scale at intake and 15 weeks into therapy. Depression and relationship satisfaction scores were also obtained and controlled for in the analyses. Results of a repeated-measure ANOVA revealed an overall decrease in both partners' level of disengagement when couples undergo 15 weeks of therapy. Findings, however, suggest that attachment insecurities play a role in the extent to which men's level of disengagement decreases over the course of couple therapy. Contextual relationship factors may be more essential to understanding changes in disengagement for women over the course of couple therapy. Path analyses revealed that men higher on attachment avoidance reported greater romantic disengagement at follow-up. Findings are discussed in light of clinical interventions for couple therapy.

ATTACHMENT INSECURITIES PREDICTING ROMANTIC DISENGAGEMENT OVER THE COURSE OF COUPLE THERAPY

Low levels of affection between partners ranks among the most common difficulties presented by couples seeking relationship therapy (Doss, Simpson & Christensen, 2004; Boisvert, Wright, Tremblay, & Mcduff, 2011). Couple therapists also rate this problem among the most difficult to treat, and accordingly, it is associated with poor therapy outcomes (Hahlweg, Revenstorf, & Schindler, 1984; Whisman, Dixon, & Johnson, 1997). Barry, Lawrence, and Langer (2008) introduced a construct entitled romantic disengagement to capture the emotional indifference as well as the behavioral and cognitive distancing strategies commonly observed among partners with low affection and loss of love. Few studies have examined factors associated with romantic disengagement. The results of quantitative and qualitative studies suggest that contextual and relational factors, including workaholism, relationship dissatisfaction, negative affect and personality (neuroticism), may contribute to disengagement (Barry et al., 2008; Kayser & Rao, 2006; Robinson, Flowers, & Ng, 2006; Abbasi, Kousar, & Elsayed, 2018). However, these studies were primarily conducted with young community-based samples where relationship satisfaction was relatively high (e.g., Barry & Lawrence, 2013) or they assessed lack of love retrospectively in already separated individuals (Kayser, 1993; Kayser & Rao, 2006; Sailor, 2013). These studies have also focused on individuals as opposed to the couple as a unit, limiting our understanding of the dyadic factors associated with disengagement.

Moreover, no studies have investigated predictors of change in disengagement among couples experiencing significant relationship problems and distress, nor looked at

whether therapy can decrease partners' disengagement when they are seeking relationship therapy. These limitations leave clinicians in the dark as to whether couple therapy is effective at getting couples to emotionally reengage and if so, for whom treatment is most effective. We may presume that individual vulnerabilities, such as attachment insecurities, may act as risk factors for romantic disengagement and may hinder therapeutic change in disengagement over the course of relationship therapy. To investigate this clinically relevant research question and address the gaps in the literature, the goals of this study were to examine whether romantic disengagement decreases over the course of relationship therapy and whether attachment insecurities are associated with partners' levels of romantic disengagement after 15 weeks in couple therapy.

Effectiveness of Couple Therapy for Improving Romantic Disengagement

Over the years, research efficacy studies have consistently shown that couple therapy improves relationship outcomes and reduces relationship distress (Halford & Snyder, 2012; Shadish & Baldwin, 2003). Randomized controlled trials (RCT) have yielded medium effect sizes across studies and consistently demonstrate that couple therapy is equally effective at improving relationship distress across different therapeutic approaches (Shadish & Baldwin, 2003, 2005). However, given the controlled laboratory setting characteristic of RCTs, outcomes may not adequately represent the clinical effectiveness of treatment in a natural clinical practice (Halford, Pepping, & Petch, 2016). For instance, given the strict and predefined inclusion and exclusion criteria of RCTs, it is likely that couples with high levels of disengagement be excluded from such studies, as these studies normally require participants to commit to predefined interventions with detailed objectives and treatment duration. Although research efficacy studies are

necessary, their research design oftentimes do not reflect applied clinical practice under less stringent conditions (Christensen, Baucom, Vu, & Stanton, 2005). As such, RCTs lack clinical representativeness, which may limit the applicability and generalizability of results outside of highly structured research settings (Shadish & Baldwin, 2005; Wright, Sabourin, Mondor & Mcduff, 2006). Clinical effectiveness studies conducted in natural therapy settings address these concerns given that they are carried out under conditions that are much more representative of routine practice whereby clinicians can be more flexible in their therapeutic approach, and tailor interventions to their clients. Participants included in effectiveness studies may also present with more complex problems and a greater degree of relationship ambivalence (Halford et al., 2016).

Very few studies have examined the clinical effectiveness of couple therapy as delivered in routine practice. Nonetheless, the handful of studies that have been conducted support the effectiveness of couple therapy for improving relationship satisfaction, although effect sizes are smaller than those reported in RCTs (for a review, see Halford et al., 2016). Findings from such studies have highlighted that couple therapy as provided in routine practice is effective at reducing relationship distress, improving individual mental health and even coping abilities (e.g., Klann, Hahlweg, Beaucom, & Kroeger, 2011; Lundbald & Hansson, 2006). Furthermore, the changes were notable despite less structured therapeutic interventions and with few intervention sessions. For instance, Lundbald and Hansson (2006) reported improvements in relationship satisfaction despite half of their sample receiving less than nine therapy sessions, with five being the most frequent number of sessions. Doss and colleagues (2012) also reported significant changes in relationship satisfaction after an average of nine

intervention sessions.

Relationship satisfaction and romantic disengagement, albeit related, are conceptually and empirically distinct constructs (Barry et al., 2008). It is possible for partners to be dissatisfied with their relationship due to interpersonal conflicts or stressors, but still have loving feeling for one another. As such, although couple therapy is found to be effective at improving relationship satisfaction, it is unclear whether therapeutic changes in disengagement are comparable to those found with relationship satisfaction. To date, only one study has assessed changes in romantic disengagement over the course of psychotherapy. However, this was in the context of individual therapy, among 30 women filing for divorce (Aghdam, 2017). The author found that women who underwent eight individual cognitive-behavioral therapy (CBT) intervention sessions (n = 15) reported less romantic disengagement than those who did not, suggesting that individual therapy may help revive feelings towards the partner. However, the extent to which therapy was helpful is unclear as these women had already filed for divorce. The author did not mention whether the change in disengagement had any impact on the women's decision to leave the relationship following intervention.

As it stands, we do not know whether couple therapy can help reduce romantic disengagement, and whether the claim from retrospective studies that most couples seek therapy when they are too far gone is actually the case. Given that disengagement appears common in couples seeking therapy and is rated as a difficult problem to treat (Boisvert et al., 2011; Doss et al., 2004; Wishman et al., 1997), it is clinically important to examine whether couple therapy, particularly when administered in a naturalistic setting, can effectively reduce disengagement. Such information can guide therapists with regard to

establishing therapeutic goals and determining appropriate interventions. Having a better understanding of the effect that therapeutic intervention has on romantic disengagement can also help therapists decide whether relationship therapy is even recommended when one or both partners report being highly disengaged.

Attachment Theory

Attachment theory (Bowlby, 1969) stipulates that early interactions with primary caregivers in infancy and the quality of the care provided by these caregivers' shape beliefs about one's self-worth and expectations regarding others' trustworthiness and reliability. These early attachment experiences with caregivers generalize and crystalize throughout adolescence and adulthood and essentially form internal working models of the self and others (Bowlby, 1979). Shaver and Hazan (1987) stressed the importance of these internal working models, particularly in the context of romantic relationships, whereby partners become each other's primary attachment figure.

Various conceptualizations and measures of adult attachment have emerged over time. Adult attachment researchers now typically conceptualize adult attachment insecurity using two orthogonal dimensions, namely attachment-related anxiety and avoidance (Brennan, Clark, & Shaver, 1998). These dimensions capture sensitivity to rejection and abandonment (i.e., negative model of self), and discomfort and aversion of closeness and intimacy (i.e., negative model of others), respectively. Individuals who score low on both dimensions are said to be securely attached. Such individuals would therefore have a positive model of self, whereby they are capable of recognizing their self-worth, and a positive model of others as being trustworthy and reliable.

Attachment Insecurities and Romantic Disengagement

Attachment theory is now recognized as one of the main frameworks for understanding romantic relationships (Mikulincer & Shaver, 2016). Research using community and clinical samples has shown that attachment security is linked to healthier and more enduring relationships, whereas attachment insecurity is linked to higher levels of relational problems and dissatisfaction (for a review, see Feeney, 2016). More recently, attachment insecurities were found to be associated with higher romantic disengagement. In a clinical sample of relationally distressed couples, Callaci and colleagues (2020) found that attachment-related avoidance, but not anxiety, was associated with participants' own higher disengagement. These findings coincide with studies indicating that individuals with higher attachment-related avoidance tend to put in little effort towards maintaining their relationship (Pistole, Clark, & Tubbs, 1995; Simpson, 1990) and are most likely to use distancing strategies to reduce distress and vulnerability when experiencing relationship difficulties (Collins & Gillath, 2012). In their dyadic study, Callaci and colleagues (2020) also found that individuals' own attachment-related anxiety was associated with their partner's higher level of disengagement. These results suggest that in couples who are experiencing significant relationship distress, the characteristics of an activated attachment system in anxious individuals (e.g., excessive proximity seeking behaviors and dependency, criticalness and demandingness, aggressiveness; Mikulincer & Shaver, 2016) may increase their partner's likelihood to withdraw from the relationship and disengage. These findings therefore highlight the need to consider both partners' vulnerabilities and characteristics when investigating romantic disengagement.

Attachment Insecurities and Romantic Disengagement Over the Course of Therapy

Beyond their direct association with romantic disengagement prior to beginning couple therapy, attachment insecurities may also be associated with changes in romantic disengagement over the course of therapy. For instance, given their belief that others are reliable and trustworthy, securely attached individuals may find it easier to seek support from health care professionals (Ciechanowski, Walker, Katon, & Russo, 2002). A meta-analysis examining the associations between attachment and therapeutic outcomes in individual outpatient therapy also showed that attachment security is associated with more positive therapy outcomes (Levy, Ellison, Scott, & Bernecker, 2011). Therefore, secure individuals would be more likely to benefit from therapeutic interventions. In contrast, insecurely attached individuals have more difficulty forming trusting relationships, are more likely to perceive relational threats, experience greater levels of negative emotions and have more difficulty managing these emotions, and present lower adherence to treatment. These factors all contribute to the more modest treatment effects in insecurely attached individuals (Johnson, Lafontaine, & Dalgleish, 2015; Mikail, Henderson, & Tasca, 1994). In their meta-analysis, Levy et al. (2011) concluded that attachment insecurities are associated with more negative treatment outcomes in individual outpatient therapy.

Fewer studies have examined the impact of attachment insecurity on treatment outcome within a couple therapy context. Some studies have found that greater attachment-related insecurities (anxiety and avoidance) were associated with fewer improvement within the context of couple therapy (Levy et al., 2011). However, attachment insecurities, particularly attachment anxiety, may not always hinder therapeutic progress in couple therapy. For instance, Johnson and Talitman (1997)

examined whether attachment was related to change in relationship satisfaction following emotionally focused couple therapy (EFT). Results showed that preoccupied men (i.e., high attachment-related anxiety) improved the most in relationship satisfaction at the end of therapy. Dalgleish and colleagues (2015) also found that individuals with higher levels of attachment-related anxiety at the beginning of therapy were those who showed greater improvement in relationship satisfaction over the course of EFT. It is possible that the proximity seeking behaviors characteristic of attachment-related anxiety make these individuals more likely to commit to their partner and persist in unfulfilling relationships (Davila & Bradbury, 2001; Etcheverry, Le, Wu, & Wei, 2013). Additionally, individuals with higher attachment-related anxiety are more likely to seek therapy (Vogel, Wester, Wei, & Boysen, 2005), thus potentially aiding therapeutic efforts aimed towards re-engagement. However, given contradictory findings, it remains unclear whether attachment-related anxiety aids or hinders progress in couple therapy.

Objectives and Hypotheses

The goals of this study were to examine whether couple therapy can successfully reduce romantic disengagement and assess the extent to which attachment insecurities are associated with changes in romantic disengagement in both partners over the course of couple therapy. In particular, we examined whether romantic disengagement scores significantly decreased in men and women following 15 weeks in couple therapy in a naturalistic setting, as well as the effect of both partners' attachment-related avoidance and anxiety on their own and their partner's romantic disengagement after 15-weeks in therapy. Drawing upon the postulants of attachment theory and previous findings from outcome studies, we expected that greater attachment-related avoidance would be related

to an individual's higher disengagement after 15 weeks in therapy. In contrast, given the mixed findings pertaining to attachment anxiety on improvements in couple therapy, no hypothesis was put forth and the association was exploratory in nature. Given the lack of studies assessing partner effects, they too were examined in an exploratory manner. Relationship satisfaction and depression were included in the analyses as controls because previous cross-sectional studies with community and clinical samples found that they were associated with disengagement in men and women (Barry et al., 2008; Callaci, Péloquin, Barry & Tremblay, 2020).

Method

Participants and Procedure

The present study was embedded in a larger ongoing longitudinal study assessing the effectiveness of couple therapy in routine practice—that is, the clinicians do not follow a standardized treatment protocol, but rather offer services as usual. This study involves multiple assessment points, at intake, after 15 weeks, and every 12 weeks thereafter until the end of therapy. This study presents data from the first two assessment points (intake and 15-week follow-up).

A total of nine licensed psychologists and two clinical psychology pre-doctoral interns provided couple therapy in the community-based fee-for-service practice where this research was conducted. Their primary theoretical allegiance included integrative cognitive-behavioral (IBCT; Jacobson & Christensen 1996) and emotionally focused couple therapy (EFT; Johnson 2004). IBCT places emphasis on improving communication between partners, modifying negative behavioral exchanges, and fostering acceptance of behaviors and problems that cannot be changed (Jacobson &

Christensen, 1996), whereas EFT focuses on modifying dysfunctional attachment-based dynamics and fostering the creation a more secure attachment bonds between partners (Johnson, 2004). The graduate trainees worked under the supervision of two senior clinicians. Although clinicians identified IBCT and EFT as their main therapeutic approach, their interventions also sometimes drew upon other approaches and were adapted to the couple, as is often the case in clinical effectiveness studies (Halford et al., 2016).

All couples seeking relationship therapy at this private practice were invited by their clinician to participate in the study (participation rate > 95%). No compensation or incentive was offered to participants for completing the questionnaires. However, clinicians were provided with their clients' responses to the questionnaires, which they could use to complement their evaluation at the beginning of therapy. As such, the research protocol was presented to clients as part of the clinical assessment phase. During the first evaluation session, clinicians introduced the research protocol to their clients. Upon having provided informed consent, each partner was e-mailed an individual link by the research team to complete intake questionnaires via Qualtrics Research Suite, a secure online platform. Participants were free to withdraw from the study at any time without having to justify their decision and without any impact on the quality of the services received. The intake questionnaires were to be completed individually by each partner at home before the next evaluation session. Intake questionnaires took approximately 60 minutes to complete and covered an array of topics including individual experiences as well as couple experiences. The present study was approved by the Faculty of Arts and Science ethics committee at the [university and protocol number

blinded for review].

Fifteen weeks after completing the intake questionnaires, research assistants sought consent from the clinician to send the follow-up questionnaires. Upon confirmation from clinicians that couples had completed a comprehensive assessment, lasting over three to five sessions, received a minimum of four intervention sessions (range 4 -10) and that completing the questionnaires would not pose a risk to either partner (e.g., violence, suicide), the research team sent a link for the follow-up questionnaires by email to both partners. The minimum of four intervention sessions was chosen based on research showing that change typically occurs within the first four to eight sessions of couple therapy (Knobloch-Fedders, Pinsof, & Haase, 2015; Pepping, Halford, & Doss, 2015). Couples who had separated (7.5%) or terminated therapy (10%) after 15-weeks were also invited to complete the follow-up questionnaires. However, if the couple was separated at 15 weeks, they did not receive the questionnaires assessing the current state of the relationship, including the Romantic Disengagement Scale. Hence, separated couples were not included in this study. The follow-up questionnaires took approximately 15 minutes to complete. Similar to intake questionnaires, clinicians were provided with a summary of the results allowing them to assess progress and adjust interventions throughout therapy. Ongoing treatment feedback is recommended to improve treatment outcomes in couple therapy effectiveness trials (Halford et al., 2016).

A total of 237 heterosexual couples completed intake measures, but 74 were excluded because they did not meet the study's criteria for receiving the 15-week follow-up measures (i.e., completing at least four intervention sessions and completing the questionnaires would not pose a clinical risk). Among the couples that were excluded, 44

dropped out before completing the initial assessment (lasting over three to five sessions), 18 did not receive a minimum of four intervention sessions, and 12 were excluded for clinical reasons. Comparative analyses were conducted to examine potential differences between couples who completed the 15-week follow-up measures (n = 163) and those who did not (n = 74). Couples who were included in the study reported being in longer relationships (M = 14 years, SD = 10 years) than couples who were excluded (M = 11 years, SD = 8 years, $t(234) = 2.60$, $p = .01$). Couples did not differ in terms of age, length of cohabitation, length of reported relationship difficulties, whether or not they had a child, therapeutic mandates, or romantic disengagement, relationship satisfaction, and attachment at intake.

The final study sample was therefore made up of 163 couples. The majority of participants were French-speaking (86% of men and 91% of women) and identified as Caucasian (90% of men and 94% of women). Men reported a mean age of 45 years (range: 27 to 73, SD = 10) and women reported a mean age of 43 years (range: 25 to 70, SD = 9). Partners reported being in their relationship for 14 years on average (ranging from less than a year to 50 years, SD = 10) and reported relationship difficulties for a period averaging four years (SD = 6 years). Most couples were seeking therapy to improve their relationship (71%), whereas 22% wanted to work on their relationship ambivalence, and 7% aimed to address a current crisis. Most couples were cohabiting (94%), but only 40% of cohabiting couples were married. These ratios are characteristic of French- Canadian couples living in the province of Quebec. Most couples reported having at least one child (85%). Participants had a relatively high socioeconomic status, with 77% of men and 76% of women having a university degree and half the men earning

a yearly salary of CAN $90,000 or more, and half of women earning CAN $60,000 or more.

Measures

Measures were completed in either French or English based on participants' preference. All measures were validated in both languages.

Demographic information. Sociodemographic data was collected at intake regarding both individual (e.g., age, education, income) as well as relationship descriptive data (e.g., duration, status, cohabitation, children).

Attachment insecurities. At intake, participants completed the abbreviated Experiences in Close Relationships Scale (ECR-12; Lafontaine et al., 2016) which captures attachment- related anxiety and avoidance over two six-item subscales. Items are scored on a seven-point scale ranging from 1 = strongly disagree to 7 = strongly agree. Higher scores indicate greater levels of attachment-related anxiety and avoidance. The scale showed excellent psychometric properties in community and clinical samples of couples (Lafontaine et al., 2016). In the current study, internal consistency was high for both the anxiety (α = .82 for men; α = .84 for women) and the avoidance dimensions (α = .87 for women; α = .84 for men).

Romantic disengagement. At intake and at the 15-week follow-up, participants completed the Romantic Disengagement Scale (RDS; Barry et al., 2008) which assesses their own romantic disengagement from the partner. This scale includes 18 items representing the three core facets of disengagement: emotional indifference, cognitive distancing, and behavioral distancing. Items are rated on a seven-point scale from 1 = never to 5= always. A total score is created by summing the items, with higher scores

indicating greater romantic disengagement (ranges from 18 to 90). The measure showed good psychometric properties among dating couples, married couples, and a clinical sample of female victims of physical abuse (Barry et al., 2008). Alpha coefficients in the current study were .95 for men and .94 for women at intake. Similar coefficients were obtained at follow-up for men (.94) and women (.94).

Depression. The Psychiatric Symptom Index (PSI; Ilfeld, 1967) was used to assess depression symptoms. The depression subscale consists of 10 items, scored on a four-point scale from 0 to 3. A mean score is calculated, and total scores are created by rescaling means to form scores that range from 0 to 100. Higher scores represent greater depressive symptoms. The scale is reported to have good psychometric properties (Ilfeld, 1967). In the current study, internal consistency was high (α = .87 for men and .85 for women).

Relationship Satisfaction. The Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to measure relationship satisfaction. The DAS is comprised of 32 items scored on six or seven-point scales. Total scores range from 0 -151 are calculated by summing the individual items. Individuals are reported to experience clinically significant relationship distress when total scores are below 100. The DAS has good psychometric properties and is able to accurately distinguish distressed couples (Spanier, 1976). Internal consistency in the current study was excellent (α = .91 for women; .90 for men).

Results

Preliminary Analyses

Prior to conducing the main analyses, variables were screened for normality and outliers. All variables had an acceptable normality index with both skew and kurtosis

indices below 1. Table 1 displays descriptive statistics for all study variables at intake and follow-up. Preliminary correlational analyses were conducted to identify potential covariates among sociodemographic variables including, age, length of relationship, length of relationship difficulties, whether they had children, income, level of education, marital status, and whether they were ever separated in the past. Relationship satisfaction and depression were also assessed as potential covariates because both have been associated with romantic disengagement (Callaci et al., 2020). Additionally, affective disorders have been found to predict poor response to couple therapy (Snyder & Whisman, 2004). Moreover, greater relationship distress prior to therapy would predict a poorer response to couple therapy (Snyder, Castellani, & Whisman, 2006). The therapeutic mandate (i.e., reconciliation, ambivalence, crisis intervention, separation) was also considered as a potential covariate, as partners with more ambivalence may be more difficult to help improve disengagement. With the exception of depression and relationship satisfaction, all other variables were weakly ($r < .30$) or non-significantly related to follow-up romantic disengagement scores. Thus, only depression scores and relationship satisfaction scores were controlled for in the main analyses.

Main Analyses

Missing data were handled using multiple imputation (5 data sets), allowing us to include couples for which data was missing at follow-up. Analyses were conducted to compare couples who completed the follow-up questionnaires ($N = 129$) and couples for which data was missing ($N = 34$). No significant differences were found on sociodemographic, attachment, or disengagement variables at intake. To assess whether therapy significantly reduced disengagement after 15 weeks in therapy, we ran a (2) X (2)

repeated-measure ANOVA, with gender and time (intake, follow-up) as repeated measures while controlling for depression and relationship satisfaction. Participants reported a significant decrease in romantic disengagement from the intake (M = 55.83; SE =0.87) to the 15-week follow-up (M = 44.87; SE = 0.68), with a large effect size, F(1, 158) = 27.24 – 31.56, $p < .001$, η_p^2 = .149 – .167. There was a significant main effect of gender, F(1, 158) = 6.784 – 9.124, $p < .05$, η_p^2 = .041 – .055 (small effect size), with men (M = 51.10; SE = 0.76) reporting more disengagement than women (M = 49.60; SE = 0.89) on average, but there was no significant gender X time effects.

Next, to determine whether attachment insecurities were associated with romantic disengagement after 15 weeks in therapy, attachment insecurities measured at intake were used to predict both partners' romantic disengagement at follow-up, controlling for intake disengagement, relationship satisfaction and depression scores. Path analyses were conducted in Mplus (Muthén & Muthén, 2004) based on the Actor-Partner Interdependence Model (APIM; Kenny, Kashy, & Cook, 2006). APIM addresses the interdependence of dyadic data by treating the couple as the unit of analysis and integrates both actor effects (i.e., the effect of an individual's attachment on his or her own disengagement) and partner effects (i.e., the effect of an individual's attachment on their partner's disengagement) in a single analysis. Missing data were handled using full information maximum likelihood (FIML) allowing us to include couples for which data was missing at follow-up. Based on recommended guidelines (Kline, 2015), the model fit was judged adequate given: a non-significant chi-square value, the comparative fit index (CFI; value > 0.90), the root–mean-square error of approximation (RMSEA; value < 0.08), and the standardized root-mean-square residual (SRMR; value < 0.08).

We tested a model that included each partner's attachment insecurities (anxiety and avoidance), romantic disengagement, relationship satisfaction, and depression scores at intake as predictors of each partner's romantic disengagement at the 15-week follow-up (see Figure 1). This model fit the data well, $\chi^2(6) = 6.18$, $p = .403$, SRMR = .02, CFI = .998, RMSEA = .01, 90% CI [.00 – .10]. Results indicated that individuals' own romantic disengagement at intake significantly predicted higher follow-up disengagement scores (actor effects) for both men and women. Individuals' own depression scores were no longer associated with their own romantic disengagement at 15- week follow-up for both men and women. However, women's higher relationship satisfaction was found to be associated with their own higher disengagement at follow-up. Men's attachment-related avoidance was associated with their own higher romantic disengagement at follow-up. No significant association was found between women's avoidance and their own romantic disengagement at follow-up. Attachment-related anxiety was unrelated to one's own romantic disengagement at follow-up for both men and women. Only one partner effect was found. Women's attachment-related anxiety was associated with their male partner's higher romantic disengagement at follow-up. To confirm that the associations between women and men were significantly different, we compared this first model to a more restrictive model in which actor and partner effects were constrained to be equal across gender (e.g., men's avoidance on men's disengagement = women's avoidance on women's disengagement). Using the Satorra-Bentler scaling correction, the difference in the chi- square values between the constrained and the freely estimated models was significant, $\Delta\chi^2(4) = 15.06$, $p = .005$, indicating that the associations between men and women were significantly different and should be presented separately.

Discussion

From a clinical standpoint, it is important to better understand romantic disengagement, as it is a frequently reported difficulty by couples who seek therapy and a difficult problem for couple therapists to treat (Boisvert et al., 2011; Whisman et al., 1997). This dyadic study assessed whether couple therapy can successfully reduce partners' level of romantic disengagement and examined the role of attachment insecurities as predictors of change in romantic disengagement within a clinical sample of couples seeking relationship therapy in a naturalistic setting.

Couple Therapy and Changes in Romantic Disengagement

Although romantic disengagement is perceived as challenging by couple therapists (Whisman et al., 1997), our study suggests that romantic disengagement can be improved by seeking couple-based therapeutic intervention. Furthermore, in keeping with previous studies showing that therapeutic progress in relationship therapy would occur within four to eight sessions (Knobloch-Fedders et al., 2015; Pepping et al., 2015), our findings suggest that significant decreases in disengagement can be achieved in relatively few intervention sessions (four to 10 intervention sessions) and this effect was large, explaining about 15% of variance. Our finding is comparable with effect sizes of studies examining the effectiveness of couple therapy on relationship satisfaction in naturalistic settings (Halford et al., 2016). As such, therapists should not feel discouraged or overwhelmed when faced with a couple presenting with high romantic disengagement, as therapy does seem to improve disengagement—that is, it decreases partners' emotional deadening and reduces their use of cognitive and behavioral distancing strategies, and this, even in a relatively short period of time (15 weeks). Perhaps knowing that

therapeutic efforts may positively impact romantic disengagement will increase clinician's confidence in treating these couples and thus reduce their perceived level of difficulty in treating disengaged partners.

Predictors of Change in One's Own Romantic Disengagement

Our findings suggest that attachment insecurities are associated with men's own romantic disengagement following 15 weeks of couple therapy. More specifically, attachment-related avoidance was associated with men's higher romantic disengagement after 15 weeks in therapy. This confirms our initial prediction. Individuals with higher attachment-related avoidance tend to withdraw when their attachment system is activated by relationship threats and distress, as would be the case in couples who are seeking relationship therapy (Mikulincer & Shaver, 2016). It is possible that the behaviors associated with disengagement (e.g., pretending to agree with a partner or avoiding asking questions, not wanting to spend time with a partner, not wanting to be touched) are more characteristic of these individuals' general functioning and thus more difficult to change, especially after a short time in therapy. Given that the majority of couples who completed the follow-up questionnaires were still undergoing therapy, it is possible that getting individuals who scored higher in attachment-related avoidance to re-engage may require more therapy sessions than the four to 10 intervention sessions they received in the present study.

However, our findings suggest that this association between attachment avoidance and romantic disengagement is only true for men. The lack of association between women's attachment-related avoidance and their romantic disengagement at follow-up was unexpected, but it concurs with findings reported by Collins, Cooper, Albino, and

Allard (2002). These authors found that attachment-related avoidance was more predictive of poor relationship quality in men than women. The passive behaviors characteristic of attachment-related avoidance (e.g., withdrawing from the partner, becoming more self-reliant in times of distress) might be more prevalent and destructive for men's progress in therapy than it is for women. More precisely, attachment-related avoidance is more typical of the masculine gender role and expectations (Lindley & Schwartz, 2006; Mahalik, Locke, Theodore, Cournoyer, & Lloyd, 2001), perhaps making the avoidant behaviors, including the tendencies to withdraw during times of distress, more consolidated among men than women. Consequently, avoidance behaviors and disengagement may be more difficult to change among men than women.

Among women, relationship satisfaction explained more variance in romantic disengagement than attachment insecurities. That is, a higher baseline level of relationship satisfaction was associated with higher disengagement at 15-week follow-up. Although initially surprising, given that relationship satisfaction and romantic disengagement were negatively correlated at baseline, this result may possibly reflect the process of therapy in women who present higher levels of relationship satisfaction at the start of therapy. That is, these women may become increasingly aware of the extent of relationship difficulties throughout the beginning sessions in therapy. Clinically speaking, discussing important relationship struggles whereby both partners are given the chance to express how they truly feel makes it more likely that partners are faced with one another's true thoughts and feelings for the first time. This may reduce relationship satisfaction and increase romantic disengagement in the initial stages of couple therapy in women who reported lower levels of relationship distress. Women that were more

satisfied in their relationship from the start may be the most disillusioned about the extent of work required for effecting change in the relationship dynamic and may be faced with the realization that they must tolerate marked distress as they confront and explore their difficulties and assume responsibility for their contributions to the relationship problems during the initial sessions in therapy. Supporting this finding, Castonguay (2000) mentioned that focusing on increasing awareness of the client's contributions to interpersonal difficulties, as is often the case in couple therapy, may temporarily increase distress. However, he stressed that the increased distress typically subsides, and positive therapy outcomes are often noted (Castonguay, Pincus, Agras, & Hines, 1998). Hence, sometimes therapy may lead to worsening of symptoms and distress before showing post treatment improvements. Additional research will be needed to map the trajectories of disengagement over the course of couple therapy, especially in women.

Attachment-related anxiety was not significantly associated with one's own romantic disengagement at follow-up for both men and women, when relationship satisfaction, depression and disengagement at intake were controlled for. This finding does not corroborate the results of other studies that have found attachment-related anxiety to improve (e.g., Dalgleish et al., 2015) or hinder (e.g., Levy et al., 2011) progress in couple therapy. However, couples in this study reported an average of four years of relationship difficulties before having sought professional help. After prolonged efforts towards repairing a dysfunctional relationship to no avail, it is possible that such individuals did not respond well to therapy, despite the therapist's attempts at enhancing their efforts in repairing the relationship. As such, it may be possible that individuals with higher attachment-related anxiety who have experienced many years of relationship

difficulties, might require more than 15 weeks of therapy before seeing an effect on romantic disengagement. Alternatively, contrary to past studies that have assessed improvements in relationship satisfaction, psychological symptoms and ability for problem-solving, romantic disengagement may be a more severe relationship problem, whereby individuals may reach a pivotal point characterized by a high unlikelihood to re-engage (Kayser, 1993). As such, romantic disengagement may be a unique variable, resulting in a weaker, and potentially undetectable, association with attachment anxiety than typically studied outcomes in couple therapy.

Although depression was previously found to be associated with one's own greater romantic disengagement prior to beginning therapy (Callaci et al., 2020), the lack of association between depression and follow-up scores of romantic disengagement is consistent with findings from Doss and colleagues (2012) who reported that psychological factors such as depression did not predict relationship satisfaction after therapy once initial relationship satisfaction was controlled for in the model.

Predictors of change in the Partner's Romantic Disengagement

Our results also suggest that an individual's attachment insecurities may affect their partner's progress in therapy. Specifically, we found that greater attachment-related anxiety in women was associated with greater romantic disengagement in men following 15 weeks in therapy. This finding is consistent with research conducted in community samples showing lower relationship satisfaction among individuals paired with an anxiously attached partner (Guerrero, Farinelli, & McEwan, 2009; Kirkpatrick & Davis, 1994). In their sample of relationally distressed couples, Callaci et al. (2020) also found that partners of individuals high on attachment-related anxiety reported greater romantic

disengagement. Our results extend these findings and suggest that women's attachment-related anxiety, possibly by means of their demanding and overbearing behaviors (Mikulincer & Shaver, 2016), may also interfere with men's re-engagement in the relationship during the first few weeks of couple therapy, even with guidance from a therapist. In the context of couple therapy, it may very well be that for men to improve in therapy, they need for their partner to be less demanding or critical of their behavior. As such, therapists may wish to direct interventions towards modifying the behaviors of women with higher attachment-related anxiety. For instance, therapists could aim to explore the primary emotions behind the anxious woman's criticism, allowing her male partner to gain access to the pain and vulnerability, as well as the attachment needs hidden beneath said criticism and demandingness (Johnson et al., 1999). Doing so may allow the male partner to better understand the anxious woman's attachment needs and help him empathize with her pain, and thus reduce his tendency to withdraw from the relationship.

Interestingly, this association between attachment-related anxiety and the partner's romantic disengagement was only significant for men, as no association was found between the man's attachment insecurities and his female partner's disengagement. This may suggest that although interventions directly targeting attachment-related anxiety may help reduce disengagement in men, it may not be as strong a case for women. Perhaps, once women are highly disengaged, they are more resistant to change and have less hope that their relationship will improve, even with therapy. It is possible that for women to re-engage, they need to see their partner commit to more than 15 weeks in therapy. It may also be that women's disengagement is less reliant on predisposition

vulnerabilities (e.g., attachment insecurities) and is more strongly dependent on relational contextual variables, for instance concrete behavioral changes that are sustained over time, which can prove to the woman that the partner is really invested and committed to working on the relationship. These hypotheses are speculative, however, and more research is needed to clarify which factors are associated with disengagement in women.

The lack of association between attachment-related avoidance and the partner's romantic disengagement after 15 weeks in therapy corroborates the proposition put forth by Callaci et al. (2020) that within a context of prolonged relationship distress, the more overt behaviors characteristic of attachment-related anxiety (i.e., demandingness, criticalness, or aggressiveness) may be more influential in explaining disengagement in the partner as opposed to the passive characteristics more commonly attributed to attachment-related avoidance. This could possibly explain the lack of association between attachment-related avoidance and the partner's romantic disengagement after 15 weeks in therapy.

Limitations and Future Directions

Although this study presents novel and clinically meaningful results about the ability of relationship therapy to reduce romantic disengagement, and the role of attachment insecurities for understanding change in disengagement in a large sample of clinically distressed couples, several limitations need to be noted. First off, from a methodological standpoint, the exclusive use of self-report questionnaires can yield issues with social desirability, recall bias, lack of introspection, and shared method variance. Furthermore, the majority of couples had not terminated therapy at the 15-week follow-up assessment, which may have limited the potential change in disengagement

over the course of therapy, or our ability to observe further change in some individuals (e.g., men high on attachment-related avoidance). Future research should examine whether disengagement can be reduced further if more therapy sessions have taken place and the extent to which attachment insecurities are associated with romantic disengagement after completing couple therapy. In addition, our study does not allow us to determine whether therapeutic progress in disengagement is maintained over time. Therefore, further longitudinal studies are needed to determine whether improvements are real and sustained or a by factor of beginning a therapeutic process. Doing so will provide stronger support concerning the effectiveness of couple-based interventions for addressing relationship disengagement in relationally distressed couples.

Moreover, it is worth mentioning that the study did not include a control group. As such we cannot ascertain that the findings were attributed to therapy as it is possible that they were simply due to time elapsed between the two assessment time points. Despite this limitation, it is worth noting that couples experiencing relationship distress do not tend to improve on their own over time (Baucom, Hahlweg, & Kuschel, 2003). Lebow and colleagues (2012) also reported that couple therapy is more effective at reducing distress than control groups without therapeutic intervention. Furthermore, although there may be implications for the type of therapeutic approach used, it was not possible to directly compare therapeutic approaches in the current study design as therapists were not strictly using IBCT or EFT. Nevertheless, efficacy research on couple therapy that have compared therapeutic approaches have consistently shown that couple therapy is effective in improving relationship distress, with no statistically significant differences between empirically validated approaches (Snyder et al., 2006).

Finally, the findings may not be representative of all distressed couples, as those who undergo the therapeutic process should be minimally engaged in their relationship to agree to therapy. As such, the range of disengagement may have been limited because couples in which both partners are very highly disengaged may be considerably less likely to seek relationship therapy. Moreover, couples in the study were highly educated individuals with relatively high socioeconomic status. Future studies should consider assessing couples with alternate socioeconomic and cultural backgrounds to determine whether such couples differ from those examined in the present study.

Conclusion

The current study assessed romantic disengagement among distressed couples seeking relationship therapy in a naturalistic setting. It employed a dyadic design and examined whether attachment insecurities predicted romantic disengagement following 15 weeks of couple therapy when controlling for initial disengagement, relationship satisfaction, and depression. Results highlight that romantic disengagement appears to improve over the course of therapy, and that attachment insecurities do play a role in explaining this change. However, attachment insecurities may be more important to address in therapy when treating men's disengagement, and less of a factor for women—at least after only 15 weeks of therapy.

The present study highlights important clinical implications for therapists treating partners with romantic disengagement. Our findings suggest that interventions aimed at understanding the couple's attachment needs and correcting their associated characteristic behaviors may provide therapists with a lead for helping partners high in romantic disengagement, particularly men, re-engage in their relationship. Our findings underline

the importance of conducting a thorough assessment of attachment insecurities in couples entering relationship therapy as partners' attachment representations may affect the extent to which therapists can help them re-engage through therapy. As such, being aware of how individuals tend to react based on their attachment insecurities may guide interventions aimed at increasing partners' comprehension of each other's attachment needs and their impact on their relationship dynamic. Such increased understanding may aid partners in learning more sensitive and appropriate ways to mutually respond to each other's respective needs, thus potentially reducing relationship distress and disengagement. For women, interventions targeting attachment insecurities might be less helpful with reengagement, at least within the first 15 weeks of therapy. Instead, relationship satisfaction played a greater role in explaining disengagement at 15 weeks, suggesting that women may be more sensitive and affected by therapy confronting them to the complexities of the relationship difficulties. Thus, clinicians may wish to assess relationship satisfaction among female partners prior to beginning therapy and monitor changes in satisfaction throughout therapy as those with greater satisfaction at the start may be more susceptible to disengagement in the initial stages of therapy.

More studies are needed to identify additional factors, especially those that may be more promising for helping women presenting with romantic disengagement. Nonetheless, the results contribute to the literature by highlighting that clinicians can effect change with therapy and underline potential gender differences that can influence therapeutic assessment and interventions with regards to treating disengagement in couple therapy.

References

Abbasi, I.S., Rattan,N., Kousar, T., & Elsayed, F.K. (2018). Neuroticism and Close Relationships: How Negative Affect is Linked with Relationship Disaffection in Couples. *The American Journal of Family Therapy*, *46*, 139-152. doi: 10.1080/01926187.2018.1461030

Aghdam, L. (2017). Effectiveness of cognitive-behavioral therapy on the reduction of marital disaffection of women filing for divorce. *International Journal of Philosophy and Social- Psychological Sciences, 3,* 1-7. Retrieved from www.sciarena.com

Barry, R. A., & Lawrence, E. (2013). "Don't stand so close to me": An attachment perspective of disengagement and avoidance in marriage. *Journal of Family Psychology, 27*, 484-494. http://dx.doi.org/10.1037/a0032867

Barry, R. A., Lawrence, E., & Langer, A. (2008). Conceptualization and assessment of disengagement in romantic relationships. *Personal Relationships, 15*, 297-315. http://dx.doi.org/10.1111/j.1475-6811.2008.00200.x

Baucom, D. H., Hahlweg, K., & Kuschel, A. (2003). Are waiting-list control groups needed in future marital therapy outcome research? *Behavior Therapy, 34*, 179-188. http://dx.doi.org/ 10.1016/S0005-7894(03)80012-6

Boisvert, M-M., Wright, J., Tremblay, N., & McDuff, P. (2011). Couples' reports of relationship problems in a naturalistic therapy setting. *Family Journal: Counseling and Therapy for Couple and Families, 19*, 362-368. http://dx.doi.org/10.1177/1066480711420044

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London, UK: Tavistock.

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46-76). New York, NY: Guilford Press.

Callaci, M., Péloquin, K., Barry, R.A., & Tremblay, N. (2020) A dyadic analysis of attachment insecurities and romantic disengagement among couples seeking relationship therapy. *Journal of Marital and Family Therapy*. Advance online publication. doi: 10.1111/jmft.12422

Christensen, A., Baucom, D. H., Vu, C. T. A., & Stanton, S. (2005). Methodologically sound, cost-effective research on the outcome of couple therapy. Journal of Family Psychology, 19, 6–17.

Ciechanowski, P. S., Walker, E. A., Katon, W. J., & Russo, J. E. (2002). Attachment theory: A model for health care utilization and somatization. *Psychosomatic Medicine, 64*, 660-667. http://dx.doi.org/ 10.1097/01.PSY.0000021948.90613.76

Collins, N. L., Cooper, M. L., Albino, A., & Allard, L. (2002). Psychosocial vulnerability from adolescence to adulthood: A prospective study of attachment style differences in relationship functioning and partner choice. *Journal of Personality, 70*, 965-1008. http://dx.doi.org/ 10.1111/ 1467-6494.05029

Collins, T. J., & Gillath, O. (2012). Attachment, breakup strategies, and associated outcomes: The effects of security enhancement on the selection of breakup strategies. *Journal of Research in Personality, 46*, 210-222.

http://dx.doi.org/10.1016/j.jrp.2012.01.008

Dalgleish, T. L., Johnson, S. M., Burgess Moser, M., Lafontaine, M. F., Wiebe, S. A., & Tasca, G. A. (2015). Predicting change in marital satisfaction throughout emotionally focused couple therapy. *Journal of Marital and Family Therapy, 41*, 276-291. http://dx.doi.org/10.1111/jmft.12077

Davila, J., & Bradbury, T. N. (2001). Attachment insecurity and the distinction between unhappy spouses who do and do not divorce. *Journal of Family Psychology, 15*, 371-393. http://dx.doi.org/ 10.1037//0893-3200.15.3.371

Doss, B. D., Simpson, L. E., & Christensen, A. (2004). Why do couples seek marital therapy?. Professional Psychology: *Research and Practice, 35,* 608. http://dx.doi.org/ 10.1037/0735- 7028.35.6.608

Doss, B. D., Simpson Rowe, L., Morrison, K. R., Libet, J., Birchler, G. R., Madsen, J. W., et al. (2012). Couple therapy for military veterans: Overall effectiveness and predictors of response. *Behavior Therapy, 43*, 216–227. doi:10.1016/j.beth.2011.06.006

Etcheverry, P. E., Le, B., Wu, T.-F., & Wei, M. (2013). Attachment and the investment model: Predictors of relationship commitment, maintenance, and persistence. *Personal Relationships, 20*, 546-567. http://dx.doi.org/10.1111/j.1475-6811.2012.01423.x

Feeney, J. A. (2016). Adult romantic attachment: Developments in the study of couple relationships. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (3rd ed., pp. 435-463). New York, NY: Guilford Press.

Guerrero, L. K., Farinelli, L., & McEwan, B. (2009). Attachment and relational satisfaction: The mediating effect of emotional communication. *Communication Monographs, 76*, 487-514. http://dx.doi.org/10.1080/03637750903300254

Hahlweg, K., Revenstorf, D., & Schindler, L. (1984). Effects of behavioral marital therapy on couples' communication and problem-solving skills. *Journal of Consulting and Clinical Psychology, 52*, 553-566. http://dx.doi.org/10.1037/0022-006X.52.4.553

Halford, W. K., Pepping, C. A., & Petch, J. (2016). The gap between couple therapy research efficacy and practice effectiveness. *Journal of Marital and Family Therapy, 42*, 32-44. http://dx.doi.org/10.1111/jmft.12120

Halford, W. K., & Snyder, D. K. (2012). Universal processes and common factors in couple therapy and relationship education: Guest Editors: W. Kim Halford and Douglas K. Snyder. *Behavior Therapy, 43*, 1-12. http://dx.doi.org/ 10.1016/j.beth.2011.01.007

Ilfeld, F. (1976). Further validation of a psychiatric symptom index in a normal population. *Psychological Reports, 39*, 1215- 1258. http://dx.doi.org/10.2466/pr0.1976.39.3f.1215

Jacobson, N. S., & Christensen, A. (1996). *Integrative couple therapy: Promoting acceptance and change*. New York, NY: W.W. Norton & Company.

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy (2nd ed.).* New York: Brunner-Routledge

Johnson, S.M., Hunsley, J., Greenberg, L., Schindler, D. (1999). Emotionally focused couples therapy: Status and challenges. *Clinical Psychology: Science and Practice, 6*,

67-79.

Johnson, S. M., Lafontaine, M.-F., & Dalgleish, T. L. (2015). Attachment: A guide to a new era of couple interventions. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes* (pp. 393-421). New York: Guilford Press.

Johnson, S. M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family therapy, 23*, 135-152. http://dx.doi.org/10.1111/j.1752-0606.1997.tb00239.x

Kayser, K. (1993). *When love dies: The process of marital disaffection*. New York: Guilford Press.

Kayser, K., & Rao, S. S. (2006). Process of disaffection in relationship breakdown. In M. A. Fine & J. H. Harvey (Eds.), *Handbook of divorce and relationship dissolution* (pp. 201 – 221). New Jersey, NJ: Lawrence Erlbaum.

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: Guilford Press.

Kirkpatrick, L. A., & Davis, K. E. (1994). Attachment style, gender, and relationship stability: A longitudinal analysis. *Journal of Personality and Social Psychology, 66*, 502-512. http://dx.doi.org/10.1037/0022-3514.66.3.502

Klann, N., Hahlweg, K., Baucom, D.H., & Kroger, C. (2011). The effectiveness of couple therapy in Germany: A replication study. *Journal of Marital and Family Therapy, 37*, 200-208. doi:10.111/j.1752.2009.00164.x

Kline, R. B. (2015). *Principles and practice of structural equation modeling*. New York: Guilford Press.

Knobloch-Fedders, L. M., Pinsof, W. M., & Haase, C. M. (2015). Treatment response in couple therapy: Relationship adjustment and individual functioning change processes. *Journal of Family Psychology, 29*, 657. http://dx.doi.org/10.1037/fam0000131

Lafontaine, M.F., Brassard, A., Lussier, Y., Valois, P., Shaver, P. R., & Johnson, S. M. (2016). Selecting the best items for a short-form of the Experiences in Close Relationships Questionnaire. *European Journal of Psychological Assessment, 32*, 140-154. http://dx.doi.org/10.1027/1015-5759/a000243

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*, 145-168. http://dx.doi.org/10.1111/j.1752-0606.2011.00249.x

Levy, K. N., Ellison, W. D., Scott, L. N., & Bernecker, S. L. (2011). Attachment style. *Journal of Clinical Psychology, 67*, 193-203. http://dx.doi.org/10.1002/jclp.20756

Lindley, L. D., & Schwartz, J. P. (2006). *Implications of gender role conflict: Religious fundamentalism, homophobia, and intimacy*. Presented at the American Psychological Association meeting, New Orleans, LA.

Lundbald, A-M., & Hasson, K. (2006). Couples therapy: effectiveness of treatment and long-term follow-up. *Journal of Family Therapy, 28*, 136-152. doi: 10.111/j.1467-6427.2006.00343.x

Mahalik, J. R., Locke, B. D., Theodore, H., Cournoyer, R. J., & Lloyd, B. F. (2001). A cross- national and cross-sectional comparison of men's gender role conflict and its relationship to social intimacy and self-esteem. *Sex Roles, 45*, 1-14. http://dx.doi.org/10.1023/A:101300880

Mikail, S. F., Henderson, P. R., & Tasca, G. A. (1994). An interpersonally based model of chronic pain: an application of attachment theory. *Clinical Psychology Review, 14*, 1-16. http://dx.doi.org/10.1016/0272-7358(94)90045-0

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed). New York: Guilford Press.

Muthén, L. K., & Muthén, B. O. (2004). *Mplus: Statistical analysis with latent variables: User's guide*. Los Angeles, CA: Muthén & Muthén.

Pepping, C. A., Halford, W. K., & Doss, B. D. (2015). Can we predict failure in couple therapy early enough to enhance outcome? *Behaviour Research and Therapy, 65*, 60-66. http://dx.doi.org/10.1016/j.brat.2014.12.015

Pistole, M. C., Clark, E. M., & Tubbs, A. L. (1995). Love relationships: Attachment style and the investment model. *Journal of Mental Health Counseling*. Retrieved from http://amhcajournal.org/

Robinson, B.E., Flowers, C., & Ng, K-M. (2006). The relationship between workaholism and marital disaffection: Husbands' perspective. *Family Journal, 14,* 213-220. doi:10.1177/1066480706287269

Sadati, S. E., Honarmand, M. M., & Soodani, M. (2015). The causal relationship of differentiation, neuroticism, and forgiveness with marital disaffection through mediation of marital conflict. Journal of family psychology, 1, 55–68. doi:

Sailor, J.L. (2013). A phenomenological study of falling out of romantic love. *The Qualitative Report, 18*, 1-22.

Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family therapy, 29*, 547-570. http://dx.doi.org/10.1111/j.1752-0606.2003.tb01694.x

Shadish, W. R., & Baldwin, S. A. (2005). Effects of behavioral marital therapy: A meta-analysis of randomized controlled trials. *Journal of Consulting and Clinical Psychology, 73*, 6–14.

Shaver, P., & Hazan, C. (1987). Being lonely, falling in love: Perspectives from attachment theory. *Journal of Social Behavior and Personality, 2*, 105-124.

Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59*, 971. http://dx.doi.org/10.1037/0022-3514.59.5.971

Spanier, G.B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family, 38*, 15-28. doi: 10.2307/350547

Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology, 57,* 317-344. doi: 10.1146/annurev.psych.56.091103.070154

Snyder, D. K., & Whisman, M. A. (2004). Treating distressed couples with coexisting mental and physical disorders: Directions for clinical training and practice. *Journal of Marital and Family Therapy, 30*, 1-12. http://dx.doi.org/10.1111/j.1752-0606.2004.tb01218.x

Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal of Counseling Psychology, 52*, 459–470. http://dx.doi.org/10.1037/0022-0167.52.4.459.

Whisman, M.A., Dixon, A.E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology, 11*, 361– 366. http://dx.doi.org/10.1037/0893-3200.11.3.361

Wright, J., Sabourin, S., Mondor, J., Mcduff, P., & Mamodhoussen, S. (2007). The clinical representativeness of couple therapy outcome research. *Family Process, 46*, 301-316. doi:10.111/j.1545-5300.2007.00213.x

Table 1. *Correlations, Means, and Standard Deviations for Main and Control Variables among Men and Women (N = 163 couples)*

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. M attachment avoidance	3.33	1.18		.087	.408**	.502**	.172*	-.415**	.149	.125	-.075	.009	-.029	-.169*
2. M attachment anxiety	3.89	1.24			.045	.062	.289**	-.126	.194*	-.009	.241**	.118	.043	-.120
3. M romantic disengagement intake	56.67	19.46				.596**	.451**	-.635**	.108	.184*	.191*	.088	.178*	-.289**
4. M romantic disengagement follow-up	45.51	15.37					.328**	-.439**	.178	.214	.200	.231	.075	-.294**
5. M depression	27.90	18.75						-.210**	.030	.151	.021	.106	.124	-.073
6. M relationship satisfaction	94.07	14.88							-.120	-.127	-.155	-.134	-.180*	.530**
7. W attachment avoidance	2.81	1.27								-.014	.348**	.078	.093	-.294**
8. W attachment anxiety	4.19	1.35									-.013	-.029	.241**	-.108
9. W romantic disengagement intake	55.04	18.45										.504**	.383**	-.510**
10. W romantic disengagement follow-up	44.09	14.84											.326**	-.168
11. W depression	35.02	19.72												-.332**
12. W relationship satisfaction	90.98	16.77												

Note. M= Men; W= Women. *$p < .05$. **$p < .01$.

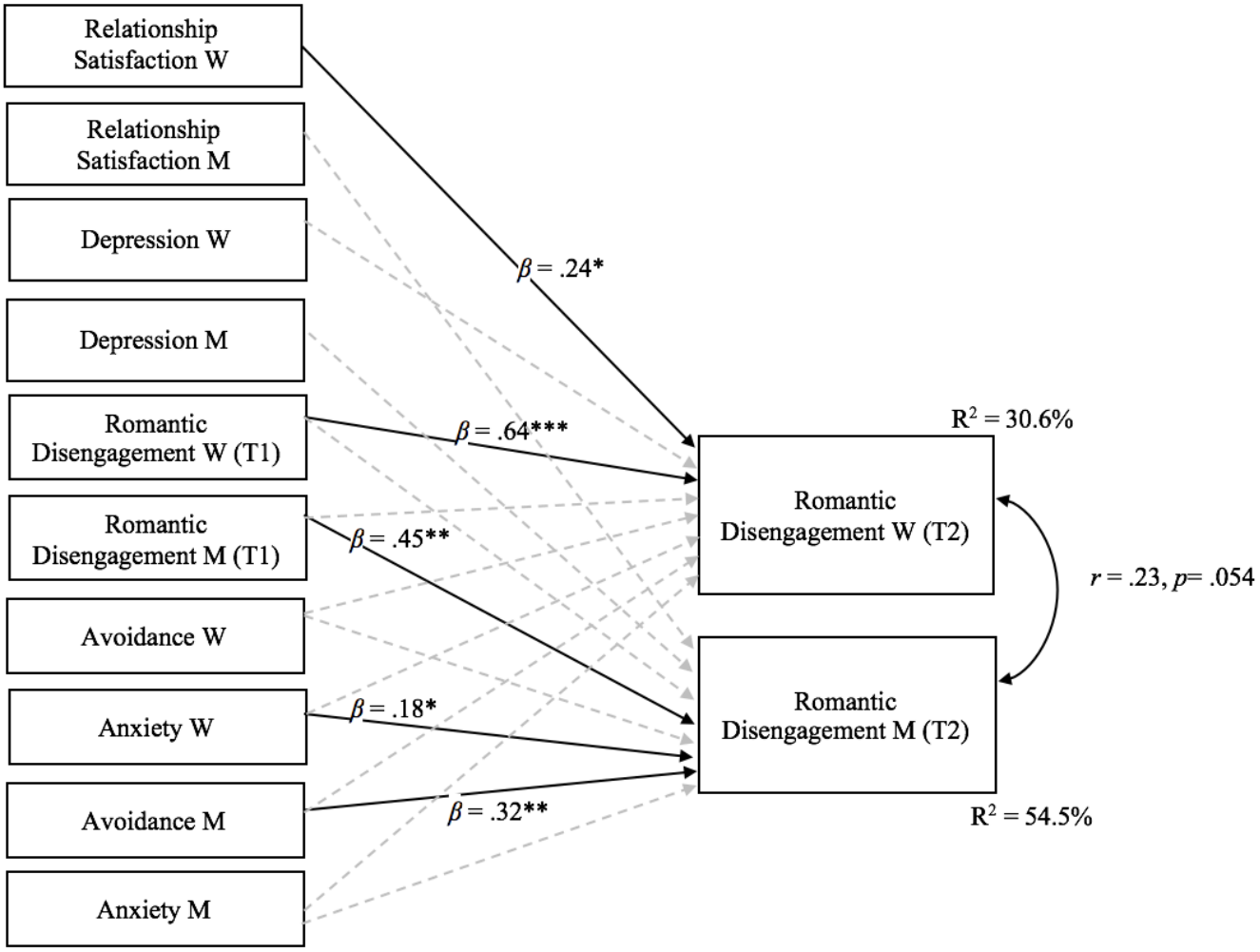


Figure 1. Path analyses showing romantic attachment predicting romantic disengagement after 15 weeks in therapy ($N = 163$ couples). All possible direct paths between attachment variables and disengagement were tested. Only significant standardized path coefficients are shown. Correlations between exogenous variables were tested and included in the model, but not shown in the figure. M= Men; W= Women; TI = intake; T2= 15-week follow-up. *p<.05. **p<.01. ***p<.001.

General Discussion

Summary of Objectives and Results

The overarching aim of the present thesis was to further the understanding of romantic disengagement among distressed couples seeking couple therapy. In doing so, the thesis helped extend the knowledge of disengagement among distressed couples and provided clinical implications for psychotherapists confronted with partners who present to couple therapy with significant disengagement. Given the novel examination of disengagement among couples seeking therapy, the studies in this thesis allowed for a better understanding of how dispositional vulnerabilities (attachment insecurities), as well as psychological and relationship functioning may impact disengagement both prior to beginning therapy and during the therapeutic process.

Study 1. Using a cross-sectional design, the first study provided a first look at romantic disengagement within a sample of couples seeking therapy and aimed to better understand factors associated with romantic disengagement within a clinical context. The study examined whether both partners' attachment insecurities (avoidance and anxiety) were related to their own and their partner's romantic disengagement at the start of couple therapy, while controlling for depression, relationship commitment, and relationship satisfaction – factors also found to impact relationship well-being. It was hypothesized that individuals with higher attachment related avoidance would be more romantically disengaged. No hypotheses were put forth with regards to the association between attachment-related anxiety and one's own romantic disengagement. Regarding partner effects, it was hypothesized that individuals would report higher romantic disengagement when their partner reported higher attachment insecurities (higher

avoidance or higher anxiety). Lastly, in order to examine the effect of attachment-based partner pairings on disengagement, the study investigated whether the partner's attachment insecurities moderated the association between one's own attachment insecurities and level of disengagement. All analyses controlled for depression, commitment, and relationship satisfaction, as these variables have been shown to be associated with relationship outcomes (Snyder, Castellani, & Whisman, 2006). Controlling for psychological and relationship factors allowed for a closer look at the unique contribution of attachment insecurities on romantic disengagement. Moreover, it allowed for a better understanding of how psychological, relationship and dispositional factors explain romantic disengagement in distressed couples seeking therapy.

As anticipated, the results revealed that greater attachment-related avoidance was associated with higher disengagement for both men and women. However, attachment-related anxiety was not associated with an individual's own disengagement. When examining partner effects, we found that women reported higher disengagement when their male partner reported higher levels of attachment-related anxiety, but men's disengagement was unrelated to their partner's attachment-related anxiety. Attachment-related avoidance was not associated with the partner's disengagement.

Although attachment insecurities did contribute to explaining disengagement, psychological and contextual factors also played a significant role in partners' disengagement. Depression was positively associated with disengagement for both men and women whereas relationship satisfaction and commitment were negatively associated with their own disengagement. Moderation analyses revealed that women's attachment insecurities did not moderate the association between men's attachment insecurities and

their own romantic disengagement. However, men's attachment-related avoidance moderated the association between women's attachment-related anxiety and their own disengagement. More specifically, women's attachment anxiety was negatively associated with their own disengagement when their partner scored high on attachment-related avoidance. These results highlighted that attachment insecurities are associated with disengagement from both an individual and couple perspective and emphasized the importance of assessing attachment in both partners for understanding each partners contribution in the disengagement process. The results also underscored the contribution of depression, relationship satisfaction, and commitment as important contributors alongside attachment insecurities in understanding who is more likely to be romantically disengaged.

Study 2. Using a longitudinal design, Study 2 aimed to investigate potential changes in both partners' romantic disengagement in the context of couple therapy and assessed whether attachment insecurities could potentially help or hinder therapeutic change in disengagement over the course of therapy. It was hypothesized that romantic disengagement would reduce with 15 weeks of couple psychotherapy. Additionally, greater attachment-related avoidance was predicted to hinder change in disengagement after 15 weeks in couple therapy. No hypothesis was put forth between attachment-related anxiety and romantic disengagement, given the mixed findings in the literature suggesting that attachment anxiety could be both positively and negatively associated with relationship outcomes and therapeutic change. Given the importance of psychological and relational factors for understanding romantic disengagement highlighted in Study 1, both depression and relationship satisfaction were included as

control variables in Study 2. Partner effects were also examined in an exploratory manner given the lack of available studies to suggest directionality.

As hypothesized, results indicated that romantic disengagement decreased for both men and women following 15 weeks in couple therapy. Additionally, as anticipated, after controlling for depression and relationship satisfaction, men's attachment-related avoidance was associated with their own higher romantic disengagement at follow-up, but this effect was not found in women. Attachment-related anxiety was unrelated to one's own romantic disengagement at follow-up for both men and women. When examining partner effects, women's attachment-related anxiety was associated with their partner's higher romantic disengagement at follow-up, but this association was not observed in men. Depression was not found to be associated with neither men's nor women's disengagement scores at follow-up. However, relationship satisfaction was found to be the only factor related to women's disengagement at follow-up, in that women reporting greater relationship satisfaction at baseline reported greater disengagement at follow-up. This may suggest different factors associated with disengagement in men and women, with women being potentially more affected by the proximal context of the relationship than by enduring personal vulnerabilities such as attachment when it comes to their likelihood of disengaging from their partner. Overall these results highlighted the importance of conducting a thorough assessment of attachment insecurities and contextual relationship factors in couples entering relationship therapy as they may affect the extent to which therapists can help couples re-engage through therapy. Findings also revealed gender differences, suggesting that attachment insecurities may be more important for men's disengagement in therapy, than

for women's disengagement. Contextual factors may be more important to consider if treating women who present with high disengagement in therapy.

Contributions

Overall, the present thesis extends the available literature in significant ways, particularly in terms of the methodological design employed. Several strengths are worth highlighting: (1) the use of a dyadic design allowing for the assessment of both partners contribution to the disengagement process, (2) the evaluation of disengagement prospectively as opposed to retrospectively allowing for the investigation of fluctuations in disengagement, (3) the use of clinically distressed couples seeking relationship therapy allowing for generalizability to couples who are actively seeking help while in the process of disengaging, (4) the quantitative examination of romantic disengagement over descriptive and qualitative studies allowing to quantify and measure disengagement, (5) the naturalistic setting in both studies to examine how disengagement presents in couples seeking therapy in a fee-for-service setting, and (6) the use of Attachment Theory, allowing to assess whether the process of romantic disengagement can be understood through the lens of a well-established theoretical framework. In sum, the thesis presents novel empirical findings and a strong methodological approach to examine romantic disengagement. Together, the two studies included in this thesis provided new theory-driven information about potential predictors of disengagement and bear important clinical implications derived from a sample of relationally distressed couples. In sum, these two studies contribute to extending our current understanding of romantic disengagement, particularly among couples who seek relationship therapy, making the current doctoral thesis an important addition to the existing literature on romantic

disengagement.

Dyadic Design. Both studies comprised in the thesis considered both partners in the relationship, allowing for a dyadic understanding of romantic disengagement. As it stands, most studies assessing disengagement have not assessed disengagement as a couple problem, despite conceptualizing it as such. Therefore, studies have been mostly conducted with individuals. Individualistic studies fail to capture the essence of disengagement, as it cannot account for the partner's contribution towards emotional indifference. As two individuals are involved in a romantic relationship, it is crucial that studies consider both partners when it comes to examining relationship processes and outcomes. Not only did the studies in this thesis assess how each partner's attachment insecurities played a role on their own and their partners disengagement, but it went beyond partner effects and assessed how partners' attachment combinations were related to romantic disengagement (Study 1). By doing so, the studies took into consideration and emphasized the notion that romantic disengagement is a relationship problem that should be understood and examined in such a way that reflects both partner's contributions. As such, the thesis sought to capture the relationship dynamic and each partner's contribution in understanding romantic disengagement. This design adds considerable strength to the study as previous studies that have assessed romantic disengagement have relied on individual partners to recount the process they underwent as they romantically disengaged (Kayser, 1993; Kersten, 1990; Sailor, 2013).

Prospective Design. Not only did past studies on disengagement fail to capture the contribution of both partners, but the majority were retrospective in nature, whereby participants had already separated and were subject to memory bias. The studies

presented in the present thesis used a prospective design to assess various degrees of disengagement while partners are experiencing significant relationship distress and potentially actively in the process of disengaging. Although for some individuals the disengagement process may lead to separation and divorce, it is not the case for everyone – as some remain with their partner (e.g., out of financial or family commitment, religious reasons) despite being unsatisfied with their relationship (Kayser, 1996) and yet others may seek therapy to work on repairing their relationship. Given the variations in couples' trajectories, assessing disengagement retrospectively may only capture a certain subgroup of individuals, those who decided to end their relationship or persist without seeking help. The sample and design used in both studies of this thesis is a considerable strength as it highlights various degrees of disengagement as opposed to "end stage" disengagement. Moreover, the studies in this thesis potentially included a group of couples that differs from those who decided to separate.

Clinical Population. Alongside the need to assess disengagement prospectively, comes the need to do so among clinically distressed couples seeking therapy. The few existing prospective studies have used community samples of individuals or couples who are not clinically distressed, which limits the clinical implications that can be drawn from their results (Abbasi, Rattan, Kousar, & Elsayed, 2018; Barry et al., 2008; Robinson, Flowers, & Ng, 2006). The results obtained from these samples may not accurately reflect disengagement in couples seeking therapy. Previous studies cannot speak to the process of disengagement among the population of couples surveyed in this thesis – and as such comparisons cannot be drawn between the samples to determine if couples seeking therapy do differ from community samples or individuals who have already

separated. Despite this, our findings appear to suggest that couples seeking relationship therapy report higher disengagement scores than relationally satisfied couples in the community and relationally satisfied men and women as reported in Barry and colleagues' (2008) RDS validation study. The present research allows for the possibility to propose clinical conclusions and implications on the basis of couples struggling with their relationships and who decided to seek help for their relationship struggles.

Quantitative methodology. Both studies in the thesis used an empirically validated measure to assess romantic disengagement. Given that most studies on disengagement have been qualitative and descriptive in nature, the studies using the RDS is a strength as it allowed for a quantitative research design completing previous qualitative approaches. Moreover, the use of such a questionnaire could be used by clinicians in the context of their clinical assessment. Although the measure does not have a clinical cut-off score, it is possible to situate couples with regards to their mean. In our samples of distressed couples seeking therapy, the mean was found to be 54.15 and 56.67 for men and 55.04 and 55.58 for women. In contrast, mean disengagement scores in Barry and colleagues' (2008) validation study with individuals from community samples were 40.50 for men and 38.16 for women. Similarly, in a separate sample of non-distressed couples in long-term committed relationships (recruited in our lab), the mean disengagement scores were found to be 40.36 for men and 36.80 for women. In the absence of a validated clinical cut-off score, these means may serve as indicators to assess whether disengagement is more or less pronounced in comparison to non-distressed community-based samples.

Naturalistic Setting. The two studies included in this thesis relied on the use of a

clinical sample of couples seeking relationship therapy in a community-based fee-for-service psychology practice. Assessing disengagement among couples who sought out relationship therapy and paid for services increased ecological validity and made the findings more likely to be representative of couples seeking psychotherapy for relationship troubles. The naturalistic setting is a strength of this thesis given that the strict and predefined inclusion and exclusion characteristic RCTs of couple therapy make it likely that couples with high levels of disengagement would be excluded from such studies—that is, these studies normally require participants to commit to predefined interventions with detailed objectives and treatment duration. Effectiveness studies conducted in natural therapy settings address these concerns because they are carried out under conditions that are much more representative of routine practice (Halford et al., 2016). Recruiting the participants in a naturalistic couple therapy setting in this thesis allowed for the assessment of factors contributing to disengagement among couples who sought therapy on their own (Study 1) and factors that were associated with changes in therapy under conditions that are reflective of fee-for-service psychotherapy (Study 2). For instance, therapists are more flexible in their approach and interventions, the duration of therapy sessions is not predefined, and couples are not excluded based on strict criteria. The findings from Study 2 suggest that in community practice couple psychotherapy, disengagement can be decreased over the course of treatment–at least in the first 15 weeks of therapy. Although the naturalistic setting is valued for its increased clinical relevance, the trade-off is decreased internal validity making it more difficult to determine which particular factors are driving change. However, in the two studies presented in this thesis, considerable factors were assessed – both personal and

relationship – and controlled for if relevant. The extensive research protocol allowed for the collection of a multitude of data that could be accounted for while allowing to capitalize on the strengths of a naturalistic study. This provided a balance between relevance and control whereby protocol and thoroughness must be considered while maintaining clinical applicability.

Theoretical implications. To date, studies that have examined factors that could potentially explain the development of disengagement have relied on exploratory qualitative reports to capture and piece together the process of emotional uncoupling (e.g., Kresten, 1990; Sailor, 2013). Despite these studies being rich in descriptive content and identifying potential individual and contextual factors that could influence the likelihood of disengaging, they lack a theoretical approach to understanding romantic disengagement—that is, the disengagement processes described in these descriptive studies are not rooted in a broader understanding for how individuals form and maintain relationships.

By drawing attention to the role of personal history to understand how individuals develop internal working models of both themselves and others that shape interpersonal interactions, attachment theory provides a developmental framework linking childhood and relational experiences to romantic relationships in adulthood (Hazan & Shaver, 1987). Within a romantic relationship, attachment theory provides a means of understanding the process romantic partners go through when forming intimate relationships (e.g., Paulsen, Holman, Busby & Carroll, 2013) maintaining such relationships (e.g., Hirschberger, Srivastava, Marsh, Cowan, & Cowan, 2009) as well as understanding relationship decline and dissolution (e.g., Ceglian & Gardner, 1999;

McNeils & Segrin, 2019). Feeney and Monin (2016) stress that attachment theory provides an important foundation for understanding the mechanisms underlying relationship dissolution, but that empirical studies on attachment predicting relationship dissolution are lacking. By focusing on attachment and disengagement, this thesis is part of this latest research stream aimed at clarifying how attachment theory informs us about the process of dissolving relationships. Within the literature of attachment on relationship instability, studies consistently highlight that greater attachment insecurities are associated with more negative relationship outcomes and lower relational well-being, including deficient support providing behaviors, lower relationship satisfaction, commitment, and trust for both the individual and their partners (e.g., Banse, 2004; Bergeron, Brassard, Mondor & Péloquin, 2019; Fitzpatrick & Lafontaine, 2017; Mondor, McDuff, Lussier, & Wright, 2011; Tougas, Péloquin & Mondor, 2016). Given that romantic disengagement is conceptualized as a part of relationship decline, it can be examined within the attachment framework with regards to relationship instability. Our findings support the notion that greater attachment insecurities are associated with worse relationship outcomes, expanding our overall knowledge of the processes linking attachment to potential relationship dissolution and adding to this small body of research on attachment and relationship separation.

Moreover, our results reinforce the importance of a dyadic conceptualization for understanding disengagement. In accordance with research using alternative measures of relationship decline, such as relationship dissatisfaction (Gallo & Smith, 2001; Sadikaj, Moskowitz, & Zuroff, 2015), partners' attachment insecurities were found to be associated with romantic disengagement as well as moderate the association between

one's own attachment insecurity and disengagement. The findings in the thesis support a growing body of literature which underscores the relevance of taking into account both partner's attachment patterns in order to understand the entire process of relationships, from start to finish (Bartholomew & Allison, 2006; Bradbury, Fincham & Beach, 2000).

Although the findings highlight that attachment insecurities provide a unique contribution to understanding disengagement, proximal and contextual individual and relationship factors appear to be essential components to understanding the process of romantic disengagement. Attachment theory provides a framework for understanding the process of starting a romantic relationship to ending romantic relationships, yet attachment theory may fall short in explaining how more proximal and contextual factors contribute to that developmental process of relationship decline. Our findings highlight that depression, commitment and relationship satisfaction contribute to disengagement beyond what can be explained by attachment insecurities. These findings are in line with the results from studies examining the role of more proximal factors on relationship outcomes, which underscore that the climate of the relationship plays an important role on partners adjustment and well-being in their relationships (e.g., Amato & Rogers, 1997; Etcheverry & Agnew, 2004). For instance, high levels of conflict and communication difficulties have both been associated with greater relationship dissatisfaction or dissolution (Brassard, Lussier & Shaver, 2009; Dailey, Rosetto, Pfiester, & Surra, 2009; Yoo, Bartle-Haring, Day, & Gangamma, 2014). In their meta-analytic synthesis of romantic relationship dissolution, Le, Dove, Agnew, Korn and Mutso (2010) found that relationship factors were better predictors of relationship dissolution than dispositional factors such as attachment and personality, which is congruent with the findings of this

thesis. However, many of the studies linking contextual factors to relationship instability are not embedded in a specific theoretical framework which helps understand why both individual vulnerabilities and proximal factors are associated with one another and how it can lead to relationship decline.

Karney and Bradburry (1995) proposed the Vulnerability – Stress – Adaptation model (VSA), which may provide an integrative theoretical framework for assimilating both dispositional vulnerabilities and proximal contextual factors for understanding relationship instability and romantic disengagement. Karney and Bradburry (1995) posit that individual vulnerabilities (such as depression and attachment insecurities) in conjunction with the couple's adaptation processes (e.g., how they manage daily life, their communication skills, problem-solving skills, their level of commitment towards the relationship) contribute to relationship well-being and influences the course of the relationship. For instance, partners with increased vulnerabilities have been shown to be less adapted in their ability to provide support, manage conflicts, and communicate their needs (Ebrahimi & Kimiaei, 2014; Feeney & Karantzas, 2017; Gallo & Smith, 2001). However on its own, this association does not necessarily determine relationship decline and disengagement—that is, even though partners' vulnerabilities interfere with a positive adaptation process, external and more proximal stressors may also threaten the relationship and concomitantly hamper partners' capacity to adapt together in a way that fosters relationship engagement and well-being, thus increasing the likelihood of relationship dissolution (including disengagement). Taken together, the VSA model underscores the importance of considering the extent of relationship stressors and the couple's ability to adapt and overcome the stressors in addition to each partners'

individual vulnerabilities. In keeping with this model, the findings of this thesis suggest that disengagement may be attributable to both individual vulnerabilities (i.e., attachment, depression) and more contextual factors that strain the relationship, including relationship dissatisfaction, conflicts, deficient commitment, etc.). In other words, our results suggest that couples seeking relationship therapy and who have been experiencing relationship distress for prolonged periods of time (average of 4 years in our studies), and are presenting with greater vulnerabilities (attachment insecurities and depression) likely have a lower capacity to adapt to prolonged relationship stress and may therefore be more susceptible to experiencing disengagement. Models such as the VSA model would allow for a more complete integration of the results obtained in the presented studies and reconcile the importance of dispositional vulnerabilities and contextual factors in understanding disengagement. Future studies on disengagement may benefit from using the VSA model or other integrative models to help explain how disengagement progresses and under which contextual circumstances it emerges and dissipates.

Clinical Implications

By drawing on attachment theory and assessing romantic disengagement in couples seeking relationship therapy, the present thesis allowed for a greater understanding of romantic disengagement as it presents in couple therapy and underscores clinical implications. The studies included in the present thesis therefore provide a basis for research to expand our understanding of disengagement to couples seeking therapy and develop assessment and intervention strategies to help couples experiencing this difficulty and clinicians faced with treating disengagement. Noteworthy clinical implications include (1) the importance of assessing disengagement in both partners, (2)

the consideration of potential intervention targets with regards to factors associated to disengagement, and (3) the knowledge that couple therapy appears to be effective at reducing romantic disengagement.

Assessing Disengagement in Both Partners. Assessing disengagement prior to beginning therapy allows clinicians to assess ambivalence towards working on repairing the relationship. Biesen & Doss (2013) state that partners often disagree on major relationship difficulties, and such disagreement predicts poor therapy outcome. Given that the literature on romantic disengagement highlights disengagement as being more prominent in one of two partners (Abbasi & Alghamdi, 2015; Kayser, 1996), it is worth assessing and clarifying treatment goals in both partners at the start of therapy. Assessing disengagement in both partners is thus an important step to treating couples in therapy as their emotional and motivational stance impacts their willingness to work on repairing their relationship (Doherty, Harris & Wilde, 2016). Given that disengagement is a difficult topic to openly discuss in therapy, as the disengaged partner might not want to admit the extent of their disengagement and perhaps unwillingness to work on repairing the relationship, therapists may not easily have access to each partners extent of disengagement if it is not explicitly assessed. Clinicians may wish to include questions on emotional indifference, as well as cognitive and behavioral distancing strategies during their initial evaluation sessions to get a sense of disengagement. Alternatively, they may wish to administer a questionnaire such as the RDS, where partners may feel more comfortable to answer as opposed to openly discussing it with their partner in therapy. Either way, a thorough assessment will allow the therapist to clarify both partners' needs and direct interventions in a way that aligns with the individuals' personal and

relationship goals, whether to improve the relationship, address ambivalence, or work toward separation. Doing so is helpful for clinicians as incongruence of therapy goals between clinician and the couple has also been found to predict poor therapy outcome (Norcross & Wampold, 2011). Moreover, assessing disengagement at the start of therapy would also help prevent clinicians from assuming that all couples seek therapy to repair their relationship. This assumption is held by many couple therapists and may contribute to their reported difficulty in treating disengagement (Whisman et al., 1997).

Moreover, our findings suggest that attachment, depression, commitment and relationship satisfaction are all factors that can help clinicians identify partners who may be more romantically disengaged when starting relationship therapy. Thus, assessing and accounting for such factors may help clinicians further determine the extent of disengagement couples present with in therapy.

Potential Intervention Targets. Having a better understanding of the factors that appear to contribute to romantic disengagement among couples seeking therapy may be helpful for clinicians in terms of assessment and treatment planning. For instance, the results of Study 1 suggest that dispositional, contextual and psychological factors are related to greater disengagement among couples seeking relationship therapy. Although attachment insecurities did contribute to greater disengagement among both men and women, Study 1 suggested that psychological and relationship factors including depression, relationship satisfaction and commitment may be more important to understanding which individuals present with greater disengagement when seeking therapy. Given these findings, we initially proposed that although interventions aimed at understanding the couple's attachment dynamic may help partners high in romantic

disengagement re-engage in their relationship, interventions targeting more proximal factors may be another effective way of reducing disengagement. These findings led us to propose that therapists may wish to target the more proximal factors such as depression when treating romantic disengagement. Addressing proximal factors such as depression was proposed as potentially being an easier target for improving disengagement as attachment tends to be more reflective of an individuals' enduring personality characteristics and changing attachment insecurities may require more extensive therapeutic work (Johnson et al., 2015). As such, assessing and treating proximal factors may contribute to potentially improving disengagement early on in the therapeutic process. However, results from Study 2 indicate that depression was not significantly associated with disengagement at follow-up when disengagement at intake was controlled for. This finding suggests that although depression appears to be helpful in identifying who is likely to be more disengaged, partners with greater depression do not seem to progress less – that is depression does not hinder therapeutic work on disengagement over the course of therapy, at least within the first 15 weeks.

The findings of Study 2 suggest that depression may not necessarily be the most important intervention target to reduce disengagement. Instead, it is possible that a third variable is driving both depression and disengagement. For instance, poor communication patterns may be related to depression and romantic disengagement. Partners with greater depression may be more likely to take blame without defending themselves and not speak up for themselves during conflict impacting romantic disengagement. Communication may potentially be a more important intervention target than depression itself. Additionally, studies have shown that couple therapy can be just as useful for treating

depression than individual therapy for depression (Bodenmann et al., 2008), suggesting that therapy does not necessarily need to uniquely target depressive symptoms to improve them. This may be particularly true when the state of the relationship is the main contributor to the depressive symptoms. As such, clinicians may wish to assess depression to establish whether depression was present beyond the state of the relationship, or more likely a result to the state of the relationship. Despite depression not being statistically significantly associated with romantic disengagement at follow-up, relationship satisfaction was found to be associated with romantic disengagement at follow-up among women, suggesting that proximal relational factors may still be an important intervention target, particularly for women. That being said, our findings do not allow us to identify the mechanism of change and this limits our ability to propose specific intervention targets at this early stage in research on disengagement in the context of relationship therapy. Restructuring negative relational patterns (i.e., insecure attachment) may still be necessary to repair the relationship and restore relationship satisfaction in both partners. In Study 2, our findings highlighted that attachment insecurities were associated with men's follow-up disengagement, but not associated to women's disengagement after 15 weeks in therapy. This may suggest that although interventions directly targeting attachment insecurities may help reduce disengagement in men, it may not be as strong a case for women, at least not within 15 weeks of therapy. Hence, clinicians may benefit from knowing which partner is most disengaged, given that interventions may differ depending on whether the man or the woman is more disengaged. Our findings suggest that for men, targeting dispositional factors may play a more important role in creating changes in disengagement, whereas contextual relational

factors may be more important for women. As such, couples in therapy may benefit from interventions that help clarify the relationship dynamic and bring to light each partners' contribution to disengagement. In line with this, Abbasi and Alghamdi (2015), mention that interventions should focus on educating partners with regards to their traits, coping styles, relationship adjustment and distancing behaviors that are characteristic of disengagement. Future research is needed to determine how mechanisms of change differ in men and women with regards to disengagement.

Changes in Therapy. Overall, findings from this thesis suggest that couple therapy is effective in reducing romantic disengagement. Thus, taking the aforementioned steps to assess and treat disengagement may reduce the frustration and level of difficulty that clinicians often report when faced with disengaged partners in their clinical practice (Whisman et al., 1997). Study 1 and 2 indicate that disengagement scores were not very high in our samples relative to the maximum score. This suggests that couples seeking relationship therapy may not be so far gone and therapeutic work to repair the relationship may not be in vain for many couples. This finding is important from a clinical standpoint because it indicates that partners seeking therapy for the most part are not past the pivotal point as has been highlighted in the literature, and thus therapy is likely not hopeless (Kayser 1993; Kersten, 1990). Despite the small number of intervention sessions, our findings from Study 2 are consistent with other effectiveness studies that showed improvement after as little as eight to nine sessions (Doss et al., 2012; Lundbald & Hansson, 2006). Despite the use of varied clinical interventions used by the therapists enrolled in our study and the fact that the majority of the participants were still undergoing therapy at the 15-week follow-up, results from Study 2 indicate that

disengagement scores significantly decreased (10 points on average; large effect size) at follow-up. Although we do not have a clinical cut-off to establish whether changes in disengagement are significant enough to indicate that couples successfully re-engaged in their relationship, comparing means from 15 weeks after therapy to disengagement means found in community samples could allow therapists to gauge the changes.

Although romantic disengagement is perceived as challenging by couple therapists (Whisman et al., 1997), the results of our study suggest that romantic disengagement may not be as hopeless in couples seeking therapy as it has been proposed in the literature (Kayser & Rao, 2006; Kersten, 1990). This may perhaps reflect the minimal engagement that partners must have if they are willing to agree to therapy. Results from Study 2 further highlight that disengagement can be improved by seeking couple-based therapeutic intervention, and this with relatively few intervention sessions. In keeping with previous studies showing that therapeutic progress in relationship therapy would occur within four to eight sessions (Knobloch-Fedders et al., 2015; Pepping, Halford, & Doss, 2015), our findings suggest that significant decreases in disengagement can be achieved in four to 10 intervention sessions. Recent evidence indicates that about 70% of couples who ultimately do not benefit from couple therapy can be detected by lack of change within the first four sessions (Pepping et al., 2015). The fact that we detect changes in disengagement after four to 10 therapy sessions is promising even though we do not have post-treatment data to assess whether changes differ during and after terminating therapy. As such, therapists should not feel discouraged or overwhelmed when faced with a couple presenting with high romantic disengagement, as therapy does seem to improve disengagement—that is, it decreases partners' emotional deadening and

reduces their use of cognitive and behavioral distancing strategies, and this, even in a relatively short period of time (15 weeks). Perhaps knowing that therapeutic efforts may positively impact romantic disengagement will increase clinician's confidence in treating these couples and thus reduce their perceived level of difficulty in treating disengaged partners.

Limitations and Future Directions

Despite its numerous strengths, the current doctoral thesis contains several noteworthy shortcomings.

Methodological Limitations. To begin, both Study 1 and 2 made use of self-report questionnaires which are subject to shared method variance, social desirability, and recall bias. Additionally, the sample in both studies was predominantly made up of Caucasian couples with relatively high socioeconomic status, which may limit generalizability to distressed couples from different socio-cultural backgrounds. Moreover, our findings are limited to heterosexual couples. We were not able to assess disengagement in same-sex couples as they formed roughly 3-5% of the clientele at the private practice where data was obtained. Therefore, future studies should examine whether findings are replicated and applicable among couples that involve individuals from sexual and gender minorities. Furthermore, given that we were interested in assessing distressed couples seeking relationship therapy, one may assume that at least one of the two partners were minimally engaged in their relationship, at least enough to seek out therapy. As such, the range of disengagement may have been limited because couples in which both partners are very highly disengaged may be considerably less likely to seek relationship therapy. As such, our findings may not be generalizable to all

distressed couples.

Although both studies employed dyadic analyses, it is worth underlying that in Study 1, the cross-sectional design makes it correlational in nature and thus causality cannot be inferred. As such, it is possible that greater romantic disengagement leads to attachment insecurities. Although attachment representations are relatively stable across the lifespan (Simpson, Collins, Tran, & Haydon, 2007), attachment patterns can change over time and as a result of prolonged or repetitive negative or positive experiences. For instance, Hudson and colleagues (2015) found that the natural decline in relationship satisfaction, intimacy and passion between partners could explain increases in attachment-related avoidance over time. Given that disengagement is a process involving an accumulation of prolonged or repetitive negative experiences (Kayser & Rao, 2006), it is possible that the disengaging process leads to greater attachment insecurities, particularly attachment avoidance.

Although longitudinal in design, the second study did not assess disengagement post-treatment. Instead, follow-up questionnaires were administered after fifteen weeks of beginning therapy. To this end, when it was time to fill out questionnaires, most couples had not yet terminated therapy and some couples received as little as four intervention sessions. Nevertheless, our findings suggest that even after only a short amount of sessions, changes in romantic disengagement was detected, suggesting that disengagement is likely to be reduced by the end of therapy. However, future studies are needed to determine whether changes are sustained over time in therapy, whether they plateau after a certain number of sessions and whether they persist once therapy has ended. In order to assess such changes, additional time points are needed to examine

therapeutic changes in disengagement over time in therapy. It is to be noted that such additional time points were included as part of the larger research study in which this thesis is imbedded, but not enough data was collected past the first follow-up to be included in the present thesis. Additionally, given the lack of control group, we cannot infer that decreases in romantic disengagement was a result of the therapy. However, effectiveness studies do not tend to use control groups as couples. That being said, research on wait-list control groups consistently indicate that relationship distress does not have the tendency to spontaneously improve in the absence of therapeutic intervention (Lebow, Chambers, Christensen, & Johnson, 2012).

Although the use of a natural clinical setting is beneficial as it provides increased ecological validity, it is important to note that efficacy studies assessing disengagement could also be very informative. Our results helped identify that couple therapy appear to reduce disengagement, but our research is limited in identifying which factors are driving the change. Given that only one semi-experimental study was published on the effect of CBT individual therapy on disengagement, more studies are needed to improve our understanding with regards to the precise mechanisms of change of romantic disengagement among couples seeking relationship therapy.

Clinical Limitations. Although our study showed decreases in both partners' romantic disengagement following 15 weeks of relationship therapy, the measure used does not provide a clinical cutoff, which would allow clinicians to assess whether individuals have significantly improved—that is, to a point where partners show sufficiently low disengagement towards one another to actively work at repairing their relationship (e.g., less emotional indifference and less use of behavioral and cognitive

distancing strategies). Future studies should attempt to establish populational norms or determine a clinical cut-off score which would be useful for clinicians and researchers alike when studying and treating romantic disengagement within the context of couple therapy. Alternatively, identifying the "pivotal" point of no return (Kayser & Rao, 2006; Sailor, 2013) would also greatly help clinicians gage when therapy is potentially beneficial and when efforts are perhaps better spent elsewhere (i.e., addressing ambivalence or assisting with separation).

Conceptual Limitations. Although the studies included in this thesis used the RDS (Barry et al., 2008), which is an empirically validated measure of disengagement, this measure presents some important limitations. Namely, the items are not easily discernable among the three proposed facets (i.e., emotional indifference, behavioral distancing strategies and cognitive distancing strategies) and may not adequately capture the facets of romantic disengagement. For instance, the questionnaire includes items such as "*I was not as open as I usually am*", "*I kept to myself*" and "*I felt more tired than usual*". It is unclear whether these items are referring to emotional indifference and its associated distancing strategies or potential external situations that may lead to differences in behavior and withdrawal. It is important to recall that the RDS was developed on the basis of factorial analyses and not based on a theoretical model, which may contribute to a less clear conceptual distinction among the items themselves. Future studies should explore ways of incorporating theory to the measure, while keeping in mind the three core facets that appear necessary to capture romantic disengagement.

Moreover, although the RDS measure used in this thesis allowed us to quantify romantic disengagement and establish a range of scores characteristic of distressed

couples seeking relationship therapy, the range of scores may be specific to our particular sample. As such, it may not accurately capture the scope of the disengagement process at large. By assessing emotional indifference and distancing strategies, the measure captures an absence of emotion that is more reflective of later stages of disengagement. As such, it does not allow to capture the nuances of the process, whereby partners start off with a range of emotions (anger, hurt) and behaviors (blaming the partner, problem solving attempts) other than indifference and withdrawal (Kersten, 1990). As such, although the thesis points out that disengagement is a process, the measure does not adequately capture this process and all the stages involved. In her retrospective study of marital disaffection, Kersten (1990) details three stages by which individuals progress towards disengagement. For instance, in the first stage, partners begin to perceive qualities about their relationship they initially found positive as being negative. Disappointment sets in and oftentimes individuals feel responsible for thoughts about ending the relationship. However, individuals in this stage are more likely to make efforts towards pleasing and accommodating the partner in an attempt to fix and maintain the relationship. In the second stage, individuals report intensified feelings of anger. They are more likely to voice their feelings of discontent with the partner and assert themselves as opposed to being overly accommodating. In this stage, the disengaging partner begins to lose sight of their partner's positive qualities and continues to question ending the relationship. However, the decision to separate is not yet made, as the individual continues to weigh the advantages and negative consequences associated with such a decision. Lastly, in the third and final stage, indifference sets in as the individual's strong feelings of anger and hurt dissipate. Individuals will actively voice their dissatisfaction and withdraw from

making efforts to resolve relationship difficulties (cognitive and behavioral distancing strategies). It is often in this stage that individuals tend to seek couple therapy. However, indifference has most likely already set in making re-engagement extremely difficult. Therapy at this stage may not be as a means to repair the relationship, but instead as a means to seek professional help in separating, relieving guilt or be reassured by a professional that leaving is the right thing to do.

In her dissertation, Barry (2010) also proposes stages for describing the process of romantic disengagement. She outlines five stages which characterize key parts of the disengaging process. In the first stage which she labeled the differentiating stage, emphasis is placed on differences between the individuals and their partner and individuals identify less with their relationships as they favor individualistic and personal identities. In the second stage, the circumscribing stage, individuals are prone to avoid personal disclosure. Consequently, conversations between partners become increasingly superficial in nature. The third stage is referred to as the stagnating stage and highlights diminished communication between partners, as conversation is perceived as being meaningless. The fourth stage is named the avoiding stage, and as the name suggests refers to distancing, as individuals pull away from each other and physically separate. The final stage, termination stage, is the end game of relationship decline whereby relationships are terminated. As such, as per these authors, the process of disengagement is very rich in content with characteristic behaviors and emotions that progress over time.

Researchers and clinicians could therefore benefit from a measure that is more sensitive to the process of disengagement as opposed to measuring emotional indifference and its associated distancing strategies, typically characteristic of end-stage

disengagement (Barry, 2010; Kayser, 1993, 1996; Sailor, 2013). Assessing the disengaging process may allow researchers and clinicians to capture disappointment, guilt, sadness or even anger, descripted as key components of earlier stages, before emotional indifference sets in. As such, future research may wish to integrate descriptive content and map out RDS scores based on qualitative data. Alternatively, a new measure could be created whereby items are guided by a conceptual understanding of the disengagement process (i.e., attachment theory). Most available knowledge regarding the process of romantic disengagement is based on descriptive and exploratory findings, as opposed to being theory driven. Despite studies outlining that romantic attachment can be used as a framework for understanding the process of romantic disengagement (Barry, 2010; Barry et al., 2008), no published studies have used the attachment framework to understand the disengagement process. Given that attachment theory has been identified as a way to understand love (Mikulincer & Shaver, 2016), it may be worth applying attachment theory on a more global level to conceptualize how partners fall out of love and become emotionally indifferent. Theory-driven models are needed to foster an integrated and comprehensive understanding of romantic disengagement in the context of relationship therapy.

Conclusion

The current doctoral thesis extended the study of romantic disengagement by expanding our knowledge of disengagement in the context of couple therapy. It did so by addressing key limitations in the literature (e.g., use of individualistic studies assessing disengagement in community-based samples), by employing a dyadic approach, and by assessing disengagement in a clinical sample of relationally distressed couples. The first

dyadic study underscored the importance of both partners attachment insecurities for understanding romantic disengagement and stressed the need for dyadic studies to better understand and target potential predictors of romantic disengagement. The second study assessed the role therapeutic intervention for reducing disengagement in clinically distressed couples. Results suggest that couple therapy is likely effective at improving romantic disengagement among both partners (at least within fifteen weeks of starting therapy). Our findings suggest that attachment insecurities can be intervention targets for therapists who work with highly disengaged partners in therapy. Moreover, assessing disengagement can help therapists identify clear therapeutic objectives, thus potentially reducing frustration and perceived difficulty when working with partners who present with high romantic disengagement in therapy.

Together, findings from these two studies suggest that romantic disengagement is not solely based on individualistic factors. Instead it can be associated with one's own and partners attachment insecurities, making it important to assess and treat disengagement within a couple framework. Further research studies are needed to identify other key factors associated with disengagement and deliver empirical studies based on theoretical models and a theoretical conceptualization of the disengagement process. The findings presented in the current doctoral thesis are novel and accordingly, present both empirical and clinical implications for future research interested in the study of romantic disengagement among distressed couples seeking therapy.

References cited in the Introduction and General Discussion

Abbasi, I.S., & Alghamdi, N.G. (2015). Polarized couples in therapy: Recognizing indifference as the opposite of love. *Journal of Sex and Marital Therapy, 43*, 40-48. doi:10.1080/0092623X.2015.1113596

Abbasi, I.S., Rattan,N., Kousar, T., & Elsayed, F.K. (2018). Neuroticism and close relationships: How negative affect is linked with relationship disaffection in couples. *The American Journal of Family Therapy, 46*, 139-152. doi: 10.1080/01926187.2018.1461030

Agnew, C. R., Arriaga, X. B., & Wilson, J. E. (2008). Committed to what? Using the Bases of Relational Commitment Model to understand continuity and changes in social relationships. In J. P. Forgas & J. Fitness (Eds.), *Social relationships: Cognitive, affective and motivational processes* (pp.147-164). New York: Psychology Press.

Aghdam, L. (2017). Effectiveness of cognitive-behavioral therapy on the reduction of marital disaffection of women filing for divorce. *International Journal of Philosophy and Social- Psychological Sciences, 3*, 1-7. Retrieved from www.sciarena.com

Amato, P.R., & Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. *Journal of Family Issues*, 24, 602–626. doi: 10.1177/0192513X0-3024005002

Amato, P. R., & Rogers, S. J. (1997). A longitudinal study of marital problems and subsequent divorce. *Journal of Marriage and the Family, 59*, 612–624. doi:10.2307/353949

Anker, M. G., Duncan, B. L., & Sparks, J. A. (2009). Using client feedback to improve couple therapy outcomes: A randomised clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 77*, 693–704. doi:10.1037/a0016062

Banks, S. P., Altendorf, D. M., Greene, J. O., & Cody, M. J. (1987). An Examination of Relationship Disengagement: Perceptions, Breakup Strategies and Outcomes. *Western Journal of Speech Communication: WJSC*, *51*, 19-41.

Banse, R. (2004). Adult attachment and marital satisfaction: Evidence for dyadic configuration effects. *Journal of Social and Personal Relationships.* 21, 273–282. doi: 10.1177/0265407504041388

Bartholomew, K., & Allison, C. J. (2006). An attachment perspective on abusive dynamics in intimate relationships. In M. Mikulincer & G. S. Goodman (Eds.), Dynamics of romantic love: Attachment, caregiving, and sex (pp. 102–127). New York: Guilford Press.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*, 226-244. doi:10.1037/0022-3514.61.2.226

Barry, R. A. (2010). Romantic disengagement as a developmental process that contributes to marital distress and decline. PhD (Doctor of Philosophy) thesis, University of Iowa, http://ir.uiowa.edu/etd/779.

Barry, R. A., & Lawrence, E. (2013). “Don’t stand so close to me”: An attachment perspective of disengagement and avoidance in marriage. *Journal of Family Psychology, 27*, 484-494. doi:10.1037/a0032867

Barry, R. A., Lawrence, E., & Langer, A. (2008). Conceptualization and assessment of disengagement in romantic relationships. *Personal Relationships*, *15*, 297-315. doi:10.1111/j.1475-6811.2008.00200.x

Baucom, D. H., Hahlweg, K., & Kuschel, A. (2003). Are waiting-list control groups needed in future marital therapy outcome research? *Behavior Therapy, 34*, 179-188. http://dx.doi.org/ 10.1016/S0005-7894(03)80012-6

Baucom, D. H., Whisman, M. A., & Paprocki, C. (2012). Couple-based interventions for psychopathology. *Journal of Family Therapy, 34*, 250–270. doi:10.1111/j.1467-6427.2012.00600.x

Beach, S. R. H., Kamen, C., & Fincham, F. (2006). Marital dysfunction. In M. Hersen, J. C. Thomas, & F. Andrasik (Eds.), *Comprehensive handbook of personality and psychopathology: Adult psychopathology* (pp. 450-468). Hoboken, NJ: Wiley.

Beavis, K. A. (2014). Explaining romantic disengagement: Attachment, commitment, dissolution consideration, and consent to unwanted sex. PhD (Doctor of Philosophy) thesis, Purdue University, https://docs.lib.purdue.edu/dissertations/AAI3667978/

Bergeron, S., Brassard, A., Mondor, J., & Péloquin, K. (2019) Under, over, or optimal commitment? Attachment insecurities and commitment issues in relationally distressed couples. Journal of Sex & Marital Therapy. doi: 10.1080/0092623X.2019.1683664

Biesen, J. N., & Doss, B. D. (2013). Couples' agreement on presenting problems predicts engagement and outcomes in problem-focused therapy. Journal of Family Psychology, 27, 658–663. doi:10.1037/a0033422

Bodenmann, G., Plancherel, B., Widmer, K., Meuwly, N., Hautzinger, M., Beach, S. R. H., et al. (2008). Effects of coping-oriented couples therapy on depression: A randomized

clinical trial. *Journal of Consulting and Clinical Psychology, 76,* 944–954. doi: 10.1037/a0013467

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* New York: Basic Books.

Bowlby, J. (1979). *The making and breaking of affectional bonds.* London: Tavistock.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression.* New York: Basic Books.

Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and the Family, 62*, 964–980. doi:10.1111/j.1741-3737.2000.00964.x

Brassard, A., Gasparetto, C.A., Brault-Labbé, A., Péloquin, K., & Shaver, P.R. (in revision). A new perspective on the associations between romantic attachment and couple commitment using the multimodal couple commitment model. *Manuscript in preparation.*

Brassard, A., Lussier, Y., & Shaver, P. R. (2009). Attachment, perceived conflict, and couple satisfaction: Test of a mediational dyadic model. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 58*, 634–646. doi:10.1111/j.1741-3729.2009.00580.x

Brassard, A., Péloquin, K., Dupuy, E., Wright, J., & Shaver, P. R. (2012). Romantic attachment insecurity predicts sexual dissatisfaction in couples seeking marital therapy. *Journal of Sex & Marital Therapy*, *38*, 245-262. doi: 10.1080/0092623X.2011.606881

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.

Bretherton, I., & Munholland, K. A. (1999). Internal working models in attachment relationships: A construct revisited. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 89–111). New York: Guilford Press.

Ceglian, C.P., & Gardner, S. (1999) Attachment style, A risk for multiple marriages? *Journal of Divorce & Remarriage*, *31*, 125-139. doi: 10.1300/J087v31n01_07

Christensen, A., Baucom, D. H., Vu, C. T. A., & Stanton, S. (2005). Methodologically sound, cost-effective research on the outcome of couple therapy. *Journal of Family Psychology, 19*, 6–17. doi:10.1037/0893-3200.19.1.6

Collins, T. J., & Gillath, O. (2012). Attachment, breakup strategies, and associated outcomes: The effects of security enhancement on the selection of breakup strategies. *Journal of Research in Personality, 46*, 210-222. doi:10.1016/j.jrp.2012.01.008

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology, 58,* 644- 663. doi: 10.1037/0022-3514.58.4.644

Coyne, J. C., & DeLongis, A. (1986). Going beyond social support: The role of social relationships in adaptation. *Journal of Consulting and Clinical Psychology*, *54,* 454-460.

Crowell, J. A., Fraley, R. C., & Shaver, P. R. (2008). Measurement of individual differences in adolescent and adult attachment. In Cassidy, J., & Shaver, P., R. (Eds.), *Handbook of*

attachment: Theory, research, and clinical applications (2nd ed.), (pp. 599-634). New York, NY, US: Guilford Press

Dailey, R.M., Rossetto, K.R., Pfiester, A., Surra, C.A. (2009). A qualitative analysis of on-again/off-again romantic relationships: "It's up and down, all around. *Journal of Social and Personal Relationships, 26*, 443–466. doi: 10.1177/0265407509351035

Davila, J., & Bradbury, T. N. (2001). Attachment insecurity and the distinction between unhappy Spouses who do and do not divorce. *Journal of Family Psychology, 15*, 371-393. doi: 10.1037/0893-3200.15.3.371

Doherty, W. J. (2011). In or out: Treating the mixed-agenda couple. *Psychotherapy Networker*, 45–58. Retrieved from: http://psyberspace.walterlogeman.com

Doherty, W. J., Harris, S. M., & Wilde, J. L., (2016). Discernment counseling for "mixed-agenda" couples. *Journal of Marital and Family Therapy, 42,* 246-255. doi: 10.1111/jmft.12132

Doss, B. D., Simpson Rowe, L., Morrison, K. R., Libet, J., Birchler, G. R., Madsen, J. W., et al. (2012). Couple therapy for military veterans: Overall effectiveness and predictors of response. *Behavior Therapy, 43*, 216–227. doi:10.1016/j.beth.2011.06.006

Ebrahimi, E., & Kimiaei, A. (2014). The Study of the Relationship Among Marital Satisfaction, Attachment Styles, and Communication Patterns in Divorcing Couples. *Journal of Divorce & Remarriage, 55*, 451- 463.

Emmers, T. M., & Hart, R. D. (1996). Romantic relationship disengagement and coping rituals. *Communication Research Reports, 13*, 8-18. doi:10.1080/08824099609362065

Etcheverry, P. E., & Agnew, C. R. (2004). Subjective norms and the prediction of romantic relationship state and fate. *Personal Relationships, 11*, 409–428. doi:10.1111/j.1475-6811.2004.00090.x

Etcheverry, P.E., Le, B., Wu, T.F., & Wei, M. (2013). Attachment and the investment model: Predictors of relationship commitment, maintenance, and persistence. *Personal Relationships*, *20*, 546-567. doi: 10.1111/j.1475-6811.2012.01423.x

Feeney, B. C., & Collins, N. L. (2001). Predictors of caregiving in adult intimate relationships: An attachment theoretical perspective. *Journal of Personality and Social Psychology, 80*, 972-994. doi: 10.1037/0022-3514.80.6.972

Feeney, J. A. (1999). Adult attachment, emotional control, and marital satisfaction. *Personal Relationships*, *6*, 169-185. doi: 10.1111/j.1475-6811.1999.tb00185.x

Feeney, J.A., & Karantzas, G.C. (2017). Couple conflict: insights from an attachment perspective*, Current opinion in psychology*,*13*, 60-64, doi:10.1016/j.copsyc.2016.04.017.

Feeney, B.C., & Monin, J.K. (2016) Divorce though the lens of attachment theory. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of Attachment: Theory, Research and Clinical Applications. Third edition*. New York: Guilford Press

Feeney, J. A., Noller, P., & Callan, V. J. (1994). Attachment style, communication and satisfaction in the early years of marriage. *Advances in Personal Relationships, 5,* 269-308.

Fincham, F. D., & Linfield, K. J. (1997). A new look at marital quality: Can spouses feel positive and negative about their marriage?. *Journal of Family Psychology*, *11*, 489. doi: 10.1037/0893-3200.11.4.489-502

Fitzpatrick, J., & Lafontaine, M-F. (2017). Attachment, trust, and satisfaction in relationships: Investigating actor, partner, and mediating effects. *Personal Relationships, 24*, 640–662. doi: 10.1111/pere.12203

Fraley, R. C. (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review*, *6*, 123-151. doi: 10.1207/S15327957PSPR0602_03

Fraley, R. C., Hudson, N. W., Heffernan, M. E., & Segal, N. (2015). Are adult attachment styles categorical or dimensional? A taxometric analysis of general and relationship-specific attachment orientations. *Journal of Personality and Social Psychology*. doi: 10.1037/pspp0000027

Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of General Psychology*, 4, 132–154. doi:10.1037/1089- 2680.4.2.132

Fraley, R. C., & Spieker, S. J. (2003). Are infant attachment patterns continuously or categorically distributed? A taxometric analysis of strange situation behavior. *Developmental psychology*, *39*, 387. doi: 10.1037/0012-1649.39.3.387

Gallo, L.C., & Smith, T.W. (2001). Attachment style in marriage: Adjustment and responses to interaction. *Journal of Social and Personal Relationships,18*, 263 – 289.

Givertz, M., Woszidlo, A., Segrin, C., & Knutson, K. (2013). Direct and indirect effects of attachment orientation on relationship quality and loneliness in married couples. *Journal of Social and Personal Relationships*, *30*, 1096-1120. doi: 10.1177/0265407513482445

Gottman, J. M. (1999). *The marriage clinic: A scientifically based marital therapy*. New York: W W Norton & Co.

Hahlweg, K., & Klann, N. (1997). The effectiveness of marital counselling in Germany: A contribution to health ser- vices research. *Journal of Family Psychology, 11*, 410–421. doi:10.1037//0893-3200.11.4.410-421

Hahlweg, K., Schindler, L., Revenstorf, D. & Brengelmann, J. C. (1984). The Munich marital therapy study. In K. Hahlweg & N. S. Jacobson (Eds.), Marital Interaction: Analysis and modification (pp. 3-26). New York, NY: Guilford Press.

Halford, W. K., Pepping, C. A., & Petch, J. (2016). The gap between couple therapy research efficacy and practice effectiveness. *Journal of Marital and Family Therapy, 42*, 32-44. doi:10.1111/jmft.12120

Halford, W. K., & Snyder, D. K. (2012). Universal processes and common factors in couple therapy and relationship education: Guest Editors: W. Kim Halford and Douglas K. Snyder. *Behavior Therapy, 43*, 1-12. doi: 10.1016/j.beth.2011.01.007

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*, 511-524. doi:10.1037/0022-3514.52.3.511

Hazan, C., & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry*, 5, 1–22. doi:10.1207/s15327965pli0501_1

Hirschberger, G.,Srivastava, S., Marsh, P., Cowan, C.P., & Cowan, P.A. (2009) Attachment, marital satisfaction, and divorce during the first fifteen years of parenthood. *Personal Relationships, 16*, 401–420. doi:10.1111/j.1475-6811.2009.01230.x.

Hudson, N. W., Fraley, R. C., Chopik, W. J., & Heffernan, M. E. (2015). Not all attachment relationships develop alike: Normative cross-sectional age trajectories in attachment to

romantic partners, best friends, and parents. *Journal of Research in Personality, 59,* 44-55.

Joel, S., MacDonald, G., & Shimotomai, A. (2011). Conflicting pressures on romantic relationship commitment for anxiously attached individuals. *Journal of personality*, *79*, 51-74. doi: 10.1111/j.1467-6494.2010.00680.x

Johnson, L. N., Tambling, R. B., Mennenga, K. D., Ketring, S. A., Oka, M., Anderson, S.,…Miller, R. B. (2015). Examining attachment avoidance and attachment anxiety across eight sessions of couple therapy. *Journal of Marital and Family Therapy, 42*, 195-212. doi: 10.1111/jmft.12136

Johnson, S. M. (2013). *Love sense: The revolutionary new science of romantic relationships*. New York: Little Brown.

Kane, H. S., Jaremka, L. M., Guichard, A. C., Ford, M. B., Collins, N. L., & Feeney, B. C. (2007). Feeling supported and feeling satisfied: How one partner's attachment style predicts the other partner's relationship experiences. *Journal of Social and Personal Relationships*, *24*, 535-555. doi: 10.1177/0265407507079245

Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin, 118*, 3–34. doi :10.1037/0033-2909.118.1.3

Kayser, K. (1993). When love dies: *The process of marital disaffection*. NY: Guilford

Kayser, K. (1996). The Marital Disaffection Scale: An inventory for assessing emotional estrangement in marriage. *American Journal of Family Therapy*, *24*, 83-88. doi: 10.1080/01926189508251019

Kayser, K. & Rao, S. (2006). Process of disaffection in relationship breakdown. In M.A. Fine & J.H. Harvey (Eds.), *Handbook of divorce and relationship dissolution* (pp. 201-222). New Jersey: Lawrence Erlbaum Associates, Publishers.

Kersten, K. K. (1990). The Process of Marital Disaffection: Interventions at Various Stages. *Family Relations, 39*, 257-265. doi: 10.2307/584869

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: The Guilford Press.

Kirkpatrick, L. A., & Davis, K. E. (1994). Attachment style, gender, and relationship stability: A longitudinal analysis. *Journal of Personality and Social Psychology, 66*, 502-512.doi: 10.1037/0022-3514.66.3.502

Klann, N., Hahlweg, K., Baucom, D.H., & Kroger, C. (2011). The effectiveness of couple therapy in Germany: A replication study. *Journal of Marital and Family Therapy, 37*, 200-208. doi:10.111/j.1752.2009.00164.x

Knobloch-Fedders, L. M., Pinsof, W. M., & Haase, C. M. (2015). Treat- ment response in couple therapy: Relationship adjustment and individual functioning change processes. *Journal of Family Psychology, 29,* 657– 666. http://dx.doi.org/10.1037/fam0000131

Le, B., & Agnew, C. R. (2001). Need fulfillment and emotional experience in interdependent romantic relationships. *Journal of Social and Personal Relationships, 18*, 425-442. doi: 10.1177/0265407501183007

Le, B., Dove, N. L., Agnew, C. R., Korn, M. S., & Mutso, A. A. (2010). Predicting nonmarital romantic relationship dissolution: A meta-analytic synthesis. *Personal Relationships*, *17*, 377-390. doi: 10.1111/j.1475-6811.2010.01285.x

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*, 145-168. http://dx.doi.org/10.1111/j.1752-0606.2011.00249.x

Lee, L. A., & Sbarra, D. A. (2013). The predictors and consequences of relationship dissolution. In C. Hazan & M. Campa (Eds.), *Human bonding: The science of affectional ties* (pp. 308-324). New York, NY: Guilford Press.

Levy, M. B., & Davis, K. E. (1988). Lovestyles and attachment styles compared: Their relations to each other and to various relationship characteristics. *Journal of Social and Personal Relationships,* 5,439-471. doi: 10.1177/0265407588054004

Lundbald, A-M., & Hasson, K. (2006). Couples therapy: effectiveness of treatment and long-term follow-up. *Journal of Family Therapy, 28*, 136-152. doi: 10.111/j.1467-6427.2006.00343.x

McNelis, M., & Segrin, C. (2019). Insecure attachment predicts history of divorce, marriage, and current relationship status. *Journal of Divorce & Remarriage, 60*, 404–417. doi.10.1080/10502556.2018.1558856

Mikulincer, M., & Erev, I. (1991). Attachment style and the structure of romantic love. *British Journal of Social Psychology*, *30*(4), 273-291. doi: 10.1111/j.2044-8309.1991.tb00946.x

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Second edition: Structure, dynamics, and change*. New York, NY: Guilford Press.

Mikulincer, M., Shaver, P. R., & Pereg, D. (2003). Attachment theory and affect regulation: The dynamics, development, and cognitive consequences of attachment-related strategies. *Motivation and emotion*, *27*, 77-102. doi: 10.1023/A:1024515519160

Mondor, J., McDuff, P., Lussier, Y., & Wright, J. (2011). Couples in Therapy: Actor-Partner Analyses of the Relationships Between Adult Romantic Attachment and Marital Satisfaction. *The American Journal of Family Therapy*, 39, 112–123. doi:10.1080/01926187.2010.530163.

Molero, F., Shaver, P. R., Ferrer, E., Cuadrado, I., & Alonso-Arbiol, I. (2011). Attachment insecurities and interpersonal processes in Spanish couples: A dyadic approach. Personal Relationships, 18(4), 617-629. doi: 10.1111/j.1475-6811.2010.01325.x

Nathan, P. E., Stuart, S. P., & Dolan, S. L. (2000). Research on psychotherapy efficacy and effectiveness: Between Scylla and Charybdis? *Psychological Bulletin, 126*, 964–981. doi:10.1037/0033-2909.126.6.964

Norcross, J. C., & Wampold, B. E. (2011). Evidence based therapy relationships: Research conclusions and clinical practices. *Psychotherapy, 48*, 98–102. doi:10.1037/a0022161

Owen, J., Duncan, B., Anker, M., & Sparks, J. (2012). Initial relationship goal and couple therapy outcomes at post and six-month follow-up. Journal of Family Psychology, 26, 179-186. doi: 10.1037/a0026998

Patrick, H., Knee, C. R., Canevello, A., & Lonsbary, C. (2007). The role of need fulfillment in relationship functioning and well-being: A self- determination theory perspective. *Journal of Personality and Social Psychology, 92,* 434–457. doi: 10.1037/0022-3514.92.3.434

Pepping, C. A., Halford, W. K., & Doss, B. D. (2015). Can we predict failure in couple therapy early enough to enhance outcome? *Behaviour Research and Therapy, 65*, 60-66. doi: 10.1016/j.brat.2014.12.015

Pistole, M. C., Clark, E. M., & Tubbs, A. L. (1995). Love relationships: Attachment style and the investment model. *Journal of Mental Health Counseling*, *17*(2), 199-209.

Poulsen, F. O., Holman, T. B., Burney, D. M., & Carroll, J. S. (2013). Physical attraction, attachment styles, and dating development. *Journal of Social and Personal Relationships*, *30*, 301-319. doi: 10.1177/0265407512456673

Powers, S.I., Pietromonaco, P.R., Gunlicks, M., Sayer, A., (2006). Dating couples' attachment styles and patterns of cortisol reactivity and recovery in response to a relationship conflict. *J. Pers. Soc. Psychol. 90*, 613—628. doi: 10.1037/0022-3514.90.4.613

Reece, R. J., Toland, M. D., Sloane, N. C., & Norsworthy, L. A. (2010). Effect of client feedback on couple psycho- therapy outcome. *Psychotherapy Theory, Research, Practice, Training, 47*, 616–630. doi:10.1037/a0021182.

Reis, H.T., Collins, W.A., & Berscheid, E. (2000). The relationship context of human behavior and development. *Psychological Bulletin, 126*, 844–872. doi: 10.1037/0033-2909.126.6.844

Rhoades, G. K., Kamp Dush, C. M., Atkins, D. C., Stanley, S. M., & Markman, H. J. (2011). Breaking Up is Hard to do: The Impact of Unmarried Relationship Dissolution on Mental Health and Life Satisfaction. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, *25*, 366–374. doi: 10.1037/a0023627

Robinson, B.E., Flowers, C., & Ng, K-M. (2006). The relationship between workaholism and marital disaffection: Husbands' perspective. *Family Journal, 14*, 213-220. doi:10.1177/1066480706287269

Robles T.F., Kiecolt-Glaser, J.K. (2003). The physiology of marriage: pathways to health. *Physiology and Behavior, 79*, 409-16. doi: 10.1016/S0031-9384(03)00160-4

Rook, K. S., & Pietromonaco, P. (1987). Close relationships: Ties that heal or ties that bind? *Advances in Personal Relationships, 1*, 1-35.

Sadikaj, G., Moskowitz, D. S., & Zuroff, D. C. (2015). Felt security in daily interactions as a mediator of the effect of attachment on relationship satisfaction. *European Journal of Personality*, *29*, 187-200. doi:10.1002/per.1988

Sailor, J.L. (2013). A phenomenological study of falling out of romantic love. *The Qualitative Report, 18*, 1-22.

Sbarra, D. A. (2006). Predicting the onset of emotional recovery following nonmarital relationship dissolution: Survival analyses of sadness and anger. *Personality and Social Psychology Bulletin*, *32*, 298–312. doi: 10.1177/0146167205280913

Sexton, T.L., Alexander, J. F., Mease, A.L. (2003). *Levels of evidence for the models and mechanisms of therapeutic change in family and couple therapy. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons

Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family therapy, 29*, 547-570. doi:/10.1111/j.1752- 0606.2003.tb01694.x

Shadish, W. R., & Baldwin, S. A. (2005). Effects of behavioral marital therapy: A meta-analysis of randomized controlled trials. *Journal of Consulting and Clinical Psychology, 73*, 6–14.

Shadish, W. R., Matt, G. E., Navarro, A. M., & Phillips, G. (2000). The effects of psychological therapies under clinically representative conditions: A meta-analysis. *Psychological Bulletin, 126,* 512-529.

Shaver, P., & Hazan, C. (1987). Being lonely, falling in love: Perspectives from attachment theory. *Journal of Social Behavior & Personality, 2*, 105-124.

Shaver, P. R., & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. In Perlman, D & Jones, W. (Eds.), *Advances in personal relationships* (Vol. 4, pp. 29–70). London: Jessica Kingsley.

Shaver, P. R., & Mikulincer, M. (2006). Attachment theory, individual psychodynamics, and relationship functioning. In A. L. Vangelisti & D. Perlman (Eds), *The Cambridge handbook of personal relationships* (pp. 251-271). New York: Cambridge University Press.

Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59*, 971-980. doi: 10.1037/0022-3514.59.5.971

Simpson, J. A., Collins, W. A., Tran, S., & Haydon, K. C. (2007). Attachment and the experience and expression of emotions in romantic relationships: A developmental perspective. *Journal of Personality and Social Psychology, 92*, 355-367.

Simpson, J. A., Rholes, W. S., & Phillips, D. (1996). Conflict in close relationships: An attachment perspective. *Journal of Personality and Social Psychology, 71*, 899-914. doi: 10.1037/0022-3514.71.5.899

Snyder, D., Castellani, A.M., & Whisman, M.A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology, 57*, 317-344. doi:10.1146/annurev.psych.56.091103.070154

Sprenkle, D. H. (2003). Effectiveness research in marriage and family therapy: Introduction. *Journal of Marital and Family Therapy*, *29*, 85–96.

Tougas, C., Péloquin, K., & Mondor, J. (2016). Romantic attachment and perception of partner support to explain psychological aggression perpetrated in couples seeking couples therapy. *Couple and Family Psychology: Research and Practice, 5*, 197–211. doi:10.1037/cfp0000068

Ward, D. B., & McCollum, E. E. (2005). Treatment effectiveness and its correlates in a marriage and family therapy training clinic. *The American Journal of Family Therapy, 33*, 207–223. doi:10.1080/01926180590932960

Waters, E., Weinfield, N. S., & Hamilton, C. E. (2000). The stability of attachment security from infancy to adolescence and early adulthood: General discussion. *Child development*, *71*, 703-706. doi: 10.1111/1467-8624.00179

Whisman, M. A, & Baucom, D. H. (2012). Intimate relationships and psychopathology. *Clinical Child & Family Psychology Review, 15*, 4-13.

Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in couple therapy. *Journal of Family Psychology, 11*, 361–366. doi: 10.1037/0893-3200.11.3.361

Wright, J., Sabourin, S., Mondor, J., McDuff, P., & Mamodhoussen, S. (2007). The clinical representativeness of couple therapy outcome research. *Family Process, 46*, 301-316. doi:10.111/j.1545-5300.2007.00213.x

Yoo, H., Bartle-Haring, S., Day, R. D., & Gangamma, R. (2014). Couple communication, emotional and sexual intimacy, and relationship satisfaction. *Journal of Sex and Marital Therapy, 40*, 275–293. doi: 10.1080/0092623X.2012.751072

Appendix A. Ethical approval

Université de Montréal

Faculté des arts et des sciences
Vice-décanat à la recherche

No de certificat : CERFAS-2013-14-084-R

COMITÉ D'ÉTHIQUE DE LA RECHERCHE DE LA FACULTÉ DES ARTS ET DES SCIENCES (CERFAS)

CERTIFICAT D'ÉTHIQUE

Le Comité d'éthique de la recherche de la Faculté des arts et des sciences, selon les procédures en vigueur et en vertu des documents qui lui ont été fournis, a examiné le projet de recherche suivant et conclu qu'il respecte les règles d'éthique énoncées dans la *Politique sur la recherche avec des êtres humains* de l'Université de Montréal :

TITRE : ***Les caractéristiques du couple et le résultat de la consultation conjugale***

REQUÉRANT : ***Katherine Péloquin, professeure adjointe, Département de psychologie***
[redacted]

et, sous sa direction :

Chantal Tougas [redacted] ***étudiante au doctorat, Département de psychologie***
Melissa Callaci [redacted] ***étudiante au doctorat, Département de psychologie***

FINANCEMENT
Chercheur principal : ***Mireille Cyr, professeure titulaire, Département de psychologie***
Organisme : ***FQRSC***
Programme : ***Regroupements stratégiques***
No d'octroi : ***2009-RG-124805***
Titre de l'octroi : ***Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles (CRIPCAS)***

MODALITÉS D'APPLICATION
Tout changement anticipé au protocole de recherche devra être communiqué au CERFAS qui en évaluera l'impact au chapitre de l'éthique.

Toute interruption prématurée du projet ou tout incident grave devra être immédiatement signalé au CERFAS.

Selon les exigences éthiques en vigueur, **un suivi annuel est minimalement exigé afin de maintenir la validité de ce certificat**, et ce, jusqu'à la fin du projet. Le questionnaire de suivi peut être consulté sur la page Web du CERFAS.

[redacted]
Martin Arguin, président
CERFAS

Date de délivrance : 2013 / 06 / 27
AAAA / MM / JJ

Date d'échéance* : 2018 / 07 / 01
AAAA / MM / JJ

*correspond à la date prévue de fin du projet

C.P. 6128, succ. Centre-ville, Montréal (QC) H3C 3J7
www.fas.umontreal.ca/recherche/ethique/index.html
Téléphone : 514-343-7338
simon.hobeila@umontreal.ca

Appendix B. Measures and Questionnaires

Study 1

Sociodemographic questionnaire

Dyadic Adjustment Scale (DAS; Spanier, 1976)

Experiences in Close Relationships Scale (ECR-12; Lafontaine et al., 2015)

Multimodal Couple Commitment Model Questionnaire (Brault-Labbé, Brassard, & Gasparetto, 2017)

Psychiatric Symptom Index (PSI; Ilfeld, 1967)

Romantic Disengagement Scale (RDS; Barry, Lawrence, & Langer, 2008)

Study 2

Sociodemographic questionnaire

Dyadic Adjustment Scale (DAS; Spanier, 1976)

Experiences in Close Relationships Scale (ECR-12; Lafontaine et al., 2015)

Psychiatric Symptom Index (PSI; Ilfeld, 1967)

Romantic Disengagement Scale (RDS; Barry, Lawrence, & Langer, 2008)

QUESTIONNAIRE SOCIODÉMOGRAPHIQUE

Le but de ce questionnaire est de recueillir des informations descriptives générales. Soyez assuré(e) qu'elles demeureront confidentielles et anonymes.

1. Nombre de séance de consultation avec votre thérapeute : _____
   (Si vous ne l'avez pas encore rencontré, inscrivez 0)

2. Qui a pris l'initiative de consulter en thérapie conjugale :
   ___ Vous
   ___ Votre conjoint(e)
   ___ Décision commune

3. Sexe : _____ 4. Âge : _____

5. Plus haut degré de scolarité complété :

   ___ Secondaire non complété ___ Maîtrise
   ___ Secondaire ___ Doctorat
   ___ Collégial ___ Post-doctorat
   ___ Baccalauréat ___ Autre, spécifiez :
   _____

6. Quel est votre revenu personnel avant déduction d'impôts. N'incluez pas le revenu de votre conjoint(e).
   ___ Moins de 5 000$ ___ 40 000 à 49 999$ ___ 100 000 à 119 999$
   ___ 5 000 à 9 999$ ___ 50 000 à 59 999$ ___ 120 000 à 139 999$
   ___ 10 000 à 14 999$ ___ 60 000 à 69 999$ ___ 140 000 à 159 999$
   ___ 15 000 à 19 999$ ___ 70 000 à 79 999$ ___ 160 000 à 179 999$
   ___ 20 000 à 29 999$ ___ 80 000 à 89 999$ ___ 180 000 à 199 999$
   ___ 30 000 à 39 999$ ___ 90 000 à 99 999$ ___ 200 000$ et plus

7. Combien d'enfants avez-vous ? _____

8. Âge de chacun de vos enfants : _____ / _____ / _____ / _____ / _____

9. Combien d'enfants vivent actuellement avec vous ? _____

10. Langue maternelle :

___ Français ___ Anglais ___ Autre, spécifiez : _____

11. Pays de naissance :

___ Canada ___ Autre, spécifiez : _____ (11b)

Si vous êtes né(e) à l'extérieur du Canada, depuis combien d'années vivez-vous au Canada _____ans (11c)

12. À quel(s) groupe ethniques considérez-vous appartenir? Cochez toutes les réponses qui s'appliquent.

___ Blanc / caucasien
___ Noir (ex., Haïtien, Africain, Jamaïquain, Somalien)
___ Latino / Hispanique
___ Asiatique (ex., Chinois, Japonais, Vietnamien)
___ Moyen Orient
___ Natif / Première nation / Métis
___ Iles du Pacifique
___ Autre, spécifier : _____ (12b)

13. Avez-vous déjà consulté en thérapie conjugale avec votre conjoint(e) actuel(le) ?
___ Oui ___ Non

14. Avez-vous déjà consulté un psychologue ou psychothérapeute en thérapie individuelle ?
___ Oui ___ Non

Les questions 15 à 28 se rapportent à votre relation de couple actuelle :

15. Êtes-vous marié(e) ? ___ Oui ___ Non

16. Durée de votre relation : _____ ans

17. Depuis combien de temps cohabitez-vous ? _____ ans
(Si vous ne cohabitez pas avec votre conjoint(e), inscrivez 0)

18. Certaines personnes vivent plusieurs relations de couple significatives au cours de leur vie. Considérez-vous votre relation actuelle comme :

    ___ votre première union
    ___ votre seconde union
    ___ votre troisième union ou plus

19. Formez-vous une famille recomposée (couple vivant avec au moins un enfant né d'une union précédente de l'un des deux conjoints) ?

    ___ Oui ___ Non

20. Depuis combien de temps jugez-vous avoir des difficultés conjugales ?

    _____ année(s) _____ mois

21. Même les personnes qui s'entendent bien avec leur conjoint(e) se demandent parfois si leur union fonctionne bien. Avez-vous déjà pensé que votre union pourrait être en difficulté ? (IIC1)

    ___ Oui ___ Non

22. Est-ce que l'idée de rompre votre union vous a traversé l'esprit au cours des deux dernières années? (IIC2)

    ___ Oui ___ Non

23. Est-ce que vous ou votre conjoint(e) avez déjà proposé l'idée de rompre votre union au cours des deux dernières années ? (IIC3)

    ___ Oui ___ Non

24. Avez-vous déjà discuté avec quelqu'un d'autre que votre conjoint de la possibilité de quitter ou de divorcer votre conjoint(e) ? (IIC4)

    ___ Oui ___ Non

25. Avez-vous déjà parlé de consulter un avocat en raison de vos problèmes de couple ? (IIC5)

    ___ Oui ___ Non

26. Vous êtes-vous déjà séparé(e) de votre conjoint(e) ?

    ___ Oui ___ Non

27. Vous et votre conjoint(e) êtes-vous séparés actuellement ?

___ Oui ___ Non

Si oui, depuis combien de temps ? _____ semaines (27b)

28. Est-ce que vous et votre conjoint(e) dormez actuellement dans des chambres séparées ?

___ Oui ___ Non

30. Pour quelle(s) raison(s) dormez-vous dans des chambres séparées? (cochez toutes les réponses qui s'appliquent)

__ Conflits / difficultés dans notre couple
__ Problème de santé (p.ex, douleur chronique, apnée du sommeil, etc.)
__ Ronflements
__ Cela favorise notre vie sexuelle
__ Autres raisons

ÉCHELLE D'AJUSTEMENT DYADIQUE (DAS)

Ce questionnaire porte sur votre perception de votre vie de couple. Il s'agit donc de votre opinion personnelle. Ne soyez pas préoccupé(e) de ce que peut ou pourrait répondre votre partenaire. Pour chaque question, **indiquez votre réponse en encerclant le chiffre approprié**.

La plupart des gens rencontrent des problèmes dans leurs relations. Indiquez dans quelle mesure vous et votre partenaire êtes en accord ou en désaccord sur chacun des points suivants:

5 *Toujours en accord*	*4* *Presque toujours en accord*	*3* *Parfois en désaccord*	*2* *Souvent en désaccord*	*1* *Presque toujours en désaccord*	*0* *Toujours en désaccord*

1.	Le budget familial	5	4	3	2	1	0
2.	Le domaine des sports et de la récréation	5	4	3	2	1	0
3.	Les questions religieuses	5	4	3	2	1	0
4.	Les manifestations d'affection	5	4	3	2	1	0
5.	Les amis	5	4	3	2	1	0
6.	Les relations sexuelles	5	4	3	2	1	0
7.	Les conventions sociales (se comporter de façon correcte et appropriée)	5	4	3	2	1	0
8.	La façon de voir la vie	5	4	3	2	1	0
9.	Les relations avec les parents et les beaux-parents	5	4	3	2	1	0
10.	Les buts, objectifs et choses jugées importantes	5	4	3	2	1	0
11.	La quantité de temps passé ensemble	5	4	3	2	1	0
12.	La manière de prendre des décisions importantes	5	4	3	2	1	0
13.	Les tâches à faire à la maison	5	4	3	2	1	0
14.	Les intérêts de loisir et les activités de détente	5	4	3	2	1	0
15.	Les décisions concernant le travail (métier/profession/carrière)	5	4	3	2	1	0

0 *Toujours*	*1* *La plupart du temps*	*2* *Plus souvent qu'autrement*	*3* *Occasion-nellement*	*4* *Rarement*	*5* *Jamais*

16.	Est-ce qu'il vous arrive souvent ou est-ce qu'il vous est déjà arrivé d'envisager un divorce, une séparation ou de mettre fin à votre relation actuelle?	0	1	2	3	4	5
17.	Combien de fois arrive-t-il, à vous ou à votre partenaire, de quitter la maison après une chicane de ménage?	0	1	2	3	4	5
18.	De façon générale, pouvez-vous dire que les choses vont bien entre vous et votre partenaire?	0	1	2	3	4	5

0	*1*	*2*	*3*	*4*	*5*
Toujours	*La plupart du temps*	*Plus souvent qu'autrement*	*Occasion-nellement*	*Rarement*	*Jamais*

19.	Vous confiez-vous à votre partenaire?	0	1	2	3	4	5
20.	Avez-vous déjà regretté de vous être mariés (ou de vivre ensemble)?	0	1	2	3	4	5
21.	Combien de fois vous arrive-t-il de vous disputer avec votre partenaire?	0	1	2	3	4	5
22.	Combien de fois vous arrive-t-il, vous et votre partenaire, de vous taper sur les nerfs?	0	1	2	3	4	5

4	*3*	*2*	*1*	*0*
Tous les jours	*Presque chaque jour*	*À l'occasion*	*Rarement*	*Jamais*

23.	Embrassez-vous votre partenaire?	4	3	2	1	0	

4	*3*	*2*	*1*	*0*
Dans tout	*Dans la majorité*	*Dans quelques-uns*	*Dans très peu*	*Dans aucun*

24.	Partagez-vous ensemble des intérêts extérieurs à la maison?	4	3	2	1	0	

D'après vous, <u>combien de fois</u> les évènements suivants se produisent-ils?

0	*1*	*2*	*3*	*4*	*5*
Jamais	*Moins qu'une fois par mois*	*Une ou deux fois par mois*	*Une ou deux fois par semaine*	*Une fois par jour*	*Plus souvent*

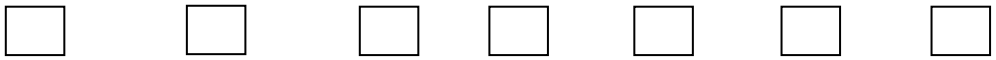
25.	Avoir un échange d'idées stimulant entre vous deux	0	1	2	3	4	5
26.	Rire ensemble	0	1	2	3	4	5
27.	Discuter calmement	0	1	2	3	4	5
28	Travailler ensemble sur quelque chose	0	1	2	3	4	5

Les couples ne sont pas toujours d'accord. Indiquez si les situations suivantes ont provoqué des différences d'opinion ou des problèmes dans votre relation au cours des dernières semaines. (Cochez oui ou non)

29. Être trop fatigué(e) pour avoir des relations sexuelles ___ Oui ___ Non

30. Ne pas manifester son amour ___ Oui ___ Non

31. Les cases suivantes correspondent à différents degrés de bonheur dans votre relation. La case centrale « heureux » correspond au degré de bonheur retrouvé dans la plupart des relations. Cochez la case qui correspond le mieux au degré de bonheur de votre couple.



0	1	2	3	4	5	6
Extrêmement malheureux	Passablement malheureux	Un peu malheureux	Heureux	Très heureux	Extrêmement heureux	Parfaitement heureux

32. Lequel des énoncés suivants décrit le mieux ce que vous ressentez face à l'avenir de votre relation ? Cochez une seule réponse.

____ Je désire désespérément que ma relation réussisse et je ferais presque n'importe quoi pour que ça arrive (5)

____ Je désire énormément que ma relation réussisse et je ferai tout ce qui est en mon pouvoir pour que cela se réalise (4)

____ Je désire énormément que ma relation réussisse et je vais faire ma juste part pour que cela se réalise (3)

____ Ce serait bien si ma relation réussissait mais je ne peux pas faire beaucoup plus que ce que je fais maintenant pour y arriver (2)

____ Ce serait bien si cela réussissait mais je refuse de faire davantage que ce que je fais maintenant pour maintenir cette relation (1)

____ Ma relation ne pourra jamais réussir et je ne peux rien faire de plus pour la maintenir (0)

QUESTIONNAIRE SUR LES EXPERIENCES AMOUREUSES (ECR)

Les énoncés suivants se rapportent à la manière dont vous vous sentez à l'intérieur de vos relations amoureuses. Nous nous intéressons à la manière dont **vous vivez *généralement* ces relations et non seulement à ce que vous vivez dans votre relation actuelle**. Répondez à chacun des énoncés en indiquant jusqu'à quel point vous êtes en accord ou en désaccord.

Fortement en désaccord			*Neutre / partagé(e)*			*Fortement en accord*
1	*2*	*3*	*4*	*5*	*6*	*7*

1.	Je m'inquiète à l'idée d'être abandonné(e).	1	2	3	4	5	6	7
2.	J'ai peur que mes partenaires amoureux(ses) ne soient pas autant attaché(e)s à moi que je le suis à eux(elles).	1	2	3	4	5	6	7
3.	Je m'inquiète pas mal à l'idée de perdre mon/ma partenaire.	1	2	3	4	5	6	7
4.	Je ne me sens pas à l'aise de m'ouvrir à mon/ma partenaire.	1	2	3	4	5	6	7
5.	Je m'inquiète à l'idée de me retrouver seul(e).	1	2	3	4	5	6	7
6.	Je me sens à l'aise de partager mes pensées intimes et mes sentiments avec mon(ma) partenaire.	1	2	3	4	5	6	7
7.	J'ai un grand besoin que mon/ma partenaire me rassure de son amour.	1	2	3	4	5	6	7
8.	Lorsque je n'arrive pas à faire en sorte que mon/ma partenaire s'intéresse à moi, je deviens peiné(e) ou fâché(e).	1	2	3	4	5	6	7
9.	Je dis à peu près tout à mon/ma partenaire.	1	2	3	4	5	6	7
10.	Habituellement, je discute de mes préoccupations et de mes problèmes avec mon/ma partenaire.	1	2	3	4	5	6	7
11.	Je me sens à l'aise de compter sur mes partenaires amoureux(ses).	1	2	3	4	5	6	7
12.	Cela ne me dérange pas de demander du réconfort, des conseils ou de l'aide à mes partenaires amoureux(ses).	1	2	3	4	5	6	7

QUESTIONNAIRE MULTIMODAL D'ENGAGEMENT CONJUGAL

Situer sur l'échelle de réponse ci-dessous, jusqu'à quel point les énoncés suivants vous représentent dans votre façon de vivre votre relation de couple actuellement. Il n'y a pas de bonne ni de mauvaise réponse. Répondez en fonction de ce que vous ressentez ou faites réellement et non en fonction de ce que vous voudriez ressentir ou faire. Encerclez le chiffre qui vous représente le mieux.

Ne me représente pas du tout (0) — **Me représente moyennement** — **Me représente tout à fait (8)**

0 1 2 3 4 5 6 7 8

1. Ma relation amoureuse est ce qui m'intéresse le plus dans ma vie.	0	1	2	3	4	5	6	7	8
2. J'ai l'impression de négliger ma vie sociale à cause de ma vie de couple.	0	1	2	3	4	5	6	7	8
3. Si je le pouvais, je serais avec mon(ma) partenaire tout le temps.	0	1	2	3	4	5	6	7	8
4. J'accepte le fait que ma relation de couple implique à la fois des aspects positifs et négatifs.	0	1	2	3	4	5	6	7	8
5. Même quand ma relation de couple exige beaucoup d'efforts, je n'abandonne pas.	0	1	2	3	4	5	6	7	8
6. Je ne vois pas ce qu'il y a d'intéressant dans ma vie de couple.	0	1	2	3	4	5	6	7	8
7. Les obstacles qui surviennent dans ma vie de couple me donnent envie de laisser tomber la relation.	0	1	2	3	4	5	6	7	8
8. Je sens que je sacrifie souvent mes intérêts et loisirs personnels pour ma relation amoureuse.	0	1	2	3	4	5	6	7	8
9. J'ai de la difficulté à limiter le temps que je passe avec mon(ma) partenaire, même quand ça nuit à mes autres obligations.	0	1	2	3	4	5	6	7	8
10. En ce moment, j'ai l'impression que les aspects négatifs de ma vie de couple prennent le dessus sur les aspects positifs.	0	1	2	3	4	5	6	7	8
11. C'est grâce à ma relation de couple que je trouve la force de fonctionner au quotidien.	0	1	2	3	4	5	6	7	8
12. Lorsque je fais des activités de couple, je me sens plein(e) de vigueur.	0	1	2	3	4	5	6	7	8
13. Lorsque je me sens découragé(e) par ma relation de couple, je ne baisse pas les bras.	0	1	2	3	4	5	6	7	8
14. J'ai l'impression que ma relation de couple est épuisante.	0	1	2	3	4	5	6	7	8
15. Faire des activités avec mon partenaire a peu de sens pour moi.	0	1	2	3	4	5	6	7	8
16. Les désagréments de ma relation amoureuse prennent plus de place dans mon esprit que les avantages que j'en retire.	0	1	2	3	4	5	6	7	8
17. Les activités que je fais avec mon(ma) partenaire ont toujours priorité sur mes autres activités, même quand je sais que ça ne devrait pas être le cas.	0	1	2	3	4	5	6	7	8

18. Quand je parle de ma relation de couple, c'est avec beaucoup d'intérêt.	0	1	2	3	4	5	6	7	8
19. Je m'engage dans ma relation de couple tout en étant conscient(e) que celle-ci ne peut pas être parfaite.	0	1	2	3	4	5	6	7	8
20. Malgré les difficultés que je rencontre avec mon(ma) conjoint(e), je persévère dans ma relation de couple.	0	1	2	3	4	5	6	7	8
21. J'ai souvent l'impression de ne pas avoir l'énergie que requiert ma vie de couple.	0	1	2	3	4	5	6	7	8
22. Il n'y a rien de plus important pour moi que ma relation de couple.	0	1	2	3	4	5	6	7	8
23. À cause de ma vie de couple, je réalise que je mets de côté des projets ou des activités qui me tiennent à cœur.	0	1	2	3	4	5	6	7	8
24. Je me sens enthousiaste vis-à-vis ma relation amoureuse.	0	1	2	3	4	5	6	7	8
25. J'accepte le fait qu'une relation de couple n'est pas toujours facile.	0	1	2	3	4	5	6	7	8
26. Dans ma relation de couple, tout m'apparaît lourd à porter.	0	1	2	3	4	5	6	7	8
27. Je ne ressens pas de plaisir avec mon(ma) partenaire.	0	1	2	3	4	5	6	7	8

INVENTAIRE DES SYMPTÔMES PSYCHOLOGIQUES (PSI)

Pour chaque énoncé, encerclez la réponse qui décrit le mieux votre état au cours des **7 derniers jours**.

	Jamais	De temps en temps	Assez souvent	Très souvent
1. Vous êtes-vous senti(e) ralenti(e) ou avez-vous manqué d'énergie?	0	1	2	3
2. Avez-vous eu des étourdissements ou l'impression que vous alliez vous évanouir?	0	1	2	3
3. Avez-vous senti que votre cœur battait vite ou fort, sans avoir fait d'effort physique?	0	1	2	3
4. Avez-vous eu des difficultés à vous concentrer?	0	1	2	3
5. Vous êtes-vous senti(e) désespéré(e) en pensant à l'avenir?	0	1	2	3
6. Vous êtes-vous senti(e) seul(e)?	0	1	2	3
7. Avez-vous eu des blancs de mémoire?	0	1	2	3
8. Avez-vous perdu intérêt ou plaisir dans votre vie sexuelle?	0	1	2	3
9. Avez-vous transpiré sans avoir travaillé fort ou avoir eu trop chaud?	0	1	2	3
10. Vous êtes-vous senti(e) découragé(e) ou avec les « bleus » ?	0	1	2	3
11. Vous êtes-vous senti(e) tendu(e) ou sous pression?	0	1	2	3
12. Vous êtes-vous mis(e) en colère contre quelqu'un ou quelque chose?	0	1	2	3
13. Avez-vous eu l'estomac dérangé ou senti des brûlements d'estomac?	0	1	2	3
14. Vous êtes-vous senti(e) ennuyé(e) ou peu intéressé(e) par les choses?	0	1	2	3

15. Avez-vous remarqué que vos mains tremblaient?	0	1	2	3
16. Avez-vous ressenti des peurs ou des craintes?	0	1	2	3
17. Avez-vous eu des difficultés à vous souvenir des choses?	0	1	2	3
18. Avez-vous eu des difficultés à vous endormir ou à rester endormi?	0	1	2	3
19. Avez-vous pleuré facilement ou vous êtes-vous senti(e) sur le point de pleurer?	0	1	2	3
20. Avez-vous eu de la difficulté à reprendre votre souffle?	0	1	2	3
21. Avez-vous manqué d'appétit?	0	1	2	3
22. Avez-vous dû éviter des endroits, des activités ou des choses parce cela vous faisait peur?	0	1	2	3
23. Vous êtes-vous senti(e) nerveux(se) ou agité(e) intérieurement?	0	1	2	3
24. Avez-vous pensé que vous pourriez mettre fin à vos jours?	0	1	2	3
25. Avez-vous eu envie de critiquer les autres?	0	1	2	3
26. Vous êtes-vous senti(e) facilement contrarié(e) ou irritable?	0	1	2	3
27. Vous êtes-vous fâché(e) pour des choses sans importance?	0	1	2	3
28. Avez-vous eu des difficultés à prendre des décisions?	0	1	2	3
29. Avez-vous eu des tensions ou des raideurs dans votre cou, votre dos ou d’autres muscles?	0	1	2	3

ÉCHELLE DE DÉSENGAGEMENT CONJUGAL (RDS)

Le sentiment d'intimité dans votre relation amoureuse peut fluctuer avec le temps pour plusieurs raisons. Par exemple, vous pouvez vous sentir moins proche lorsque vous ou votre partenaire vivez du stress ou vous pouvez vous sentir plus proches au moment de votre anniversaire de couple. Veuillez penser à comment vous vous êtes senti(e) et comment vous avez agi *dans le dernier mois* lorsque vous étiez avec votre partenaire, lorsque vous lui parliez ou lorsque vous pensiez à lui/elle.

1 Jamais	2 Rarement	3 Parfois	4 La moitié du temps	5 Souvent	6 Presque toujours	7 Toujours

1.	Je n'avais pas le goût d'avoir affaire à mon/ma partenaire.	1	2	3	4	5	6	7
2.	Je me suis senti(e) plus fatigué(e) que d'habitude.	1	2	3	4	5	6	7
3.	Je n'ai pas ressentis grand-chose (c.-à-d. indifférence).	1	2	3	4	5	6	7
4.	Je voulais passer moins de temps avec mon/ma partenaire.	1	2	3	4	5	6	7
5.	Je n'avais pas le goût de passer du temps avec mon/ma partenaire.	1	2	3	4	5	6	7
6.	Je n'avais pas envie d'être touché(e).	1	2	3	4	5	6	7
7.	Mes sentiments (positifs et négatifs) ne me semblaient pas très prononcés.	1	2	3	4	5	6	7
8.	J'ai pensé à quelque chose pour me distraire de mes sentiments.	1	2	3	4	5	6	7
9.	J'ai rêvassé à autre chose.	1	2	3	4	5	6	7
10.	Je n'ai pas porté beaucoup d'attention à mon/ma partenaire.	1	2	3	4	5	6	7
11.	J'ai fait semblant d'être d'accord ou j'ai évité de poser des questions pour rendre les choses plus faciles.	1	2	3	4	5	6	7
12.	J'étais un peu replié(e) sur moi-même.	1	2	3	4	5	6	7
13.	J'ai essayé de refouler l'expression de mes sentiments.	1	2	3	4	5	6	7
14.	J'ai gardé mes pensée/sentiments pour moi.	1	2	3	4	5	6	7
15.	J'ai essayé que mes sentiments ne se voient pas.	1	2	3	4	5	6	7
16.	J'ai parlé moins que d'habitude.	1	2	3	4	5	6	7
17.	J'ai évité d'avoir affaire à mon/ma partenaire.	1	2	3	4	5	6	7
18.	Je n'ai pas été aussi ouvert(e) que d'habitude	1	2	3	4	5	6	7

Appendix C. Client Consent Form

PORTAIL du CLIENT

Cher(e) client(e),

Vous venez d'entreprendre une démarche thérapeutique. Dans le cadre du processus d'évaluation de vos difficultés, nous sollicitons votre participation à une étude visant à mieux comprendre les facteurs associés à la détresse conjugale en contexte de psychothérapie de couple. Veuillez prendre le temps de lire et de considérer attentivement les renseignements qui suivent. Si vous acceptez de participer à l'étude, vous devrez signifier votre accord au bas du formulaire de consentement présenté à la page suivante.

Le formulaire d'information et de consentement qui suit vous expliquera le but de ce projet de recherche, les procédures, ainsi que les risques, inconvénients et avantages, de même que les personnes avec qui communiquer au besoin. S'il y a des mots ou des paragraphes que vous ne comprenez pas, n'hésitez pas à poser des questions à votre thérapeute ou à Katherine Péloquin, psychologue et chercheure responsable du projet (coordonnées au bas de la lettre).

Formulaire de consentement
Les caractéristiques du couple et le résultat de la consultation conjugale

Chercheurs principaux :
Katherine Péloquin, Ph. D., professeure adjointe au département de psychologie de l'Université de Montréal Stéphane Sabourin, Ph. D., professeur titulaire à l'École de psychologie de l'Université Laval

Co-chercheurs :
Yvan Lussier, Ph. D., département de psychologie, UQTR
Audrey Brassard, Ph. D., département de psychologie, Université de Sherbrooke
Natacha Godbout, Ph. D., département de sexologie, UQAM

1re partie : RENSEIGNEMENTS SUR L'ÉTUDE

Objectifs de l'étude : Vous êtes invité(e) à participer à une étude visant à explorer divers aspects de la psychologie du couple et de la consultation conjugale, notamment les facteurs liés au développement de la détresse conjugale (attachement, personnalité, stresseurs, fonctionnement sexuel et stratégies de résolution de conflit) et les aspects liés à la consultation (objectifs poursuivis, durée de la consultation et issue de la consultation).

Grâce à des études comme celle-ci, il sera possible d'améliorer les connaissances sur les interventions à privilégier pour chaque type de clients et la qualité des services qu'offrent les thérapeutes de couple.

Procédures : Si vous acceptez de participer à l'étude, votre participation implique que vous complétiez un questionnaire au début de vos consultations (questionnaires pré-intervention), ainsi qu'une série de questionnaires brefs à des intervalles réguliers jusqu'à la fin de vos consultations (questionnaires de suivi et post-intervention). Le nombre de questionnaires à compléter dépendra donc de la durée de votre thérapie conjugale.

Calendrier des temps de mesure :

Temps 1	**Temps 2**	**Temps 3 et plus**
Début des consultations (60 minutes)	***15 semaines plus tard*** (15 minutes)	***Intervalles de 12 semaines*** (15 minutes)
Questionnaires pré-intervention	Si thérapie en cours : Questionnaires de suivi Si thérapie terminée : Questionnaires post- intervention	Si thérapie en cours : Questionnaires de suivi Si thérapie terminée : Questionnaires post- intervention

Questionnaires pré-intervention (temps 1): Votre participation consiste à répondre à des questionnaires en ligne (via la plateforme web sécurisée Qualtrics) de façon individuelle (sans consulter votre partenaire). Ces questionnaires vous seront présentés à la fin de cette lettre.

Questionnaires de suivi et post-intervention (temps 2 et plus): Dans **15 semaines**, l'équipe de recherche communiquera avec vous par courriel (avec l'approbation préalable de votre thérapeute) afin de vous demander de compléter un bref questionnaire de suivi en ligne via la plateforme web sécurisé. Si votre consultation conjugale est terminée, ce sera votre dernier temps de mesure (temps 2). Si votre consultation conjugale n'est pas terminée, l'équipe de recherche communiquera de nouveau avec vous par courriel, à des intervalles réguliers de **12 semaines** (temps 3 et plus), et ce, **jusqu'à la fin de vos consultations**.

Lors de chaque temps de mesure, essayez de remplir tous les questionnaires en une seule fois. Si vous devez vous interrompre, tentez de terminer le questionnaire que vous avez entamé avant de le faire. Les résultats de tous les questionnaires seront remis à votre thérapeute. Vous pourrez obtenir ces résultats en communiquant avec lui/elle.

Questionnaires complétés par votre thérapeute : Votre thérapeute remplira elle/lui aussi des questionnaires relatifs au mandat négocié en début de thérapie et à l'efficacité de l'intervention une fois celle-ci terminée.

Bénéfices personnels de votre participation : Les questionnaires que vous remplirez aideront votre thérapeute à recueillir rapidement des informations sur vous et votre couple, tant au début qu'au cours et à la fin de votre consultation conjugale. Ceci facilitera son évaluation de vos préoccupations et le développement d'objectifs thérapeutiques spécifiques à vos besoins, lesquels seront abordés dans le cadre de votre démarche en psychothérapie. Ainsi, en participant à cette étude, vous consentez à ce que les données recueillies soient versées dans le dossier clinique de l'intervenant. Par ailleurs, les résultats des questionnaires pourront aussi vous aider à mieux vous connaître. De plus, en participant à cette étude, vous contribuerez à l'avancement des connaissances sur la thérapie conjugale.

Risques et inconvénients de votre participation : La participation à cette étude comporte peu de risques. L'inconvénient majeur est le temps nécessaire à la complétion des questionnaires, soit environ 60 minutes au début de la thérapie et 15 minutes à chaque temps de mesure subséquents (aux 3 mois) jusqu'à la fin de votre consultation.

Par ailleurs, il est possible que vous ressentiez des sentiments désagréables lorsque vous remplirez les questionnaires ou que vous recevrez vos résultats. Certaines questions pourraient vous amener à réfléchir sur vous-même et les résultats pourraient révéler certains aspects de vous dont vous n'étiez pas conscient(e), ce qui est parfois difficile à accepter. Si ces effets se produisent et que vous ressentez le besoin d'en discuter, n'hésitez pas à aborder le sujet avec votre thérapeute.

Conditions de participation : Pour participer à cette étude, vous et votre conjoint(e) devez cohabiter actuellement (ou devez avoir cohabité avant une séparation temporaire actuelle). La participation des deux conjoints est également nécessaire.

Droit de retrait : Votre participation est entièrement volontaire. Vous êtes libre de choisir de participer ou non à l'étude et ceci n'affectera en rien la qualité des services que vous recevrez. Vous êtes aussi libre de retirer votre participation en cours de route, sans avoir à justifier votre décision et sans préjudice. Un retrait n'entraînera en aucun cas la fin de la thérapie. Un avis verbal donné à votre thérapeute ou à la chercheure suffit pour interrompre votre participation. Suite à un tel avis, toutes les données vous concernant et concernant votre conjoint(e) seront détruites et votre thérapeute n'aura plus accès aux résultats des questionnaires. Par ailleurs, si vous deviez mettre fin à la thérapie, cela n'impliquerait pas votre retrait de l'étude (à moins d'avis contraire de votre part). Dans un tel cas, vos réponses aux questionnaires seraient conservées dans votre dossier de recherche seulement et ne seraient plus remis à votre thérapeute.

Confidentialité : Toutes les informations vous concernant seront traitées avec un grand souci de confidentialité. Nous ne vous demanderons jamais de nous donner votre nom ou autre information permettant de vous identifier sur la plateforme web; ainsi vos réponses seront complètement anonymes et votre identité protégée. De plus, votre courriel ne sera jamais associé à vos réponses de sorte qu'il sera impossible pour l'équipe de recherche de vous identifier. Les résultats des questionnaires ne seront remis qu'à vous et à votre thérapeute. Aucune information permettant de vous identifier ne sera entrée dans la base de données. Vous serez identifié(e) par un numéro attribué à votre dossier. Le chercheur et

les trois assistants de recherche seront les seules personnes à avoir accès aux dossiers. Votre courriel sera conservé dans un fichier séparé et encrypté au moyen d'une clé informatique sur l'ordinateur de la chercheure principale à l'Université de Montréal pendant une période de 7 ans, puis sera détruit. Suite à cette période, seule la base de données anonyme sera conservée. Votre courriel ne sera utilisé pour nulle autre fin que pour communiquer avec vous dans le cadre de la présente étude.

Qualtrics Research Suite (la plateforme web sécurisée dans laquelle vous allez entrer vos réponses) est spécialement conçue pour les recherches comme la nôtre. Les réponses anonymes recueillies via Qualtrics seront conservées sur des serveurs protégés. Qualtrics suit une procédure de confidentialité interne rigoureuse et prend des mesures préventives afin d'assurer la confidentialité et la protection de toutes les données d'étude. Par contre, nous ne pouvons pas garantir la protection absolue des données conservées par des serveurs Qualtrics.

Durant la période de conservation des données, celles-ci pourront être réanalysées (analyses secondaires ultérieures, par exemple analyses de validité de questionnaires, fusion avec d'autres données de recherches similaires pour augmenter le nombre de participants, analyses par sous-groupes tels que des comparaisons hommes versus femmes, etc.) par des membres de l'équipe des chercheurs principaux et leurs étudiants.

En vertu du *Code de déontologie des psychologues*, nous serons dans l'obligation de briser la confidentialité si des informations révélées nous permettent de croire que la vie ou la sécurité d'une personne (incluant vous-même) est menacée (p. ex., idées suicidaires, violence physique, abus actuel d'un enfant dans votre entourage, etc.). Dans un tel cas, nous communiquerons les informations nécessaires à votre thérapeute et, s'il y a lieu, aux autorités compétentes.

Vous remerciant pour votre collaboration,

Katherine Péloquin, Ph. D.
Professeure adjointe, Département de psychologie, Université de Montréal

Stéphane Sabourin, Ph. D.
Professeur titulaire, École de psychologie, Université Laval

2e partie : FORMULAIRE DE CONSENTEMENT

Titre de l'étude : Les caractéristiques du couple et le résultat de la consultation conjugale.

Je déclare avoir lu et compris l'information concernant l'étude, incluant son contexte, ses objectifs, ses avantages, risques et inconvénients, ainsi que ses procédures.

Je déclare avoir lu et compris la section sur la confidentialité et consens ainsi à ce que les données me concernant soient utilisées de façon confidentielle à des fins de recherche. J'accepte aussi que les résultats des questionnaires que je remplirai soient remis à mon thérapeute.

Après réflexion et un délai raisonnable, je consens librement à prendre part à l'étude. Je sais que je peux choisir de ne pas participer ou choisir de cesser de participer à tout moment, sur simple avis verbal, sans que cette décision n'affecte la qualité des services que je reçois à la Clinique de consultation conjugale et familiale.

De plus, je comprends que l'équipe de recherche communiquera avec moi par courriel, après approbation de mon thérapeute, **15 semaines** suivant la présente évaluation (temps 2) et, si ma thérapie n'est pas terminée, **à intervalles réguliers de 12 semaines** (temps 3 et plus) jusqu'à la fin de ma thérapie, afin que je complète un bref questionnaire de suivi.

Pour toute question relative à cette étude ou pour vous retirer du projet, veuillez contacter Katherine Péloquin, Ph. D., psychologue et professeure au département de psychologie de l'Université de Montréal, au 514-343-6111 poste 4320 ou à l'adresse courriel katherine.peloquin@umontreal.ca

Toute plainte relative à votre participation à cette recherche peut être adressée à l'Ombudsman de l'Université de Montréal au numéro de téléphone (514) 343-2100 ou à l'adresse courriel ombudsman@umontreal.ca. Ce projet a été approuvé par le Comité d'éthique de la Faculté des arts et des sciences de l'Université de Montréal (n° de certificat : CERFAS-2013-14-084-R) et le Comité d'éthique de la recherche de l'Université Laval (n° d'approbation : 2011-2018/31-01-2012).

SVP imprimer une copie de cette lettre à conserver dans vos dossiers personnels pour référence future.

Nous vous remercions du temps que vous avez bien voulu consacrer à l'étude. Afin de signifier votre consentement à participer à l'étude, nous vous demandons de cliquer sur le bouton « Je consens à participer à l'étude ».

Katherine Péloquin, Ph.D.
Chercheure principale
Professeure adjointe
Département de psychologie, Université de Montréal