

Université de Montréal

**Les insécurités d'attachement et l'engagement conjugal au sein de couples vivant de la
détresse relationnelle**

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Essai doctoral présenté en en vue de l'obtention du grade de doctorat en psychologie (D. Psy),
option psychologie clinique

Août 2018

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*À mes grands-parents,
pour leur présence sans limites*

Remerciements

J'aimerais d'abord remercier ma directrice de recherche, Katherine. Merci pour tes nombreuses lectures de cet essai doctoral, pour ta disponibilité, pour tes suggestions, pour ton investissement, et surtout pour ton soutien tout au long de mon parcours. Ton encadrement m'a été précieux durant les dernières années.

Je tiens également à remercier tous les cliniciens ayant contribué à la collecte de données ayant servi à la rédaction de cet essai. Merci d'offrir un monde si riche aux étudiants, et de leur permettre de combiner leurs intérêts de recherche à leurs intérêts cliniques.

Je remercie également mes collègues de laboratoire, particulièrement celles qui ont partagé mon parcours : Marie-Soleil, Virginie, Mélissa, et Noémie. Merci pour votre aide, mais surtout pour tous nos échanges entre deux moments de pause. Je vous souhaite le meilleur.

Je tiens également à remercier mes superviseurs de stages cliniques, particulièrement Jean et Nicholas. Merci pour tous ces moments de supervisions où vous m'avez permis d'être et de découvrir. Merci pour les rires. Merci pour la complicité. Votre présence dans ce parcours fût soutenante et réconfortante à plusieurs égards. Les supervisions avec vous étaient des moments précieux auxquels j'avais toujours hâte. J'en garde plein de souvenirs heureux. Merci d'offrir tant d'ouverture à vos stagiaires. Merci pour tout.

À ma grande et précieuse complice et amie, Vanessa. Notre rencontre et notre amitié demeurent ce que ce parcours doctoral m'a offert de plus précieux. Ta présence indéfectible a toujours été source de réconfort dans les nombreux moments de doutes. À grands coups de redondances (wouf!), d'oppositions, de névroses, de Roberto, de rires, et de pleurs, on s'est soutenu, on s'est comprises. Je tiens également à remercier Anne et François, sans qui cette aventure n'aurait pas été la même. C'est la fin d'une époque, et je me sens nostalgique en

écrivait ces lignes. Tu m'as beaucoup appris mon amie. D'autres aventures nous attendent, j'en suis certaine. Je t'aime.

À mes complices tardives, Catherine et Alexandra. Merci d'être si authentiques. Nos conversations collectives ridicules et interminables m'ont tellement fait de bien. On s'est adopté dans nos différences, et on s'est aimé sans condition. Je ne pouvais demander mieux. Merci d'être là. Je vous aime.

Merci à ma collègue et amie Gabrielle, présente depuis le premier jour de mon baccalauréat en psychologie. On ne se voit pas souvent, mais l'aventure des 7 dernières années n'aurait pas été pareille sans toi. Merci pour nos nombreux échanges de notes de cours à l'époque du bac, pour nos rires et pour nos potins. Ta présence a été précieuse tout au long des années.

Merci également à mes parents. Même si le monde académique vous apparaît comme incompréhensible à plusieurs égards, je ressens votre fierté chaque fois qu'on parle de mes études. Je vous aime.

Merci à mes grands-parents, Nicole et Hervé Dubé. Vous avez été ma plus grande source de stabilité. Je suis convaincu que sans vous, je n'écrirais pas ces lignes. Vous me manquez.

Finalement, à mon amoureux et partenaire de vie, Miguel. Merci d'être la personne authentique, sensible, et passionnée que tu es. Les épreuves ont été nombreuses ces dernières années, mais notre quotidien imparfait, nos rires, et notre complicité m'ont permis de me sentir solide tout au long de mon parcours. Une nouvelle étape de notre vie s'amorce enfin. J'ai hâte d'ouvrir ce nouveau chapitre avec toi, et que tu me fasses rire encore et encore. Je t'aime.

Résumé

Utilisant une approche multimodale de l'engagement, cette étude visait à élargir notre compréhension des associations dyadiques entre les insécurités d'attachement (évitement de l'intimité et anxiété d'abandon) et l'engagement conjugal (engagement optimal, sur-engagement, et sous-engagement) auprès de 154 couples qui consultent en thérapie conjugale. Après la première séance de thérapie, chaque partenaire a complété le questionnaire sur les expériences d'attachement amoureux et le questionnaire du modèle multimodal d'engagement de couple. Les analyses acheminatoires basées sur le modèle d'interdépendance acteur-partenaire ont révélé que l'anxiété d'abandon chez les hommes et les femmes était positivement liée à leur propre sur-engagement (effet acteur), ainsi qu'au sous-engagement de leur partenaire (effet partenaire). De plus, l'évitement de l'intimité chez les hommes et les femmes était positivement lié à leur propre sous-engagement, négativement lié à leur engagement optimal (effets acteurs), mais n'était pas associé au niveau d'engagement de leur partenaire. En outre, les associations entre l'insécurité d'attachement d'un individu et son propre engagement conjugal étaient modérées par l'attachement amoureux de son partenaire. À la lumière de la théorie de l'attachement, des réflexions cliniques pour la thérapie conjugale sont discutées.

Mots-clés : attachement amoureux, engagement conjugal, difficultés relationnelles, thérapie de couple

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**Under, Over, or Optimal commitment? : Attachment Insecurities and Commitment Issues
in Relationally Distressed Couples**

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Manuscrit soumis à Journal of Sex and Marital Therapy

Abstract

The present study examined the dyadic associations between attachment insecurities (avoidance and anxiety) and relationship commitment (optimal, over, and under) in a sample of 154 relationally distressed couples. Path analyses using the Actor-Partner Interdependence Model revealed that anxiety was positively associated with over-commitment (actor effect) and under-commitment (partner effect), whereas avoidance was positively associated with under-commitment and negatively associated with optimal commitment (actor effects). The associations between individuals' attachment insecurities and their own optimal commitment were also moderated by their partners' attachment insecurities. Results are discussed in light of attachment theory and their implications for couple therapy are specified.

Keywords : attachment insecurities, relationship commitment, couple therapy, relational distress

In North America, it is estimated that 40 to 50% of marriages end in divorce (Amato, 2010). Furthermore, relationship distress is estimated to affect between 20 to 31% of couples and families, regardless of whether or not it leads to separation (Whisman, Beach, & Snyder, 2008). Relationship distress has been associated with physical health problems, and the development and maintenance of a number of psychopathological conditions, including anxiety, mood disorders, and substance abuse (Choi & Marks, 2008; Robles, Slatcher, Trombello, & McGinn, 2014). It is therefore essential to understand the causes of relationship distress and the mechanisms underlying optimal relationship functioning. Researchers have suggested that relationship commitment is an important factor to take in consideration when attempting to understand relational distress among couples (Owen et al., 2014). Indeed, partners' levels of commitment to each other play a major role in their willingness to pursue a romantic relationship, despite the presence of relational difficulties (Can & Baucom, 2004). Hence, it seems crucial to explore commitment-related factors when examining relationship distress in couples.

Attachment theory has proven to be a particularly relevant and comprehensive framework for understanding relationship commitment (Morgan & Shaver, 1999; Segal & Fraley, 2016). Attachment orientations can help explain individual differences in the capacity to commit to a romantic relationship (Shaver & Mikulincer, 2006). Several studies have investigated the associations between attachment and relationship commitment (e.g., Birnie, Joy McClure, Lydon, & Holmberg, 2009; Carter, Fabrigar, Macdonald, & Monner, 2013; Etcheverry, Le, Wu, & Wei, 2013). However, most of these studies present methodological limitations, including the use of community samples, which limits the generalizability of findings to relationally distressed couples who are more likely to experience commitment problems (Whisman, Dixon, & Johnson,

1997). Moreover, although relationship dynamics depend on the contribution of both partners, the majority of studies on commitment have favored an individual approach that does not take into consideration the dyadic nature of couple relationships. Studies that have examined associations between attachment and commitment have also yielded contradictory results, with attachment insecurities having been both positively (Etcheverry et al., 2013; Mikulincer & Erev, 1991; Mikulincer & Shaver, 2010) and negatively (Simpson, 1990; Treboux et al., 2004) associated with the relationship commitment process. Finally, these studies have generally relied on models that may have overlooked the psychological components underlying relationship commitment, therefore potentially failing to capture the complexity of the associations between attachment insecurities and relationship commitment (Brassard, Gasparetto, Brault-Labbé, Péloquin, & Shaver, 2018; Brault-Labbé, Brassard, & Gasparetto, 2017). In an attempt to address these limitations, the present study used a novel multidimensional approach to relationship commitment, which enhances our understanding of the complex dynamics linking attachment insecurities and commitment in a sample of relationally distressed couples seeking relationship therapy.

Relationship Commitment

Relationship commitment refers to the intent and desire to pursue a romantic relationship through various daily actions aimed at maintaining balance and harmony between partners (Giguère, Fortin, & Sabourin, 2006). It is a dynamic process, which represents a long-term orientation to the relationship and promotes relationship maintenance (Arriaga & Agnew, 2001). Many theoretical models have been proposed to conceptualize relationship commitment (e.g., Levinger, 1976; Rusbult, 1980; Sternberg, 1986). These models all present several strengths and have largely contributed to our understanding of commitment processes. Nevertheless, they are

limited in some respects. For example, Rusbult's well-known investment model (1980), places a large emphasis on the relational determinants of relationship commitment (e.g., relationship satisfaction, alternatives, level of investment). However, the model seems to disregard some of the psychological components (e.g., cognitive, affective or motivational aspects) involved in being committed to one's partner (Arriaga & Agnew, 2001). Furthermore, several authors have suggested that a multimodal approach to relationship commitment would help capture the more subtle aspects involved in commitment processes, and therefore, would be more clinically representative (Adams & Jones, 1997; Halford, Pepping, & Petch, 2016). Yet, relationship commitment has traditionally been measured using a one-dimensional approach, which simply contrasts low versus high levels of commitment.

To address these limitations, Brault-Labbé et al. (2017) recently developed the Multimodal Couple Commitment Model (MCCM), which conceptualizes commitment as a multidimensional construct, involving three distinct commitment modes: optimal commitment, over-commitment, and under-commitment. Each mode represents the motivational, cognitive, affective, and behavioral psychological components involved in the process of commitment.

Optimal commitment is the most advantageous form of commitment and consists of: 1) *enthusiasm* (motivational-affective), defined as energy, personal interest, and meaningfulness toward the relationship; 2) *perseverance* (behavioral), referring to sustained efforts invested in the relationship despite obstacles; and 3) *the reconciliation of positive and negative elements* (cognitive), which implies that an individual recognizes that a relationship is not perfect and that benefits derived from it outweigh the obstacles experienced in the relationship. Higher levels of optimal commitment are associated with greater personal and relationship well-being (Brault-Labbé et al., 2017).

Under-commitment and over-commitment on the other hand, are not conceptualized as low/high commitment, but rather as distinct maladjusted modes of commitment that are associated with more negative relationship outcomes, such as relationship instability and dissatisfaction, as well as lower personal well-being (Brault-Labbé et al., 2017). Under-commitment consists of: 1) *a lack of energy* (motivational), whereby the individual has difficulty finding the motivation to invest in the relationship (e.g., couple activities); 2) *a lack of interest* (affective), indicating that little value is given to the relationship to the point that one no longer gives it meaning; and 3) *an impression of being overwhelmed by the negative aspects and difficulties in the relationship* (cognitive-behavioral); in other words, the individual feels hopeless to overcome obstacles and potentially contemplates the idea of leaving the relationship.

Finally, over-commitment consists of: 1) *dominant and excessive interest and energy* put into the relationship (motivational-affective), making it one's priority and central interest; 2) *compulsive persistence* (behavioral) in activities related to the romantic relationship, with limited investment in other activities (i.e. interference with other central aspects of one's personal and social life); and 3) *a perception of imbalance in one's life* (cognitive), whereby the individual feels he or she is making excessive sacrifices for the relationship and neglecting other important aspects of his or her life.

The unique contribution of the MCCM resides in its dynamic way of conceptualizing relationship commitment because it allows for the concurrent measure of the three distinct modes of commitment. For example, the model takes into account that an individual can display dominant and excessive energy towards his relationship (motivational and behavioral components of over-commitment) and yet, feel discouraged by all the obstacles he identifies (cognitive component of under-commitment). Therefore, the MCCM offers a nuanced view of

relationship commitment, thereby potentially capturing more accurately the subtleties of commitment processes in relation to other clinically relevant variables, such as attachment insecurities.

Attachment Theory

Attachment theory (Bowlby, 1973) stipulates that the attachment system is activated when a child perceives a threat (real or imagined) to their safety, which would encourage him or her to seek comfort from a reassuring figure, referred to as the attachment figure. As a result of repeated attachment interactions with the attachment figure, the child develops and internalizes enduring mental representations of the self and of the other. When the attachment figure is available and synchronized to the child's needs, he or she develops a secure attachment and thereby, becomes confident that in the event of distress, the attachment figure will be available and will respond appropriately to his or her needs. When the attachment figure is not sensitive to the needs of the child, the child is more likely to develop an insecure attachment, whereby he or she persistently doubts his or her personal value and trustiness of others.

In adulthood, these internalized mental representations carry on to romantic relationships and the partner typically becomes the main attachment figure (Hazan & Shaver, 1987). Adult attachment insecurity is conceptualized as a two-dimensional construct involving attachment-related anxiety and avoidance of intimacy (Brennan, Clark, & Shaver, 1998). Attachment-related anxiety is characterized by negative representations of the self. It translates into a strong desire to be close to one's partner, accompanied by excessive concerns about the partner's availability and authenticity. Individuals high on anxiety present a hyperactivation of the attachment system, resulting in hypervigilance about the slightest signs of unavailability of the partner. Attachment-related avoidance on the other hand, is characterized by negative internal representations of

others. Individuals high on avoidance are uncomfortable with proximity, dependency, and are generally suspicious of their partners' intentions. Avoidance is associated with excessive self-reliance and deactivation of the attachment system, resulting in denial and minimization of vulnerability and attachment needs (Mikulincer & Shaver, 2016). Securely attached individuals present low levels of attachment-related anxiety and avoidance.

Attachment Insecurity and Relationship Commitment

Developing commitment in romantic relationships generally requires the ability to feel close to one's partner, as well as to accept a certain degree of dependency towards the relationship (Mikulincer & Shaver, 2016). Considering that attachment insecurities are interpersonal dispositions associated with intimacy and dependency, they are highly relevant to understanding the commitment process. Community-based studies have consistently documented the associations between avoidance of intimacy and lower levels of relationship commitment (Birnie et al., 2009; Etcheverry et al., 2013; Pistole, Clark, & Tubbs, 1995; Simpson, 1990). However, the link between attachment-related anxiety and relationship commitment is less clear. Some studies suggest that anxiety is linked to a strong desire for relationship involvement (Feeney & Noller, 1990; Mikulincer & Shaver, 2016). For instance, Senchak and Leonard (1992) found that men with high attachment-related anxiety engaged more rapidly in a relationship than those with high attachment-related avoidance. Another study also found that individuals who present high levels of attachment-related anxiety tend to stay longer in unfulfilling relationships than non-anxious individuals (Slotter & Finkel, 2009). Other researchers, however, have suggested that attachment-related anxiety is negatively correlated with relationship commitment (Hazan & Shaver, 1987) and predicts shorter romantic relationships (Simpson, 1990). Additionally, some studies have found no significant associations between attachment-related

anxiety and relationship commitment (Impett & Peplau, 2002; Schmitt, 2002). These contradictory results may reflect the relational ambivalence that individuals with attachment-related anxiety display (Joel, MacDonald, & Shimotomai, 2011). That is, although these individuals have a strong desire for closeness and intimacy, they are afraid of being rejected and abandoned by their partners. This results in hypervigilant behaviors and chronic doubts about their partners' availability and love, and subsequently, potentially reduces their commitment to the relationship. The use of linear or unidimensional measures of commitment may mask such ambivalent relational processes and could explain the incoherent findings with respect to anxiety and commitment.

A recent study using the MCCM provided evidence for this ambivalence in terms of commitment by demonstrating that individuals who report high attachment-related anxiety present both an excess of and deficit in commitment within their relationship (Brassard et al., 2018). In line with previous studies, Brassard et al. also found that attachment-related avoidance was associated with under-commitment to the relationship. Their study also brought new results to light with respect to the capacity of insecurely attached individuals to be optimally committed to their romantic relationship. More specifically, they have found that both types of attachment insecurities were negatively associated with being optimally committed to one's partner, suggesting that attachment insecurities can limit individuals' capacity to cope with relationship difficulties, accept obstacles as a normal part of their relationships, and give them meaning (Brassard et al., 2018). From a methodological standpoint, these results suggest that a multimodal approach to commitment allows for additional nuances to be observed and helps clarify the inconsistent findings regarding the association between attachment-related anxiety and relational commitment.

Although innovative, the study by Brassard et al. (2018) presented some notable limitations. For instance, it relied on a community sample, which limits the generalizability of their findings to couples who experience significant relationship distress, and who are more likely to report attachment insecurities and to experience commitment problems (Mondor, McDuff, Lussier, & Wright, 2011; Whisman et al., 1997). Moreover, since the study did not include couples, the possible dyadic effects between attachment insecurities and both partners' levels of commitment were not examined. Several authors highlight the need to consider relationship dynamics between partners, using a dyadic design, in an effort to thoroughly understand relationship functioning (Bartholomew & Allison, 2006; Mikulincer & Shaver, 2010). Yet, to our knowledge, no study has investigated dyadic associations between attachment insecurities and relationship commitment in relationally distressed couples. It is possible to expect that an individual paired with a partner scoring high on either attachment-related avoidance or anxiety would report greater under-commitment. Supporting this hypothesis, in a sample of couples seeking therapy, Mondor et al. (2011) showed that individuals paired with avoidant partners reported greater marital dissatisfaction. Thus, in times of distress, avoidant individuals' general tendency to be withdrawn and passive towards their partners may be exacerbated (Feeney & Collins, 2001; Péroquin, Brassard, Lafontaine, & Shaver, 2014), which could result in their partners' under-commitment. Research has also shown that individuals scoring high on attachment-related anxiety tend to display demanding behaviors (e.g., excessive intimacy seeking), eventually leading their partners to feel burdened and dissatisfied with their relationship (Lemay & Dudley, 2011). As such, it is possible that partners of anxious individuals also under-commit to their relationship, particularly when they are experiencing high relationship distress.

In addition to demonstrating the association between individuals' attachment insecurities and their partners' level of relationship commitment, studies have also suggested that the interaction between both partners' attachment representations can contribute to several other relationship outcomes, including relationship maintenance over time (e.g., Beck, Pietromonaco, DeBuse, Powers, & Sayer, 2013; Kirkpatrick & Davis, 1994). Hence, while it seems highly likely that attachment-based partner pairings could provide additional insight with regards to commitment processes, to our knowledge, no study to date has thoroughly assessed the interactive nature of partners' attachment insecurities and its role in predicting their level of commitment to their relationships.

Objectives and Hypotheses

Using a multimodal approach, the aim of the present study was to better understand the associations between attachment insecurities and relationship commitment in a clinical sample of distressed couples seeking relationship therapy. Building on and extending past research, we focused on the dyadic processes that come into play in the association between partners' attachment insecurities and relationship commitment. Firstly, we hypothesized that avoidance of intimacy would be positively associated with individuals' own under-commitment and negatively related to their own optimal and over-ommitment (actor effects). Secondly, we hypothesized that attachment-related anxiety would be positively related to individuals' own under- and over-commitment, but negatively associated with their own optimal commitment (actor effects). In line with Brassard et al. (2018)'s findings, this would reflect the presence of a strong desire for proximity in these individuals, as well as a tendency to pull-away as a result of their excessive fear of rejection (i.e., relational ambivalence). Partner effects—that is, the effect of an individual's attachment insecurities on his or her partner's level of commitment were also

examined. We hypothesized that an individual whose partner scores high on attachment-related avoidance or anxiety would report greater under-commitment to the relationship (partner effects). Associations between attachment insecurities (anxiety and avoidance) and the presence of over-commitment and optimal commitment were also explored, although we did not make a-priori assumptions due to a lack of empirical basis. Lastly, we explored whether attachment-based couple pairings would be associated with relationship commitment. More specifically, we examined whether the association between individuals' attachment insecurities and their own commitment (under, over, optimal) would be moderated by their partners' attachment insecurities. Because studies have found associations between depression and low relationship commitment, depression was controlled in the main analyses for under-commitment (Segrin, Heather, Powell, Givertz, & Brackin, 2003; Wishman, 2001). Gender differences in these associations were also examined.

Method

Participants

This study was part of a larger research project examining the effectiveness of couple therapy in a naturalistic setting. The cross-sectional pretreatment data of the project were used for the current study. The sample included 154 mixed-sex (male/female) Canadian couples seeking couple therapy in a private community-based clinic. Participants spoke French (89.5%), English (5.8%) or another primary language (4.5%). The mean age was 41 years for women (ranging from 23 to 72, $SD = 9.5$) and 44 years for men (ranging from 27 to 73, $SD = 9.8$). On average, couples had been together for 13.7 years (ranging from less than a year to 50 years, $SD = 9.4$), 41,6% of couples were married, and 94,1% reported living together. Couples reported experiencing relationship difficulties for an average of 3.6 years ($SD = 4.42$). Most couples

(85.6%) had at least one child. In terms of income, 50% of men earned CAN \$80,000 or more, whereas 50% of women earned CAN \$50,000 or more. Most participants were Caucasian (94.8% of men; 94.2% of women) and had at least a bachelor's degree (74% of men; 73.4% of women).

Procedures

Couples were approached for recruitment during their first assessment session. Psychologists explained the goals of the research study and participants were told that their results would be used to complement their clinical evaluation and guide treatment interventions. Participation was voluntary and couples could withdraw from the study at any time (participation rate was > 95%). Interested couples signed a consent form and each partner received an email containing a personal link to complete a series of questionnaires individually through Qualtrics Research Suites, a secure online platform, before their next session. The study received ethics approval by the university's review board.

Measures

All measures were available in French or English and were completed in the participants' preferred language.

Demographic information. Participants completed a demographic questionnaire (e.g., age, income, education, ethnicity) and provided information about their relationship (e.g., marital status, number of children, relationship duration).

Adult attachment. The brief 12-item version of the Experiences in Close Relationships scale (Brennan et al., 1998; Lafontaine et al., 2015) assesses attachment-related anxiety (6 items) and avoidance of intimacy (6 items). Items are rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Items are averaged to form total scale scores, with higher scores

reflecting higher levels of anxiety or avoidance respectively. The French version of the scale has shown excellent validity and internal consistency ($\alpha = .86$ and $.88$ for men and women; Lafontaine et al., 2015). The current study yielded alpha coefficients of $.79$ and $.83$ for men and women on the attachment-related anxiety scale, and $.81$ and $.87$ for men and women on the avoidance scale.

Relationship commitment. The Multimodal Couples Commitment Model (MCCM) (Brault-Labbé et al., 2017) includes 27 items measuring optimal commitment, over-commitment, and under-commitment. Items are rated on a 9-point scale ranging from 0 (*does not represent me at all*) to 8 (*represents me perfectly*). Global scores are formed from the average of the items of each commitment scale, with a higher score indicating more of this type of commitment. The scales of optimal commitment, over-commitment and under-commitment have previously shown good internal consistency ($\alpha = .81, .92,$ and $.96$ respectively). The current study yielded alpha coefficients of $.80$ for men and $.83$ for women for the optimal commitment scale, coefficients of $.63$ for men and $.73$ for women for the over-commitment scale, and $.88$ for men and $.89$ for women for the under-commitment scale.

Depression. The Psychiatric symptoms index (PSI) is a 29-item measure that assesses four domains of psychological distress: depression, anxiety, cognitive disturbance, and hostility. Participants are asked to evaluate the frequency of their symptoms in the past 7 days on a 5-point rating scale from 0 (*never*) to 4 (*very often*). Items are summed and converted to a 100-point score to form global subscales scores. Higher scores reflect more severe psychological distress (Ilfeld, 1976). The French-translation of the PSI shows adequate convergent and discriminant validity (Tousignant & Kovess, 1985). For the current study, only the depression subscale was used. The scale showed good internal consistency ($.78$ for men and $.81$ for women).

Results

Descriptive data were analyzed using SPSS 22.0. All main variables were normally

distributed (skew and kurtosis < 1). Table 1 presents Spearman correlations between the variables attachment-related insecurity, depression, and relationship commitment. All significant correlations were in the expected directions. We found small and moderate positive correlations between women's attachment-related anxiety and their own optimal and over commitment, respectively. A small positive correlation was found between men's attachment-related anxiety and their own over-commitment. Men's and women's attachment-related anxiety was also moderately and positively correlated with their partner's under-commitment, and negatively correlated with their partner's optimal commitment. Men's and women's attachment-related avoidance was positively correlated with their own under-commitment, but a negative and small correlation was found with their own optimal commitment. A small negative correlation was found between women's avoidance and their own over-commitment. Avoidance was not correlated with partners' commitment in both men and women. Depression was moderately and positively associated with under-commitment in men ($r = .43$) and women ($r = .48$).

We conducted preliminary analyses to identify potential control variables among the sociodemographic data. Analyses yielded non-significant or weak associations ($r = < .30$) with all sociodemographic variables. Depression was controlled for in the main analyses.

Main Analyses

To test the proposed hypotheses, we conducted path analyses using Mplus, version 7 (Muthén & Muthén, 2004; with maximum-likelihood estimation and nonparametric bootstrapping, specifying 5000 samples from our data) based on the Actor-Partner Interdependence Model (APIM; Kenny, Kashy, & Cook, 2006). Non-parametric bootstrapping allows us to correct for multivariate non-normality and to calculate confidence intervals around standardized estimates. The APIM approach allows us to (a) address the non-independence of

dyadic data by treating the couple as the unit of analysis; (b) integrate both actor effects (i.e. the effect of an individual's attachment insecurities on his or her own relationship satisfaction) and partner effects (i.e. the effect of an individual's attachment insecurity on the partner's relationship commitment) in a single analysis; and (c) test gender differences in actor and partner effects. Three models were first tested, one for each commitment mode. To account for the interdependence of dyadic data, correlations were specified between each partner's attachment variables. Actor effects were specified between each partner's attachment insecurities and his or her own relationship commitment. Partner effects were specified between each participant's attachment insecurities and his or her partner's relationship commitment scores. To test the moderating effect of partners' attachment insecurities on the association between individuals' attachment insecurities and their own commitment, we tested three additional models, one for each commitment mode which also included interaction terms. We created four interaction terms based on men and women's attachment insecurities (Men's avoidance X Women's anxiety; Men avoidance X Women's avoidance; Woman's avoidance X Men's anxiety; Women's anxiety X Men's anxiety). Associations between attachment interaction terms and relationship commitment scores were specified (moderating effects), although non-significant interactions were removed from the final models in order to maximize statistical power. The overall model fit was assessed by inspecting the standardized root mean square residual (SRMR), the comparative fit index (CFI), the root mean square error of approximation (RMSEA) and the chi-square statistic. A SRMR of .08 or less, a non-statistically significant chi-square value, a CFI value of .90 or higher, and a RMSEA value below .06 are indicators of good fit (McDonald & Ho, 2002). For all models, when results appeared to differ between men and women, men's and women's paths were constrained to be equal in order to test for significant gender differences using a chi-square

difference test. Non-parametric bootstrapping was used to calculate 90% confidence intervals for standardised path coefficients. The final models are presented in Figures 1a, 1b, 2 and 3.

With respect to actor effects, results indicated that attachment-related avoidance for both men and women was negatively associated with their own optimal commitment (see Figure 1a) and positively associated with their own under-commitment (see Figure 2; actor effects).

Women's attachment-related avoidance, but not men's, was also negatively related to their own over-commitment (see Figure 3). Attachment-related anxiety for both men and women was positively related to their own over-commitment (see Figure 3), but not to their own under-commitment or optimal commitment.

In terms of partner effects, women's attachment related avoidance was negatively associated with their partners' over-commitment (see Figure 3). Attachment-related anxiety for both men and women was negatively associated with their partners' optimal commitment (see Figure 1a) and positively associated with their partners' under-commitment (see Figure 2). No significant gender differences were found in actor or partner effects. Therefore, gender differences must be interpreted with caution.

As for the moderation effects, the combination of men's avoidance and women's anxiety significantly predicted men's and women's own optimal commitment (see Figure 1b). Specifically, men's avoidance was negatively related to their optimal commitment when their partners reported low ($b = -.34, p < .001$) or moderate ($b = -.20, p = .005$) levels of attachment-related anxiety, but not when they reported high levels of anxiety ($b = .07, p = .509$) (Figure 4a). Similarly, women's attachment-related anxiety was positively related to their optimal commitment when their partners were very high on avoidance ($b = .30, p = .024$), but not when they were low ($b = -.16, p = .197$), medium ($b = .02, p = .975$), or high ($b = .15, p = .071$) (Figure

4b). The combination of men's anxiety and women's avoidance also predicted men's optimal commitment. Specifically, men's anxiety was positively related to their own optimal commitment when their partners were high on avoidance ($b = .32, p = .008$) but not when their avoidance was low ($b = -.06, p = .460$) or medium ($b = .13, p = .097$) (Figure 4c).

DISCUSSION

Using a dyadic design, this study examined the associations between attachment insecurities (avoidance and anxiety) and relationship commitment (optimal commitment, over-commitment, and under-commitment) among a large sample of relationally distressed couples seeking couples therapy. Overall, our approach allowed us to obtain nuanced results regarding actor and partner effects between attachment insecurities and three distinct modes of relationship commitment. Moreover, the examination of attachment-based couple pairings significantly extends our knowledge of partners' ability to optimally commit to each other when experiencing relationship distress, which represents a critical time in the relationship.

Attachment Insecurities Predicting One's Own Relationship Commitment

Consistent with previous research, our results suggest that avoidance of intimacy is negatively related to relationship commitment among distressed couples (Mikulincer & Shaver, 2010). As expected, we found that avoidant individuals reported more under-commitment and less optimal commitment. Because they have internal negative views of others, these individuals are uncomfortable with proximity, dependency, and intimacy. Therefore, they tend to maintain cognitive, emotional, and physical distance with their partner, which potentially results in their lower levels of commitment in their romantic relationships (Gouin et al., 2009). Furthermore, because they expect relationship failure (Birnie et al., 2009), avoidant individuals tend to be less enthusiastic about their romantic relationships and don't expect much from them. This may be

particularly evident when couples experience major relationship difficulties and their relationship is at risk of dissolution. Our results also showed that women's avoidance was negatively associated with their own over-commitment. Previous studies have suggested that, compared to men, women usually devote more time to the maintenance of their relationship (Gottman, 2014; Huston, Surra, Fitzgerald, & Cate, 1981). However, if a woman is high on avoidance, she might be less likely to overly commit to her relationship (e.g., making her relationship her priority) than a woman who is low on avoidance.

Our results also indicate that attachment-related anxiety is associated with the desire to maintain the relationship among relationally distressed couples. Consistent with previous research and as anticipated, anxiously attached individuals reported being overly committed, meaning that they were more likely to prioritize their relationship over other aspects of their lives and to have less interest in activities that are not couple-oriented (Brassard et al., 2018; Mikulincer & Shaver, 2016). Thus, these results suggest that when involved in a relationship, anxiously attached individuals' fear of being abandoned is not only related to a strong desire for intimacy, but also to a struggle to find balance in their lives. However, our hypothesis regarding the presence of ambivalence towards relationship commitment was not supported. Unlike what we expected, anxiously attached individuals did not report being less committed (i.e., less optimally committed or more under-committed) to their relationships. It may be that this hypothesis is less applicable for partners seeking couples therapy. When anxious individuals experience chronic relationship difficulties and decide to undertake a therapeutic process with their partners, it is highly probable that they may fear for the future of their relationships (a real threat). In this context, their attachment system is most likely hyperactivated and these individuals may be more likely to seek intimacy and reassurance from their partners, which

would explain their over-commitment to their relationships. Moreover, couples in our sample were engaged in long-term relationship (14 years on average), and 85% of them had at least one child. Given the intensity of the relational threat experienced by these couples (i.e., possible imminent separation implying strong family consequences), anxious individuals' strong desire to maintain their relationships may surpass their tendency to protect themselves from rejection. As such, they may be more likely to invest heavily in their relationships (e.g., sacrifice their own interest and social life) than to disengage from them (e.g., exhibit diminished interest for their partners and their relationships). Thus, it is possible that the ambivalence characterizing anxiously-attached individuals in regards to relationship commitment is observed more strongly in shorter-term romantic relationships, where the anxious individual may not have invested as much with his or her partner. These findings are also in line with existing literature suggesting that anxious individuals are the gatekeepers of their relationships, as they tend to devote great efforts towards relationship maintenance, despite shortcomings (Davila & Bradbury, 2001; Slotter & Finkel, 2009).

Attachment Insecurities Predicting the Partner's Relationship Commitment

Extending past research on attachment and commitment, our results suggest that individuals' attachment insecurities are also related to their partners' orientation towards the relationship. Specifically, as anticipated, we found that attachment-related anxiety in both men and women was associated with their partner's lower optimal commitment and greater under-commitment to the relationship. Consistent with these findings, Overall, Girme, Lemay, and Hammond (2014) found that when anxiously attached individuals feel threatened in their romantic relationships, they tend to use emotionally-charged and guilt-inducing strategies, as well as exhibit excessive reassurance seeking behaviours with their partners in order to repair

closeness (e.g., exaggerate their hurt feelings; overly criticize their partners and demand change). However, these strategies have been associated with detrimental effects for their partners (e.g., lower relationship satisfaction). This may explain why partners of anxiously attached individuals report lower optimal commitment (e.g., lower enthusiasm) and greater under-commitment (e.g., feeling overwhelmed by their partner's critiques). This partner effect may also reflect the demand-withdraw dysfunctional communication pattern observed in distressed couples. In this pattern, while a member of the couple seeks emotional intimacy (often through excessive demands and criticalness), their partner pulls away and withdraws (often using withdrawal of affection or stonewalling strategies). This reinforces the first individual's need for emotional closeness, resulting in a dysfunctional self-reinforcing relational dynamic (Christensen, 1987). When experiencing relationship distress, individuals scoring high on attachment-related anxiety may feel highly vulnerable and may intensify their proximity seeking behaviors in order to reduce the likelihood of the relationship ending. However, these excessive efforts to increase intimacy are often dysfunctional and poorly formulated to their partner (e.g., criticism; Overall et al., 2014). Thus, partners of anxiously-attached individuals are likely to feel overwhelmed or attacked, resulting in their lost of interest and energy towards the relationship (e.g., under-commitment). Moreover, in the context of relational distress, partners of anxious individuals could have more difficulty conciliating the negative and positive aspects of their relationships, and may see less value in their relationships (i.e., lower optimal commitment).

Unexpectedly, attachment-related avoidance was not associated with partners' under-commitment. This is surprising because attachment-related avoidance has been found to be negatively associated with partners' relationship satisfaction in a previous study including a sample of relationally distressed couples (Mondor et al., 2011). The discrepancy in the results

may be explained by the distinction between relationship satisfaction and relationship commitment. Indeed, although partners of individuals with avoidant attachment may be dissatisfied with their relationships, they may still wish to stay with their partner. Since avoidant individuals tend to deny their own distress and are less likely to actively seek support (Vogel & Wei, 2005), their partners may be the ones encouraging them to engage in couple therapy to address relational problems that they, themselves, may feel unable to address without professional help. Moreover, although partners of avoidant individuals may be dissatisfied with their relationships, they could believe that if they lose interest and stop investing in their relationships (i.e., under-commitment), their relationships will eventually dissolve. Therefore, despite relational difficulties and low relationship satisfaction, partners of avoidant individuals may be more persistent and less likely to lose sight of the positive aspects of their relationship than partners of anxious individuals. These assumptions are however, speculative and would need to be corroborated in future studies, which could shed light on why partners of avoidant individuals choose to stay in their relationships.

With respect to the exploratory partner associations between attachment-related avoidance and over-commitment and optimal commitment, only women's avoidance was negatively associated with their partners' over-commitment. Considering that women are usually more likely to make efforts to maintain their relationships than men (Gottman, 2014; Huston et al., 1981), avoidance in women might go against the traditional role that is expected from them (i.e., devote time and effort to relationship maintenance). Avoidance in women may thus send the message to their male partners that they do not care much for the relationship, and this may make their male partners less likely to excessively invest in their relationships or make it their priority. Again, actual mediators of this association would need to be tested empirically—that is,

studies would need to verify whether avoidant women are actually perceived as less invested by their partners and whether their partners conclude that women are just “not that into the relationship” as a result.

Attachment-Based Couple Pairings Predicting Relationship Commitment

Couple pairings based on each partner’s attachment-based insecurity yielded new, interesting results with optimal commitment processes. That is, associations between an individual’s attachment-related anxiety and his or her own optimal commitment were only found when both partners’ attachment insecurities were considered in interaction. More specifically, attachment-related anxiety was positively related to one’s own optimal commitment only when the partner’s avoidance was high (men) or very high (women). These results are consistent with the fact that anxious individuals tend to choose and stay with avoidant partners (Kirkpatrick & Davis, 1994). This may be because avoidant partners confirm anxious individuals’ internal models of themselves—that is, their partners’ emotional distance and withdrawal is expected and interpreted as a sign that they are not worthy of attention and that they are unlovable. In fact, in their longitudinal study, Kirkpatrick and Davis found that anxious women paired with avoidant men did not differ from securely attached couples with respect to relational stability over-time. Hence, because anxious individuals expect their partners to be distant and to reject them to some degree, they may not be surprised when their partners actually do so (i.e., high avoidance), and thus may invest efforts to maintain their relationship despite perceiving relational difficulties, which is a characteristic of optimal commitment.

Our results also showed that men’s attachment-related avoidance was negatively associated with their own optimal commitment when their partners’ attachment-related anxiety was low or moderate, but not when it was high. Individuals low on attachment-related anxiety

tend to maintain a positive model of themselves and to be aware of their self-worth (Brennan et al., 1998). As such, they are less likely to adopt clinging behaviours as a way of increasing intimacy within the relationship. As a result, women low on anxiety may be perceived as more distant by their avoidant partner. That is, although clinging and excessive intimacy seeking behaviours can feel intrusive to an avoidant individual, they also send the implicit message that their partner cares for them. Thus, the absence of clinging behaviors could also be threatening to avoidant men (i.e., it confirms their representations that others are not there for them and are untrustworthy) and activate their attachment system, leading them to withdraw from the relationship. This may contribute to these men's reduced capacity to balance the positive and negative aspects of their relationship, and decrease their enthusiasm and relational perseverance (i.e., optimal commitment). These hypotheses however, are purely speculative and would also need to be tested empirically. Our results do not provide specific information about the perceptions that avoidant men have about their female partners.

Limitations and Future Directions

Despite several strengths, this study has some limitations that should be noted. Firstly, only self-report questionnaires were used, which raises concerns regarding social desirability since participants were informed that their responses would be shared with their therapists and potentially discussed in therapy with their partners. Secondly, couples participating in our research project had at least one meeting with a psychologist before completing the questionnaires. It is possible that this first meeting had a therapeutic effect, especially for anxious individuals who may have come to realize that by agreeing to couples therapy, their partners were in fact engaged in their relationships. Thirdly, although we proposed a theoretical model that suggests directionality between variables, the cross-sectional nature of our data does not

allow us to infer causality between attachment insecurities and relationship commitment.

Fourthly, our sample consisted of relationally distressed couples seeking therapy. Considering that a large portion of couples either don't choose to seek help or tend to wait a long time before going to therapy (Doss, Simpson, & Christensen, 2004), couples from our sample might not be representative of all couples experiencing relational distress. Fifthly, the internal consistency of the over-commitment scale was .63. Because the MCCM scale was validated with a community sample, it is possible that men from our clinical sample didn't obtain high scores on this scale because they are less likely to be over-committed in the context of a distressed relationship. Moreover, it is possible that men from our sample felt like they were making sacrifices for their relationship by coming to therapy (cognitive component of over-commitment), but did not feel excessive interest (motivational-affective component of over-commitment) and persistence towards couple activities (behavioural component of over-commitment), which could potentially provide an explanation for their lower alpha coefficient. Sixthly, a very high percentage of couples from our samples had at least one child (85,6%). However, we did not have access to how old these children were. Considering that having young children is known to have an impact on the decision to maintain a relationship despite difficulties (Wiik, Bernhardt, & Noack, 2009), it is possible that partners from our sample were staying together because of external factors such as having young children and not due to high commitment to each other. Finally, the sample mainly consisted of French-speaking Caucasian couples with a relatively high socioeconomic status, which limits the generalizability of our findings to couples with different backgrounds.

Clinical Implications

Beyond its theoretical and empirical implications, this study bears important clinical implications since attachment insecurities and relationship commitment are known to be key

variables in couples therapy (Johnson & Talitman, 1997). Firstly, with respect to relationship therapy, this research particularly highlights the importance of conducting a thorough assessment of both partners' attachment insecurities, which may be meaningful indicators of individuals' level and mode of commitment to their relationships. Congruent with a systemic view of relationships, therapists should consider that partners' ability to commit to their relationship is likely to depend on both their own and their partners' attachment insecurities.

Secondly, the inclusion of the MCCM as part of the initial clinical assessment might provide clinicians with additional and pertinent information with respect to the various psychological components involved in partners' commitment processes (i.e., motivational, cognitive, affective, and behavioural). This information could inform the clinical conceptualization of couples' difficulties and guide the choice of interventions. For instance, a client may have a strong desire to maintain their relationship (motivational component of optimal commitment), but may feel overwhelmed by the difficulties experienced with his partner (cognitive-behavioral component of under-commitment) and withdraw from the relationship as a way of coping with the distress generated by the relational conflicts (behavioral component of under-commitment). Another client may question her interest and feelings for her partner (affective component of under-commitment) and feel that she is sacrificing important aspects of her life for the relationship (cognitive component of over-commitment), but yet remain in the relationship and continue to invest efforts (behavioral component of optimal commitment) for the relationship, such as seeking therapy, despite longstanding problems due to external factors (e.g., children). The clinical portrait of these two clients would call for distinct interventions. Interventions that focus on helping couples manage their relationship difficulties through better communication and dyadic coping skills (Bodenmann, Bradbury, & Pihet, 2008) for example,

could be better suited for the first client who is withdrawing from the relationship as a way of coping with relational conflicts. On the other hand, interventions that address the relational ambivalence and help clarify for couples the reasons for staying versus leaving the relationship (Boisvert, Wright, Tremblay, & McDuff, 2011) may be more beneficial for the second client who continues to invest efforts in her relationship, despite longstanding problems due to external factors.

In terms of a specific treatment approach, Emotionally Focused therapy (EFT) seems particularly suitable for treating dysfunctional relationship dynamics embedded in attachment and relationship commitment difficulties. Considering for instance, that an individual's attachment-related anxiety is associated with his own lower optimal commitment and his partner's higher under-commitment, an EFT approach would firstly recognize and validate each partner's attachment-related feelings (e.g., the anxious individual may fear being abandoned, while their partner may feel invalidated and overwhelmed by the demands, critics, and insatiable need for closeness). The therapist would assist the anxious individual in identifying their primary attachment needs (e.g., intimacy, acceptance) and promote a clearer and more respectful expression of these needs in the relationship (thus reducing criticism and blame, and possibly alleviating the negative effects on the partner's commitment). In parallel, the therapist would assist the partner in hearing the underlying attachment needs and to empathically respond to these bids for support and closeness (thus soothing the anxious individual's insecurities and softening their otherwise demanding and clinging behaviors; Johnson, 2004). Overall, EFT fosters secure attachment bonds and therefore disarms dysfunctional relational dynamics whereby attachment and commitment problems exacerbate one another.

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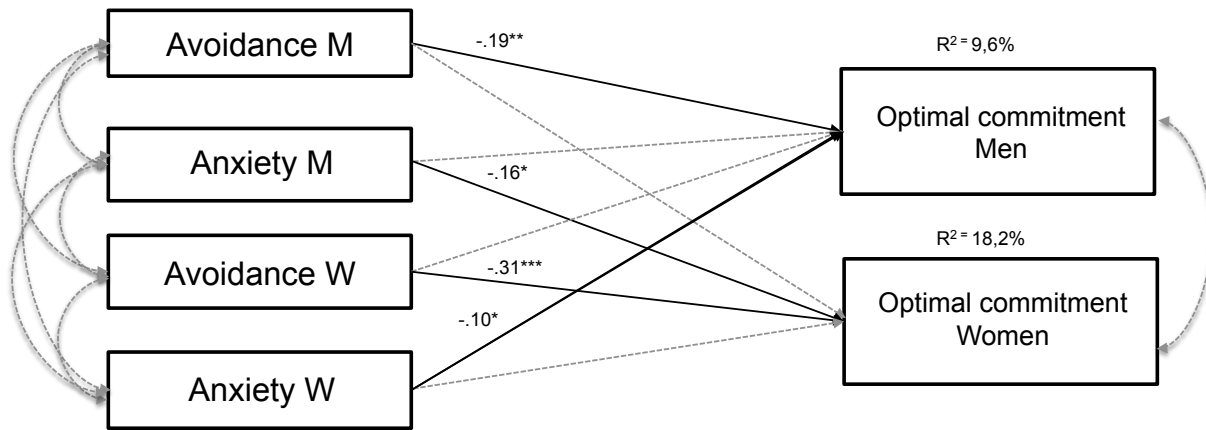
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Table 1

Correlations, Means, and Standard Deviations for Attachment Insecurities, Depression, and Relationship commitment among Men and Women (N = 154 couples)

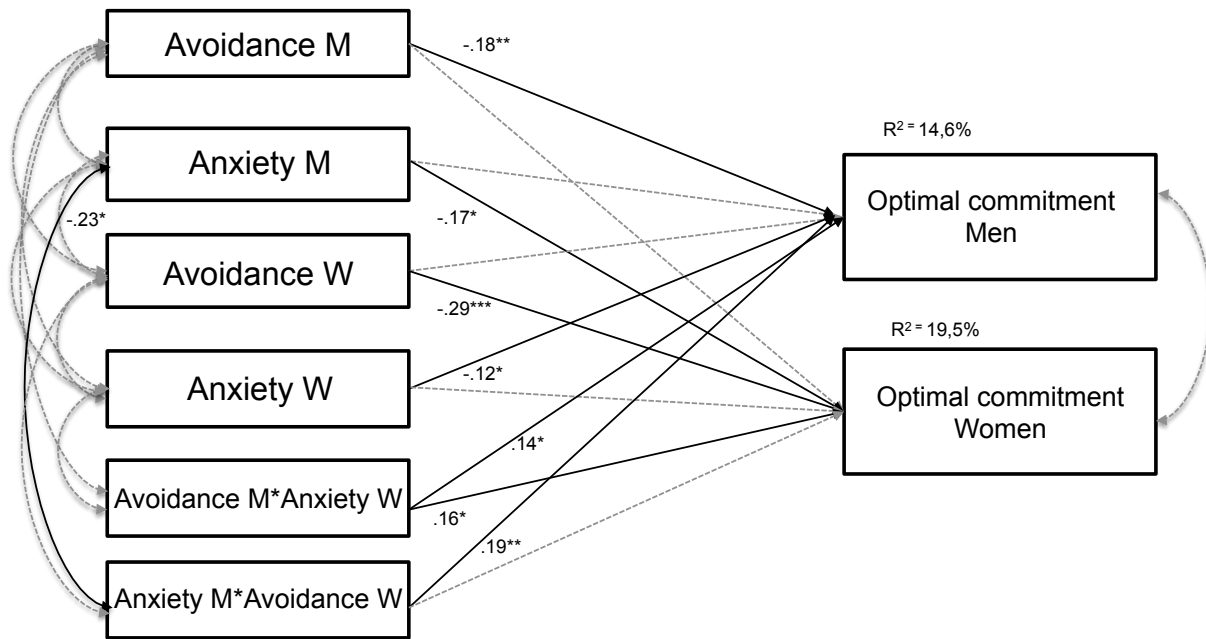
Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12
1. M depression	28.28	20.18		.17**	.21**	-.23**	.11	.43**	.21	.07	.14	-.22**	.04	.26**
2. M avoidance	3.14	1.16			.17	-.26**	.01	.25**	-.04	.14	.11	.02	-.07	.07
3. M anxiety	3.94	1.19				.03	.19*	.05	.09	.14	-.09	.20*	.08	.30**
4. M optimal	5.55	1.18					.24**	.51**	-.01	-.07	-.18*	.03	-.10	-.11
5. M over	3.65	1.07						.15	.15	-.14	.10	-.02	.13	.05
6. M under	3.06	1.63							.28**	.07	.32**	-.16	.10	.28**
7. W depression	36.16	19.38								.11	.28**	-.28**	.17*	.48**
8. W avoidance	2.80	1.32									-.04	-.39**	-.20*	.25**
9. W anxiety	4.18	1.36										.23**	.18*	-.04
10. W optimal	5.35	1.42											.34**	-.62**
11. W over	3.10	1.30												.03
12. W under	3.56	1.72												

Note. M= Men; W= Women. * $p < 0.05$; ** $p < 0.01$.



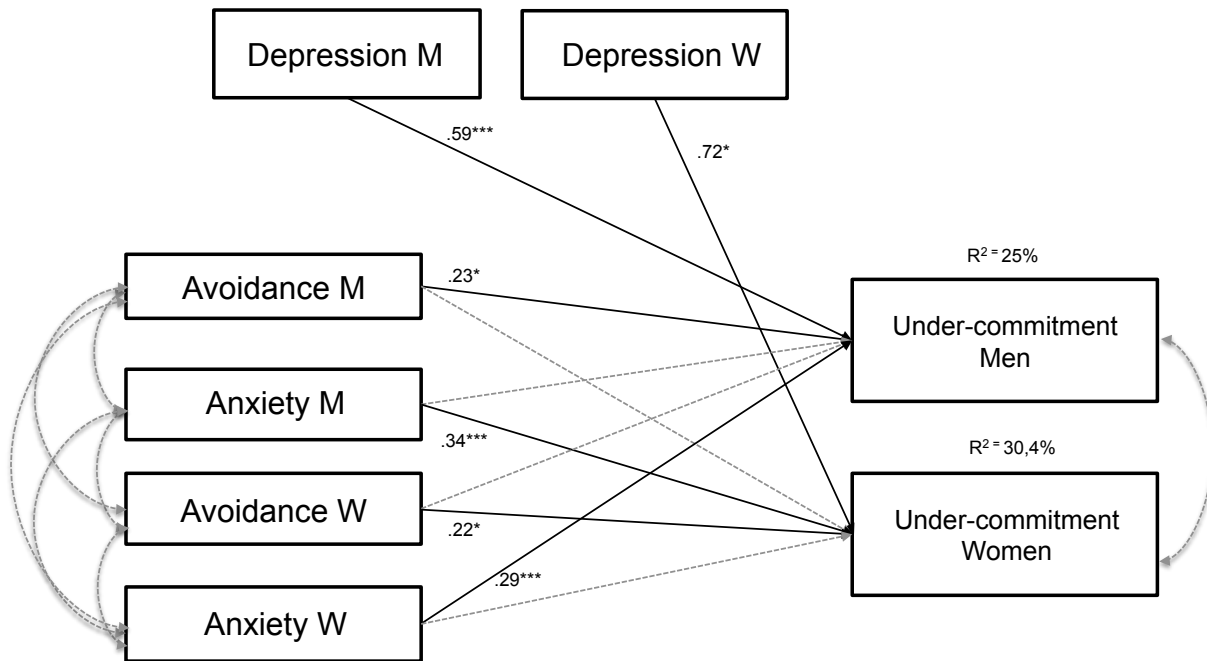
CFI= 1.000; SRMR= .000; RMSEA = .138, 90% CI [.102, .177]

Figure 1a. Path analyses showing attachment insecurities predicting optimal commitment to the romantic relationship ($N = 154$ couples). Dashed lines represent nonsignificant paths. M =Men; W =Women. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.



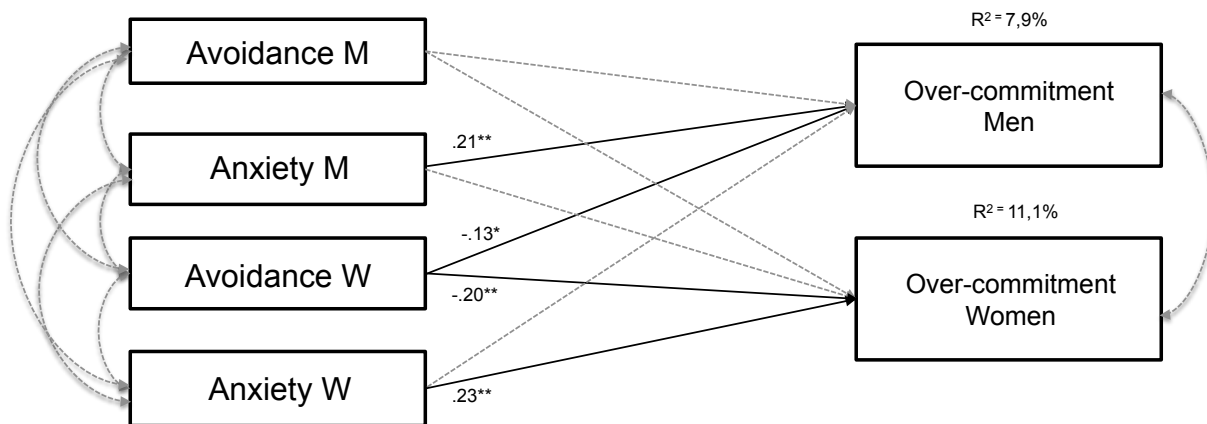
$\chi^2 (5, N = 154) = 7.860, p = .164$; CFI= .956; SRMR= .043; RMSEA = .061, 90% CI [.000, .138]

Figure 1b. Path analyses showing attachment-based couple pairings predicting optimal commitment to the romantic relationship ($N = 154$ couples). Dashed lines represent nonsignificant paths. M =Men; W =Women. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.



$\chi^2(6, N=154) = 12.840, p = .046; CFI = .952; SRMR = .053; RMSEA = .086, 90\% CI [.011, .152]$

Figure 2. Path analyses showing attachment insecurities predicting under-commitment to the romantic relationship ($N = 154$ couples). Dashed lines represent nonsignificant paths. M =Men; W =Women. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.



$\chi^2(0, N=154) = 0.000; CFI = 1.000; SRMR = 0; RMSEA = .112, 90\% CI [.074, .151]$

Figure 3. Path analyses showing attachment insecurities predicting over-commitment to the romantic relationship ($N = 154$ couples). Dashed lines represent nonsignificant paths. M =Men; W =Women. * $p < 0.05$; ** $p < 0.01$.

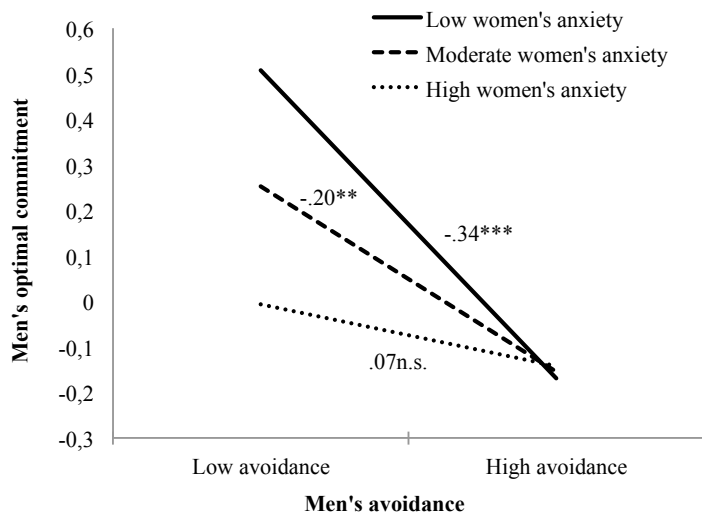


Figure 4a. Moderation effect where the combination of men's avoidance and women's anxiety significantly predicted men's own optimal commitment. Men's avoidance was negatively related to their optimal commitment when their partners reported low or moderate levels of attachment-related anxiety, but not when they reported high levels of anxiety ($N= 154$ couples). M =Men; W =Women. ** $p < 0.01$; *** $p < 0.001$.

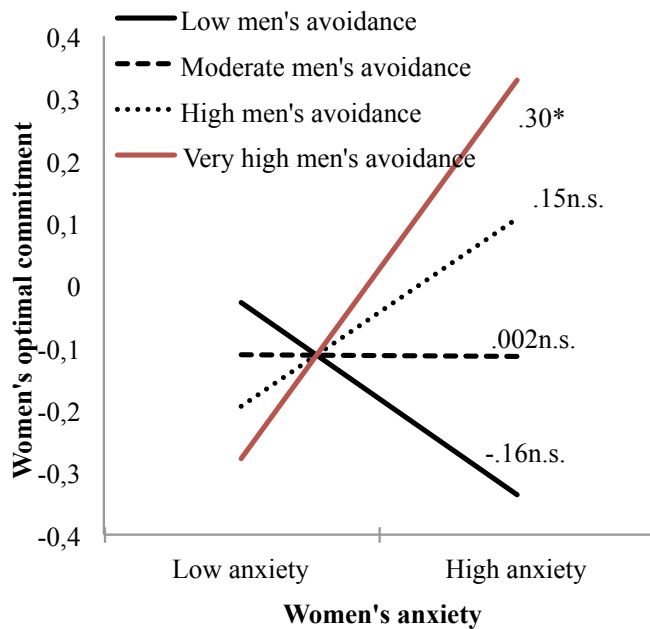


Figure 4b. Moderation effect where the combination of women's anxiety and men's avoidance significantly predicted women's own optimal commitment. Women's attachment-related anxiety was positively related to their optimal commitment when their partners were very high on avoidance but not when they were low, medium or high ($N= 154$ couples). M =Men; W =Women. * $p < 0.05$.

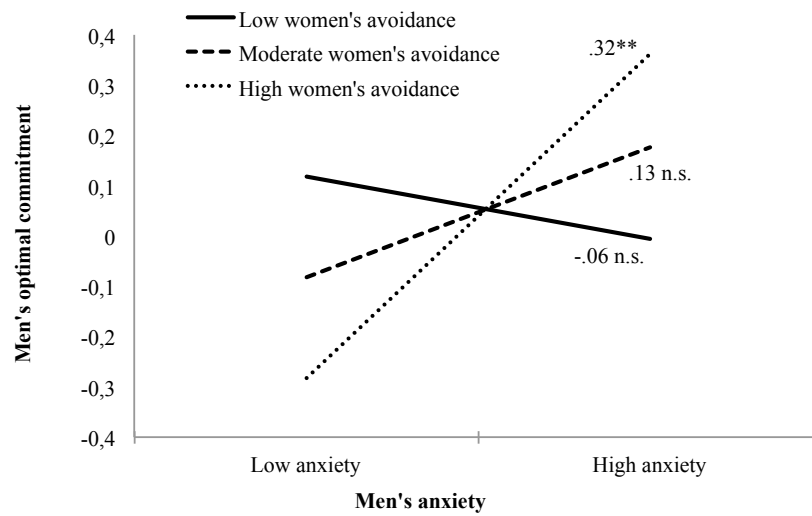


Figure 4c. Moderation effect where the combination of men's anxiety and women's avoidance predicted men's optimal commitment. Men's anxiety was positively related to their own optimal commitment when their partners were high on avoidance but not when their avoidance was low or medium. ($N= 154$ couples). M =Men; W =Women. ** $p < 0.01$.