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

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The present study examined whether romantic disengagement decreases over the course of couple 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 couple therapy in a private psychotherapy clinic, and 11 therapists using primarily Emotionally Focused Therapy and Integrative Behavioral Couple Therapy modalities. 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 ANCOVA 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. 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.

Keywords: attachment, romantic disengagement, couple therapy, relationship satisfaction, depression

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Low levels of affection between partners ranks among the most common difficulties presented by couples seeking couple therapy (Boisvert et al., 2011; Doss et al., 2004) and is the most frequent motive for divorce (Strizzi et al., 2020). Couple therapists also rate this problem among the most difficult to treat, and accordingly, it is associated with poor therapy outcomes (Hahlweg et al., 1984; Whisman et al., 1997). The construct of romantic disengagement captures the emotional indifference as well as the behavioral and cognitive distancing strategies commonly observed among partners with low affection and loss of love (Barry et al., 2008). 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 (Abbasi et al., 2018; Barry et al., 2008; Kayser & Rao, 2006; Robinson et al., 2006). 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). Moreover, no studies have investigated predictors of change in disengagement among couples experiencing significant relationship problems, nor looked at whether therapy can decrease partners' disengagement when they are seeking couple therapy. These limitations leave clinicians in the dark as to whether couple therapy is effective at getting couples to emotionally re-engage and if so, for whom treatment is most effective. To address these gaps in the literature, this study (a) examined whether romantic disengagement decreases over the course of couple therapy. In other words, a decrease in romantic disengagement would suggest an increase in partners' romantic engagement for one another throughout the course of couple therapy. The study also explored (b) whether attachment insecurities are associated with partners' levels of romantic disengagement after 15 weeks in couple therapy.

Couple Therapy for Improving Romantic Disengagement

Randomized controlled trials (RCTs) have consistently shown that couple therapy improves relationship outcomes and reduces relationship distress across different therapeutic approaches and yields medium effect sizes across studies (Halford & Snyder, 2012; Shadish & Baldwin, 2003, 2005). However, it is unclear whether therapeutic changes in disengagement observed during couple therapy would be comparable to those found with relationship distress. Relationship distress and romantic disengagement, albeit related, are conceptually 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 a loving feeling for one another. To our knowledge, only one study has assessed changes in romantic disengagement over the course of psychotherapy. Aghdam (2017) found that women who underwent eight individual cognitive–behavioral therapy intervention sessions reported less romantic disengagement than those who did not, suggesting that individual therapy may help revive feelings toward 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 the intervention.

As it stands, we do not know whether couple therapy can help reduce romantic disengagement. Given the frequency of disengagement in couples seeking therapy (Boisvert et al., 2011; Doss et al., 2004; Wishman et al., 1997), it is clinically important to examine whether couple therapy can effectively decrease disengagement. Such information can guide therapists with regard to establishing therapeutic goals and determining appropriate interventions. Moreover, it can help therapists decide whether relationship therapy is even recommended when one or both partners report being highly disengaged.

Attachment Insecurities and Romantic Disengagement

Attachment theory is now recognized as one of the main frameworks for understanding romantic relationships (Mikulincer & Shaver, 2016). Early attachment experiences with caregivers generalize and crystalize throughout adolescence and adulthood to form internal working models of the self and others (Bowlby, 1979). Hazan and Shaver (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.

Attachment insecurity in adulthood can be conceptualized using two orthogonal dimensions, namely attachment-related anxiety and avoidance (Brennan et al., 1998). These dimensions capture sensitivity to rejection and abandonment (i.e., a negative model of self), and discomfort and aversion of closeness and intimacy (i.e., a 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.

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 insecurity was found to be associated with higher romantic disengagement. In a clinical sample of relationally distressed couples, Callaci et al. (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 toward maintaining their relationship (Pistole et al., 1995; Simpson, 1990) and are most likely to use distancing strategies to reduce distress and vulnerability when experiencing relationship difficulties (Collins & Gillath, 2012). It is worth noting that although attachment avoidance and romantic disengagement may seem to be very similar constructs, they are theoretically and empirically distinct. Theoretically speaking, attachment avoidance can be understood as a construct that predominantly stems from a buildup of life experiences and depicts an individual's negative working model of others, whereby they might have a predisposition to romantically disengage given their self-reliance and tendency to withdraw. In contrast, romantic disengagement is a process whereby an accumulation of relationship stressors can contribute to an individual withdrawing from their partner as they become increasingly indifferent. Empirically speaking, the two constructs have been found to be moderately correlated (Barry et al., 2008; Callaci et al., 2020). Thus, although the two constructs are associated with one another they remain distinct.

Research has also shown that attachment insecurities are not only associated with an individual's own relationship functioning, but also their partner's (e.g., Givertz et al., 2013). In their dyadic study, Callaci et al. (2020) 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, and aggressiveness; Mikulincer and Shaver, 2016) may increase their partner's likelihood to withdraw from the relationship and disengage. This would be consistent with the demand–withdraw communication pattern whereby one individual makes demands toward their partner as an attempt to express their needs, whereas their partner responds by withdrawing. However, withdrawing and avoiding their partner's needs evokes more demands, resulting in a reciprocally destructive relationship dynamic (Christensen & Heavey, 1990). Family systems theory perspectives have also pointed to similar pursuer–distancer interactions that occur when an individual's emotional and dependency needs are not met by their partner (Fisher & Crandall, 1997; Rothbaum et al., 2002). Couples in which one partner is high on attachment-related anxiety and the other is high on avoidance have been found to display such destructive demand–withdrawal communication pattern (Millwood & Waltz, 2008) and report greater relationship dissatisfaction (Kirkpatrick & Davis, 1994). These findings, thus, highlight the need to consider both partners' characteristics when investigating romantic disengagement as disengagement occurs within a relationship context.

Attachment Insecurities and Romantic Disengagement: Therapy Outcomes

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. A meta-analysis examining the associations between attachment and therapeutic outcomes in individual outpatient therapy showed that attachment security is associated with more positive therapy outcomes, whereas attachment insecurities are associated with more negative treatment outcomes (Levy et al., 2011). 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 et al., 2015; Mikail et al., 1994).

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 improvements in couple therapy (Levy et al., 2011). However, attachment insecurities, particularly attachment anxiety, may not always hinder therapeutic progress. For instance, Johnson and Talitman (1997) found that preoccupied men (i.e., high attachment-related anxiety) improved the most in relationship satisfaction following emotionally focused couple therapy (EFT). Dalgleish et al. (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 fear of losing their partner and the need for intimacy that are characteristic of attachment-related anxiety make these individuals more likely to commit to their partner and persist in unfulfilling relationships (Davila & Bradbury, 2001; Etcheverry et al., 2013). Additionally, individuals with higher attachment-related anxiety are more likely to seek therapy (Vogel et al., 2005), thus potentially aiding therapeutic efforts aimed toward re-engagement. However, given contradictory findings, it remains unclear whether attachment-related anxiety aids or hinders progress in couple therapy.

Couple Therapy Conducted in Routine Practice

Most studies on couple therapy have been conducted using RCTs. The controlled laboratory setting of these studies, however, may not adequately represent the clinical effectiveness of treatment in a natural clinical practice (Christensen et al., 2005; Halford et al., 2016; Shadish & Baldwin, 2005; Wright et al., 2007). For instance, given the strict and predefined inclusion and exclusion criteria of RCTs, it is likely that couples with high levels of disengagement would either be excluded or self-select out from such studies, as these studies normally require participants to commit to predefined interventions with detailed objectives and treatment duration. Clinical effectiveness studies conducted in natural therapy settings address these concerns, that is, 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 and disengagement (Halford et al., 2016). A handful of studies have supported the effectiveness of couple therapy as delivered in routine practice for improving relationship satisfaction. In these studies, the changes were notable despite less structured therapeutic interventions and with as little as five to nine intervention sessions (Doss et al., 2004; Lundbald & Hansson, 2006), although effect sizes are smaller than those reported in RCTs (for a review, see Halford et al., 2016). As such, the current study employed a naturalistic setting to assess changes in disengagement over the course of couple therapy in routine practice.

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, hence suggesting an increase in partners' engagement for one another during treatment. We also explored 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 the community and clinical samples found that they were associated with disengagement in men and women (Barry et al., 2008; Callaci et al., 2020). Additionally, affective disorders and greater relationship distress have been found to predict poor response to couple therapy (Snyder et al., 2006; Snyder & Whisman, 2004).

Method

Participants and Procedure

The present study was embedded in a larger ongoing longitudinal study assessing the effectiveness of couple therapy in routine practice, i.e., 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 a 15-week follow-up).

A total of nine licensed psychologists and two clinical psychology predoctoral interns provided couple therapy in the community-based fee-for-service practice where this research was conducted. All clinicians identified as Caucasian. Eight of the clinicians were female and three were male. Clinicians reported a mean age of 53 years (ranges 31–69, $SD = 14$) and a mean of 27 years of psychotherapy experience (ranges 0–47, $SD = 15$). Their primary theoretical allegiance included Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1996) and EFT (Johnson, 2004). IBCT places emphasis on fostering acceptance of behaviors and problems that cannot be changed, improving communication between partners, and modifying negative behavioral exchanges (Jacobson & Christensen, 1996), whereas EFT focuses on modifying dysfunctional attachment-based dynamics and fostering the creation more secure attachment bonds between partners (Johnson, 2004). 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). The graduate trainees worked under the supervision of two senior clinicians. Most therapy sessions were offered in French, although a small minority received services in English (~10%).

All couples seeking couple therapy at this community 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 emailed 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 min 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 Université de Montréal.

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 and suicide), the research team sent a link for the follow-up questionnaires by email to both partners. A minimum of four intervention sessions was chosen based on research showing that change occurs within the first four to eight sessions of couple therapy (Knobloch-Fedders et al., 2015; Pepping et al., 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 (RDS). Hence, separated couples were not included in this study. The follow-up questionnaires took approximately 15 min 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 mixed-sex 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. Couples who did not meet the required number or sessions or for whom sending questionnaires posed a clinical risk continued to receive treatment from their clinician, despite being excluded from the research protocol. 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 they had a child, therapeutic mandates, or romantic disengagement, relationship satisfaction, and attachment at intake.

The final study sample, therefore, included 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 (ranges 27–73, $SD = 10$) and women reported a mean age of 43 years (ranges 25–70, $SD = 9$). 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 4 years ($SD = 6$ years; ranging from less than 1 month to 40 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 the women earning CAN $60,000 or more.

Measures

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

Demographic Information

Sociodemographic data were collected at intake regarding both individual (e.g., age, education, and income) as well as relationship descriptive data (e.g., duration, status, cohabitation, and 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 (e.g., "I worry about being abandoned") and avoidance (e.g., "I don't feel comfortable opening up to romantic partners") over two six-item subscales. Items are scored on a 7-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, with good stability for both the anxiety ($r = .80$–$.82$ for men; $r = .67$–$.81$ for women) and the avoidance dimensions ($r = .65$–$.70$ for men; $r = .53$–$.67$ for women) over a 1-year period (Lafontaine et al., 2016). In the current study, internal consistency was high for both the anxiety ($\alpha = .82$ for men; $\alpha = .84$ for women) and the avoidance dimensions ($\alpha = .84$ for men; $\alpha = .87$ for women).

Romantic Disengagement

At intake and the 15-week follow-up, participants completed an 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 (e.g., "I didn't feel much of anything"), cognitive distancing (e.g., "I didn't focus a great deal of attention on him/her"), and behavioral distancing (e.g., "I spoke less than I normally would"). 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 18–90). 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). A 3-month retest conducted on a community sample of couples in committed relationships (from a different study in our lab) yielded moderate test–retest correlations for men (.53) and women (.56).

Depression

The Psychiatric Symptom Index (PSI; Ilfeld, 1976) was used to assess depression symptoms. The depression subscale consists of 10 items (e.g., "Feel low in energy or slowed down"; Feel hopeless about the future"; "Feel downhearted or blue"), scored on a 4-point scale from 0 = *not at all* to 3 = *very often*. 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, 1976). 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 6- or 7-point scales (e.g., "Do you confide in your mate?" "How often do you and your partner quarrel?"). Total scores ranging from 0 to 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, with an 11-week test–retest reliability of .96 and is able to accurately distinguish distressed couples (Spanier, 1976). Internal consistency in the current study was excellent (α = .90 for men and .91 for women).

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 the relationship, length of relationship difficulties, whether they had children, income, level of education, marital status, and whether they were ever separated in the past. The therapeutic mandate (i.e., reconciliation, ambivalence, crisis intervention, and separation) was also considered as a potential covariate, as partners with more ambivalence may be more difficult to help improve disengagement. Moreover, therapists' sex, age, and years of experience were assessed to determine whether they were associated with romantic disengagement at follow-up. With the exception of depression and relationship satisfaction, all other variables were weakly ($r < .30$) or nonsignificantly 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 (five data sets), allowing us to include couples for which data were missing at follow-up. Analyses were conducted to compare couples who completed the follow-up questionnaires (N = 129) and couples for which data were missing for one or both partners (N = 34). No significant differences were found on sociodemographic, attachment, or disengagement variables at intake. To assess whether couple therapy significantly reduced disengagement after 15 weeks in therapy, we ran a (2) × (2) repeated-measure ANCOVA, with gender and time (intake and follow-up) as repeated measures while controlling for depression and relationship satisfaction. Participants reported a significant decrease in romantic disengagement from the intake (M_{adj} = 54.35, SE = 1.30) to the 15-week follow-up (M_{adj} = 43.98, SE = 1.30), with a large effect size, $F(1, 158) = 27.24–31.56$, $p < .001$, $\eta_p^2 = .149–.167$. There was a significant

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.
* $p < .05$. ** $p < .01$.

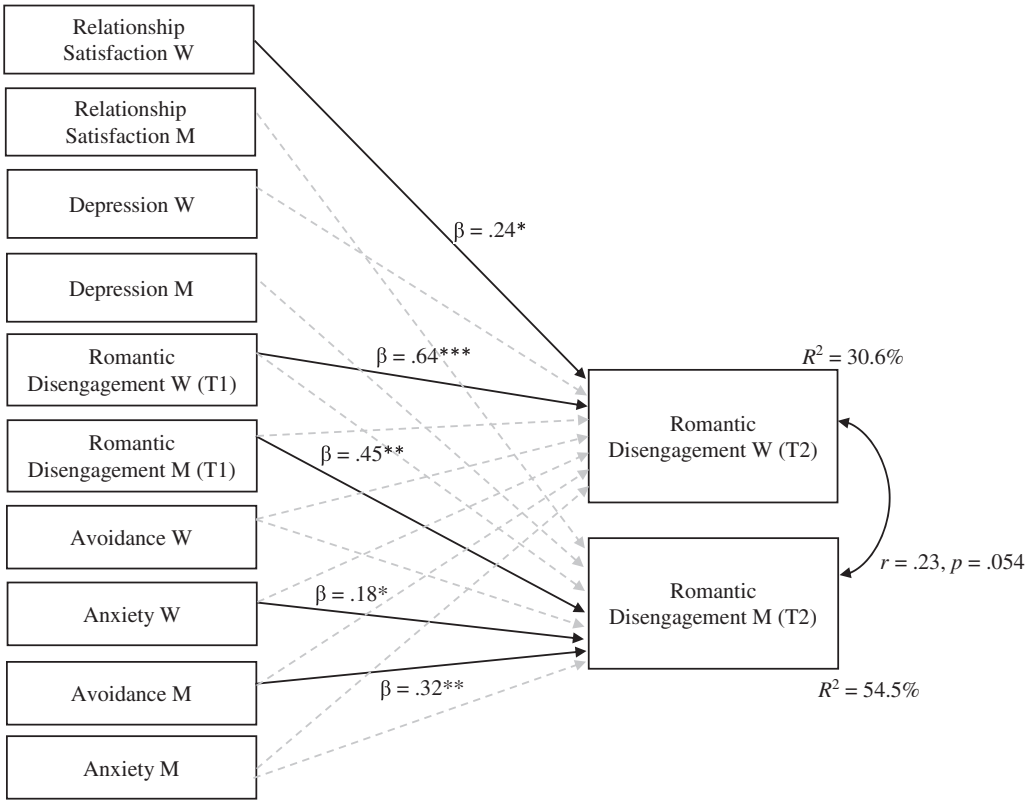
main effect of gender, $F(1, 158) = 6.784–9.124$, $p < .05$, $\eta_p^2 = .041–.055$ (small effect size), with men ($M_{adj} = 49.74$, $SE = 1.42$) reporting more disengagement than women ($M_{adj} = 48.60$, $SE = 1.37$) on average, but there was no significant Gender × Time effect.

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 et al., 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 were missing at follow-up. Based on recommended guidelines (Kline, 2015), the model fit was judged adequate given: a nonsignificant 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 a 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

Figure 1

Path Analyses Showing Romantic Attachment Predicting Romantic Disengagement After 15 Weeks in Therapy (N = 163 couples)



Note. All possible direct paths between attachment variables and disengagement were tested. Only significant standardized path coefficients are shown. Solid lines indicate statistically significant effects, whereas dotted lines depict non statistically significant effects. 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.
*$p < .05$. **$p < .01$. ***$p < .001$.

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

Romantic disengagement is a frequently reported difficulty by couples who seek therapy (Boisvert et al., 2011; Whisman et al., 1997), but

research examining disengagement in the context of couple therapy is very limited. 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 couple therapists perceive romantic disengagement among the most difficult problems to treat (Hahlweg et al., 1984; Whisman et al., 1997), our findings suggest that significant decreases in disengagement can be achieved in relatively few intervention sessions (4–10 intervention sessions) and this effect was large, explaining about 15% of the variance. This is comparable with effect sizes of studies examining the effectiveness of couple therapy on relationship satisfaction in naturalistic settings (Halford et al., 2016) and corroborates results from previous studies showing that therapeutic progress in couple therapy would occur within four to eight sessions (Knobloch-Fedders et al., 2015; Pepping et al., 2015). Hence, perhaps knowing that therapeutic efforts may positively impact disengagement will increase clinicians' confidence in treating these couples and thus reduce their perceived level of difficulty in treating disengaged partners. Future research examining changes in disengagement at the end of therapy will help confirm the effectiveness of couple therapy for addressing this clinical issue.

Predictors of Change in One's Own Romantic Disengagement

Confirming our initial prediction, attachment-related avoidance was associated with men's higher romantic disengagement after 15 weeks in therapy. This finding corroborates the results of studies showing modest treatment effects in insecurely attached individuals (Johnson et al., 2015; Mikail et al., 1994) and increased negative treatment outcomes in avoidantly attached individuals (e.g., Levy et al., 2011). Avoidant men may be reluctant to come to therapy and may have agreed to it in order to avoid additional conflict or separation. These men may also have more difficulty forming a trusting alliance with the therapist and managing the intensity of the painful emotions that are evoked in the context of couple therapy (Mikulincer et al., 2013). That is, feelings of discomfort and inadequacy during sessions may activate their attachment system and create marked distress because these men normally rely on deactivating strategies such as denying or minimizing emotional vulnerability and maximizing self-reliance (Mikulincer & Shaver, 2016). All these elements could explain avoidant men's increased levels of disengagement in the first 15 weeks of therapy. It is also possible that the behaviors associated with disengagement (e.g., pretending to agree with a partner, not wanting to spend time with a partner, and not wanting to be touched) are more characteristic of these individuals' general functioning and thus more difficult to change. Given that most couples who completed the follow-up questionnaires were still undergoing therapy, getting individuals high in attachment-related avoidance to re-engage may require more therapy sessions than the 4–10 intervention sessions they received in the present study.

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 et al. (2002). These authors found that 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 and 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. Because avoidance is more typical of the masculine gender role and expectations (Lindley & Schwartz, 2006; Mahalik et al., 2001), it is possible that avoidance behaviors and disengagement may be more difficult to alter among men than women. Previous research has nonetheless found that attachment-related avoidance and avoidance behaviors decrease over the course of couple therapy (Burgess-Moser et al., 2016), suggesting that changes in disengagement are not unlikely over the course of couple therapy, even in highly avoidant individuals.

Attachment-related anxiety was not significantly associated with one's own romantic disengagement at follow-up, when relationship satisfaction, depression, and disengagement at intake were controlled for. This finding

contradicts the results of other studies that have found attachment anxiety to either improve or hinder progress in couple therapy (e.g., Dalgleish et al., 2015; Levy et al., 2011). Couples in this study reported an average of 4 years of relationship difficulties before having sought professional help. After prolonged efforts toward repairing a dysfunctional relationship to no avail, it is possible that anxious individuals might require more than 15 weeks of therapy before seeing an effect on their disengagement level. Alternatively, contrary to past studies that have assessed improvements in relationship satisfaction, psychological symptoms, and ability for problem-solving (Dalgleish et al., 2015; Johnson & Talitman, 1997), 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). Additional research may help identify potential moderators of the association between attachment-related anxiety and change in disengagement over the course of couple therapy, delineating under which circumstances are anxious individuals more or less likely to re-engage.

Beyond attachment insecurities, our findings suggest that other factors may need to be considered to understand changes in romantic disengagement during couple therapy. For instance, among women, a higher baseline level of relationship satisfaction was associated with an increase in their level of disengagement at a 15-week follow-up. Although initially surprising, given that relationship satisfaction and 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 onset of 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. Women who reported lower levels of relationship distress may be the most disillusioned about the extent of work required for effecting change in the relationship. In the context of couple therapy, they may be confronted to conceptualizing their relationship difficulties within a couple framework and thus integrate some responsibility for their contributions to the relationship problems. Supporting this finding, Castonguay (2000) stated that focusing on increasing awareness of the client's contributions to interpersonal difficulties may temporarily increase distress, but the increased distress has been shown to subside (Castonguay et al., 1998). Hence, additional research will be needed to map the trajectories of disengagement over the course of couple therapy, especially in women. Alternatively, this surprising finding may reflect the iatrogenic effects of treatment on romantic disengagement. In other words, given how clinicians seem to report romantic disengagement as a particularly difficult problem to treat, it is a possibility that the clinician's interventions may be ineffective or even harmful to relationship engagement over the course of treatment (e.g., taking sides, getting stuck with the couple in their pattern, reducing expectations for romance, etc.), which could explain an increase in women's level of disengagement during the first 15 weeks of therapy. Further research is needed to help provide a clearer understanding of client versus therapists' effects that could explain fluctuations in disengagement over the course of therapy.

Although depression was previously found to be associated with one's own greater romantic disengagement prior to beginning therapy (Callaci et al., 2020), depression symptoms did not predict a change in romantic disengagement during therapy. This result is consistent with findings from Doss et al. (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 suggest that an individual's attachment insecurities may also affect their partner's progress in therapy. We found that greater attachment-related anxiety in women was associated with greater romantic disengagement in men following 15 weeks in therapy. In their cross-sectional study, Callaci et al. (2020) also found that partners of individuals high on anxiety reported greater romantic disengagement. Our results extend these findings and suggest that women's 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 line with Mikulincer and Shaver's (2016) review of attachment-related partner effects on relationship outcomes, our finding provides additional support for the link between opposing partner attachment styles and the disengagement role in previously identified interactional patterns. That is, romantic disengagement aligns closely with the role of the distancing partner in interactional patterns such as demand–withdraw, blamer-withdrawer, and pursuer–distancer (Christensen & Heavey, 1990; Gottman, 1999; Johnson, 2004; Rothbaum et al., 2002) and these patterns have been associated with attachment strategies (Domingue & Mollen, 2009; Fournier et al., 2011; Riggs et al., 2019). These patterns, therefore, aid our understanding of how attachment insecurities may lead to greater disengagement and increased difficulty in treating disengagement. In particular, Gottman (1993) highlights that failing relationships whereby partners have undergone stages of criticism, contempt, defensiveness, and stonewalling, accompanied by failed attempts at repairing the relationship, are likely to end up in the distance and isolation cascade, which is a decent toward romantic disengagement, and predict dissolution. An important component in the cascade is flooding—whereby one partner's negative emotions are intense, overwhelming and disorganizing—and which resembles the characteristic behaviors of an activated attachment anxiety pattern. Such overbearing behaviors were found to lead the other partner to withdraw and pull away from the relationship. Gottman (1993) reports gender differences in flooding whereby men would be more sensitive to flooding than women, in that criticism received by their female partner would be more likely to result in withdrawal behaviors in men. It may very well be that for men to improve in therapy, an emphasis needs to be placed on each partners' contribution to the relationship dynamic and efforts made to work on reducing demandingness and criticism behaviors in anxious women while helping men tolerate distress without resorting to withdrawal. These hypotheses about possible mediators in the association between attachment-related anxiety and the partner's level of disengagement over the course of couple therapy will nonetheless need to be tested in future research.

Interestingly, this association between attachment-related anxiety and the partner's romantic disengagement was only significant for men. 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 also possible that for women to re-engage, they need to see their partner commit to more than 15 weeks in therapy. Women's disengagement may be 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. This would be congruent with the results of a previous study showing that women's confidence that their partner cared for and were committed to them predicted higher levels of relationship satisfaction at the end of EFT (Johnson & Talitman, 1997). 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

This study presents limitations that should be noted. First, the majority of couples had not terminated therapy at the 15-week follow-up assessment, which may have limited our ability to observe further change in some individuals. Future research should examine whether disengagement can be reduced further at the end of therapy and whether improvements are real and sustained or a by-factor of beginning a therapeutic process. Doing so will provide stronger support for the effectiveness of couple-based interventions for targeting disengagement. Moreover, although the study measured disengagement at two time points, the design remained correlational in nature and caution is warranted when

interpreting results as causality cannot be inferred. The association between attachment and disengagement may also be bidirectional, especially for partner effects—that is, it is possible that disengagement in one individual creates attachment insecurity in their partner who might fear abandonment from their distant partner. Future research will be needed to delineate how disengagement and attachment evolve over time in couples. Second, because the study did not include a control group, we cannot ascertain that the findings were attributable to therapy and not simply due to time elapsed between the two assessment time points. Nonetheless, it is worth noting that couples experiencing relationship distress do not tend to improve on their own over time (Baucom et al., 2003) and that couple therapy is more effective at reducing distress than control groups without therapeutic intervention (Lebow et al., 2012). Third, it was not possible to directly compare therapeutic approaches in the current study design as therapists were not strictly adhering to IBCT or EFT. Nevertheless, efficacy studies comparing therapeutic approaches have consistently shown that couple therapy is effective in improving relationship distress, with no statistical differences between empirically validated approaches (Snyder et al., 2006). Finally, the range of disengagement in our sample may have been limited because couples in which both partners are highly disengaged may be considerably less likely to seek couple therapy. Moreover, the sample was highly educated and included mixed-sex couples only. Given the focus on binary gender, and the emphasis placed on gender differences with regards to treatment for disengagement, our results are limited to mixed-sex couples thereby making it difficult to draw on our results to understand alternative relationship dynamics. Future studies should consider assessing couples with alternate socioeconomic and cultural backgrounds, as well as sexual minority couples or gender nonconforming individuals to determine whether differences are truly based on gender and whether other differentiating variables can better explain the differences between partners.

Clinical Implications

This study highlights clinical implications for couple therapists. First, the results suggest that couple therapy may be effective for reducing disengagement in partners. This knowledge should be comforting to couple therapists and perhaps help mitigate their perception that disengagement is difficult to address in distressed couples. Our findings also underline the importance of assessing attachment insecurities in couples entering therapy as partners' attachment representations may affect the extent to which therapists can help them, particularly men, reengage through therapy. Knowledge of both partners' attachment representations may guide interventions aimed at increasing partners' comprehension of each other's attachment needs and their impact on their relationship dynamic. For example, therapists may wish to direct interventions toward modifying the behaviors of anxiously attached women, by exploring their primary emotions, allowing their male partner to gain access to the pain and vulnerability, as well as the attachment needs to be hidden beneath the criticism and demandingness (Johnson et al., 1999). Doing so may allow men to better understand their anxious partner's needs and help him empathize with her pain, and thus reduce his tendency to withdraw and disengage from the relationship. For women, our results also indicate that interventions targeting attachment insecurities might be less helpful with re-engagement, at least within the first 15 weeks of therapy. 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 problems. Thus, clinicians may wish to assess relationship satisfaction among female partners prior to beginning therapy and monitor changes in satisfaction during therapy as those with greater satisfaction at the start may be more susceptible to disengagement in the initial stages of therapy.

Conclusion

The current study assessed romantic disengagement among distressed couples seeking couple therapy in a naturalistic setting and examined whether attachment insecurities predicted romantic disengagement following 15 weeks of couple therapy. The results suggest that disengagement improves 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 use of a more integrative theoretical framework in future studies would allow for a more global understanding of how personal, relational, and contextual factors come together to impact romantic disengagement in couples seeking therapy. More research is needed to identify additional factors, especially those that may be more promising for helping women presenting with romantic disengagement.

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