

# Attachment processes in couples therapy: Informing behavioral models

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## Abstract

The goal of this chapter was to discuss why attachment processes can be an important focus in couples treatment and to describe the role of attachment processes in romantic relationships. Because a behavioral approach to treatment has been the most dominant of the empirically supported treatments, this chapter was written with more behaviorally oriented practitioners in mind and pays particular attention to what an attachment perspective has to offer to them. The chapter describes three ways in which attachment theory can inform behaviorally oriented models of relationships and couples therapy. It is suggested that an attachment perspective can shed light on why problems emerge in relationships, on why people behave the way they do in relationships, and on who is at most risk for relationship problems. Suggestions for intervention are discussed.

As has been noted in numerous places in this volume, attachment theory has become a prominent theory for understanding functioning in adult romantic relationships. Since the publication of Hazan and Shaver's (1987) seminal paper describing the application of attachment theory to adult romantic relationships, research demonstrating how attachment security affects relationships has burgeoned. However, relatively little of that research has been disseminated to practitioners working with couples or applied systematically to interventions for distressed couples (see Johnson, Hunsley, Greenberg, & Schindler, 1999; Johnson & Whiffen, 1999; Johnson, this volume, for notable exceptions). The goal of this chapter is to discuss why attachment processes can be an important focus in couples treatment and to describe the role of attachment

processes in romantic relationships, with an eye towards highlighting those processes that practitioners may want to be alert to in the couples they treat.

As many readers of this book will know, there is an empirically supported couples treatment, emotionally focused couples therapy (Greenberg & Johnson, 1988; Johnson, this volume), that uses an attachment framework to understand and treat relationship dysfunction. However, no other couples treatment, for which empirical support exists, has integrated an attachment focus, and this is particularly true for behaviorally based treatments (e.g., behavioral couples therapy; BCT; Jacobson & Holtzworth-Munroe, 1986). Therefore, this chapter was written with more behaviorally oriented practitioners in mind and will pay

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particular attention to what an attachment perspective has to offer to them (see also, Lawrence, Eldridge, and Christensen, 1998). Before getting to these issues, however, a brief discussion of the history of the emergence of the behavioral and attachment perspectives is provided.

### **Emergence of the Behavioral and Attachment Perspectives**

In the 1960s, academic psychology was moving away from intrapsychic explanations for behavior (e.g., psychodynamic explanations) to explanations that focused on environmental causes and consequences (e.g., behaviorism). In line with this, by the 1970s academic clinical psychologists interested in couple functioning and treatment began to focus on aspects of the interactions between partners rather than on partners' individual qualities. Early research on marital functioning and outcome had focused on spouses' individual differences and had suggested that spouses' personality styles were associated with the quality and outcome of their marriage (e.g., Barry, 1970; Terman & Bittenwieser, 1935; Zaleski & Galkowska; 1978). However, in the 1970's a number of prominent marital researchers (e.g., Gottman, 1979) strongly suggested that individual spousal personality styles were not important in the study of marriage. Rather, interpersonal variables, that is, variables that captured the observable behaviors exchanged by couple members, could tell us all that we needed to know about marriage. This was a very valid claim in that marriage, and relationships more broadly, are by definition interpersonal endeavors. Hence, this point of view suggested that something unique emerges out of the interaction between two people, and it is this that should be the focus of attention rather than either spouse's individual qualities.

Although this interpersonal perspective made an extremely important point, it resulted in a number of generations of researchers and practitioners who largely ignored individual difference variables. During this time, research progressed in a fairly atheoretical way and focused largely on describing marital interactions, particularly conflict behaviors, and their effect on marital satisfaction and stability. Indeed, evidence that negative behaviors exchanged by spouses were damaging to the marriage began to accumulate (e.g., Gottman, Markman, & Notarius, 1977; Margolin, 1981; Margolin & Wampold, 1980), and

support grew for a behavioral, or social-learning model of marital dysfunction. Based on principles of reinforcement, this perspective conceptualized marital distress as a function of the ratio of rewarding versus punishing behaviors exchanged by spouses.

Behavioral couple therapy grew out of this social-learning perspective. BCT was designed to teach couples more effective communication and problem-solving behaviors, so as to increase rewarding interactions and decrease punishing ones. Reasons for, or the meaning of ineffective behaviors, whether those reasons resided within spouses (i.e., individual differences) or within relational processes (e.g., fears or intimacy, rejection, etc.), were not examined. Treatment was largely skills based. Subsequent empirical research conducted on BCT supported its efficacy (see Hahlweg & Markman, 1988; Dunn & Scwebel, 1995), allowing BCT to become a prominent intervention for couples problems. Hence, the dominant model of relationships and intervention, at least among many academic clinical psychologists, became a behavioral one.

As the behavioral model became dominant among many academic clinical psychology relationship researchers, attachment models of interpersonal functioning were becoming prominent in very different circles. Attachment theory had been designed as a model of the development of personality, psychopathology, and interpersonal functioning with implications for functioning across the life span. Bowlby described the theory's application to normative and non-normative development and promoted its application to psychotherapy with adults (Bowlby 1969; 1973; 1980; 1988). However, attachment theory became recognized, largely by developmental psychologists, as a way to understand child development. Consequently, the implications of attachment theory for adult functioning took a backseat to those for child functioning for many years.

When researchers began examining the implications of attachment theory for adult interpersonal functioning, it was social psychologists that did so as they were attempting to understand adult love. Hence, it was primarily social psychologists, not clinical psychologists, who continued to theorize about and investigate the role of attachment security in interpersonal functioning. As such, attachment theory remained

outside the purview of those people most likely to study couple dysfunction and to develop interventions, despite the fact that there was clear evidence that adult insecurity was associated with relationship distress (e.g., Collins & Read, 1990; Davila, Karney, & Bradbury, 1997; Hazan & Shaver, 1987; Kobak & Hazan, 1991; Senchak & Leonard, 1992; Shaver & Hazan, 1993). Hence, behavioral and attachment models of relationships developed largely in isolation from one another. At present, however, limitations of the behavioral model and treatment are being recognized. It is the contention put forth in this chapter that attachment theory has much to offer in off-setting those limitations.

### **Utility of an Attachment Perspective in Couples Therapy**

There are at least three ways in which attachment theory can inform behaviorally oriented models of relationships and couples therapy. An attachment perspective can shed light on why problems emerge in relationships, on why people behave the way they do in relationships, and on who is at most risk for relationship problems.

#### *Why problems emerge in relationships*

Behavioral models have not focused on reasons why problems emerge in relationships. As noted earlier, the focus is on remediation of the maladaptive processes by which couples negotiate problems. This has been a generally successful approach, but as research has indicated, not all couples respond to it (see Christensen & Heavey, 1999). Christensen, Jacobson, & Babcock (1995) have suggested that the reason that BCT has not been more successful is because it can focus on derivative problems rather than on more major controlling problems that are responsible for relationship distress. They argue that many of the specific problems that couples present in therapy are derivative of more important underlying issues. For example, if a couple is arguing about negotiating household responsibilities, it may not really be household chores that are at issue, but something that they represent. Even if couples learn skills to manage the derivative problems (e.g., the couple begins to communicate about chores and develops an equitable system for accomplishing them), the underlying issues may still exist and undermine couples' use of, or success with the new skills. Hence, Christensen et al. (1995) suggest that a complete functional analysis be conducted with a

focus not only on specific, observable behaviors, but also on affect and on themes that emerge in couples' descriptions of their situation. It is in this pursuit that an attachment perspective may be particularly useful. Although it is always important to be mindful of each couple's idiosyncratic issues and not apply the same theme indiscriminately, attachment theory can provide a guide to common themes that may underlie relationship distress.

What are the themes that attachment theory would suggest underlie relationship distress? At the broadest level, attachment theory suggests that the goal of all attachment relationships is felt security. Hence, relationship distress may be a manifestation of a failure to feel secure in the relationship or a failure to feel that attachment needs are being met. Attachment needs in adult relationships are much the same as those in parent-child relationships. They include things such as wanting to know that the partner is loving, available, consistent, and supportive. Therefore, felt security has a number of components. It refers to a sense of trust and certainty with regard to the availability and responsiveness of the attachment figure, and it refers to a sense of self-worth in regard to the attachment figure – a sense that one will not be rejected or abandoned. As such, specific attachment-relevant themes typically relate to fears of being unloved or rejected by the partner, a desire for greater closeness or intimacy with the partner, and fears that the partner is not trustworthy or available to provide support when needed.

In order to be sure that attachment needs are being met adults will monitor their romantic partner's availability and ability to meet their needs, just as children do with their parents (e.g., Hazan & Shaver, 1994; Waters, 1997). Hence, during the course of a relationship, people will regularly monitor their partner's behavior. Should they perceive evidence of the partner's unavailability, lack of support, lack of love, or rejection this will lead to distress and the development of relationship problems.

Kobak, Ruckdeschel, and Hazan (1994) described this process nicely. They suggested that symptoms of marital distress are actually distorted attachment signals. When the attachment relationship is viewed as threatened (e.g., when spouses begin to view their partner as unavailable), normal negative emotions that signal the threat may get distorted and expressed in a manner that contributes to marital difficulties. For instance, a

woman who experiences her partner as distant may become upset and anxious and subsequently become more clingy or demanding of the partner's time. She may perceive everything the partner does as indicative of a lack of intimacy or a rejection. This may lead to arguments and/or increased negative affect, which she is unable to regulate in an adaptive fashion. This couple may then present to treatment with complaints that the wife is too dependent and demanding and the husband is too disengaged (similar to the common demand-withdraw communication pattern that frequently characterizes distressed marriages; e.g., Christensen & Heavey, 1990). The surface problem in this case may be one of communication difficulties. The underlying problem, however, is the threat to attachment security.

In some cases, the threat may be so intense as to be experienced as an attachment injury. Johnson, Maikinen, & Millikin (2001) define an attachment injury as an abandonment or betrayal of trust that maintains relationship distress because the injured spouse continues to view the partner as unreliable. Hence, the recurrent attachment fears may date back to a critical event from which the injured spouse never recovered. As Johnson et al. (2001) note, attachment injuries may be responsible for impasses that block relationship repair.

A large body of literature supports the notion that when felt security is compromised people experience and engage in various types of relationship-damaging (or at least distress-inducing) activities at the cognitive, affective, and behavioral level. For example, people who feel insecure in relation to their partner have more negative expectations about their partner, make less benign attributions for their partner's behavior, and generally view their partners more negatively (e.g., Cobb, Davila, & Bradbury, in press; Collins 1996; Murray, Holmes, & Griffin, 1996). People who feel insecure report more negative affect about their relationship and have difficulty regulating their emotions (e.g., Davila, Bradbury, & Fincham, 1998; Feeney, 1999). Furthermore, people who feel insecure behave in more negative ways with their partner. They display more negative communication behaviors, are worse at providing support to their partner, and are worse at eliciting and taking in support from their partner (e.g., Feeney, Noller, & Callan, 1994; Kobak & Hazan, 1991; Simpson, Rholes, & Nelligan, 1992). Thus, felt security underlies a host of factors that are

related to success in relationships, or the lack thereof. When consistent patterns of these thoughts, feelings, and behaviors are present in relationships, it may be useful to explore whether there are underlying attachment fears or injuries. Addressing the attachment fears (i.e., targeting the controlling problem) in addition to how they are manifested and how partners can behave differently may help partners to better meet one another's needs and remain satisfied.

#### *Why people behave the way they do in relationships*

Unlike the prior section, which focused on the origin of relationship problems, this section addresses specific behavior patterns in relationships. Before doing so, however, it is important to note that attachment theory is consistent with the idea that behavior patterns may represent an individual's chronic interpersonal style or a pattern of relating that emerges in specific relationships or, most likely, an interaction of the two. Attachment theory is often perceived as speaking only to persistent individual differences in functioning, but that is not the case. An attachment model of relationships accounts for attachment processes that reside within individuals and for those that emerge in close relationships. That is, attachment theory describes how individual characteristics may drive relationship functioning and also how relationship-specific attachment processes may drive functioning. Hence, attachment theory is not simply about individual differences and how they affect interpersonal functioning. It is also about interpersonal processes and behavior in relationships. This discussion of behavior will emphasize both processes.

First, most people do have characteristic interpersonal patterns that they may enact by default. Attachment theory would thus help us know what interpersonal responses to expect from people with different attachment styles (see also Johnson & Whiffen, 1999 for a discussion of this issue). Adult romantic attachment styles can be described as falling into three categories (secure, preoccupied, avoidant), much like the original parent-child attachment styles (Hazan & Shaver, 1987), or four-categories, which distinguish among two types of avoidance (fearful avoidance and dismissing avoidance; Bartholomew, 1990). The four categories will be described here as they allow for greater behavioral distinction. Moreover, most adult attachment researchers agree that adult

attachment security can be characterized according to placement along two dimensions: avoidance of intimacy and anxiety about abandonment (e.g., Brennan, Clark, & Shaver, 1998; Shaver & Hazan, 1993). These two dimensions underlie the styles described by the four-category model.

Secure people are characterized by low levels of avoidance of intimacy and low levels of anxiety about abandonment. In relationships, they are comfortable being close with partners and they engage in self-disclosure. They are likely to turn to partners in times of need, but can also manage stress and their emotions independently. They are available for their partners, can provide necessary support, and respond flexibly to relationship events. They view themselves and partners positively and feel worthy of love. Hence, they are likely to be open communicators and good problem-solvers. They are likely to make relatively benign attributions about partners, and they will be able to manage their experience and expression of affect with partners.

Preoccupied people are also characterized by low levels of avoidance of intimacy, but by high levels of anxiety about abandonment. They question whether they are worthy of love and are extremely worried about being rejected, but they are also extremely needy of and dependent on relationships. Hence, in relationships, they want to be extremely close, both physically and emotionally. They are extremely sensitive and expressive, and often seek reassurance about their partners' love and availability and their own self-worth. They provide a great deal of caregiving, sometimes to the point of excess, and they have the potential to be dominating. Hence, although they may be open communicators, they may be too much so (or not clear communicators), and their ability for adaptive problem solving may become clouded by intense emotion. Although they idealize partners, they may also be demanding and never feel that their needs are fully met.

Dismissing people are characterized by high levels of avoidance of intimacy and low levels of anxiety about abandonment. Unlike preoccupied people, dismissing people have a relatively low need for relationships, do not care much what others think of them, and are content being self-sufficient, often compulsively so. Hence in relationships, they show low levels of self-disclosure, emotional closeness, and physical affection. They do not turn to partners in times of

stress and often do not see the need to provide support or care to their partners. Although they may do so in tangible ways, they rarely do so in emotional ways. They tend to be poor communicators and problem solvers, preferring instead to manage things on their own or not at all. They are emotionally distant and defended in relationships, are likely to make negative attributions about partners given their general distrust of people, and can be critical and judgmental.

Finally, fearful people are characterized by high levels of avoidance of intimacy and high levels of anxiety about abandonment. Like preoccupied people, fearful people question whether they are worthy of love, are extremely worried about being rejected, and want close relationships. However, unlike preoccupied people, they manage their fears by avoiding intimacy in relationships. Fearful people will get into close relationships, but it often takes a very long time. Once in relationships, they may have difficulty being emotionally and physically close, may inhibit self-disclosure, and may hold in emotions. They may not turn to partners when upset or in need of support and they may fail to perceive or believe that partners care about them. They are likely to be very sensitive and vulnerable, and they tend to behave in a passive manner. Hence, they are not good communicators and problem-solvers, often sacrificing their own needs.

In sum, each attachment style is marked by characteristic ways of functioning that allow for the prediction of how people will behave in relationships, particularly under times of stress when attachment needs are most evident. Hence, awareness of people's attachment styles can help practitioners to understand, conceptualize, and predict relationship behavior and its causes.

However, above I have described the prototypical ways of functioning, and it is important to note that the large majority of people do not conform to these prototypes perfectly. In fact, most people possess aspects of more than one of the styles. Therefore, it is important to recognize that people may have more than one set of behavioral patterns in their repertoire.

In addition, some of these behavioral patterns may function as both strengths and weaknesses in differing circumstances. For example, the capacity for intense emotional closeness (a preoccupied

strategy) may be adaptive when it conveys to partners that they are desired and valued, but maladaptive when it conveys intrusiveness or becomes coercive. As another example, the capacity for dismissing needs and tolerating distance (a dismissing strategy) may be adaptive when it helps someone stay connected to a temporarily distant or busy spouse, but maladaptive when it conveys a lack of interest in or care for the partner. So it is also important to recognize that people who engage in insecure behavioral strategies are not necessarily living maladaptive lives or relationships.

Finally, attachment patterns are malleable. They can change (Davila, Burge, & Hammen, 1997; Davila, Karney, & Bradbury, 1999; Davila & Cobb, 2000; Baldwin & Fehr, 1995; Baldwin et al., 1996). Moreover, people can have different levels of security in different relationships (e.g., Baldwin et al., 1996; Bridges et al., 1988; Cook, 2000; LaGuardia, Ryan, Couchman, & Deci, 2000; Lamb, 1977; Main & Weston, 1981). These findings attest not only to the fact that attachment security is both a property of individuals and a property of relationships, but that people have the potential to become more secure in their relationships. Hence, therapy directed at increasing relationship security is not an unreasonable notion.

The prior discussion focused mainly on individual differences and how they may affect relational processes. Now let us turn to relational processes themselves. As noted earlier, attachment is very much about interpersonal behavior. Indeed, inherent in the theory is the notion that interactional behavior is powerful and formative, and that it directs the ongoing course of relationships. Hence, an attachment perspective is similar to a behavioral or social-learning perspective in that they both are interested in the interpersonal behavior in which partners engage with one another. However, the two theories have generally focused on different behaviors.

Attachment theory particularly draws attention to a set of behaviors that have not traditionally been the focus of behavioral models, but that have been shown to play an important role in relationship satisfaction and stability: social support behaviors (e.g., Pasch & Bradbury, 1998). Traditionally, behavioral models have focused on conflict, and the goal of treatment was its successful management. Attachment theory, as it is applied to adult relationships, instead puts a much greater emphasis on social support.

As noted earlier, security is maintained in relationships when partners perceive one another to be available when needed. Such issues of availability are directly linked to social support in relationships. According to attachment theorists, one of the most important sets of roles played by relationship partners is that of caregiver and careseeker (e.g., Bowlby, 1982; Waters, 1997). As careseekers, partners must signal their distress appropriately, convey their needs, connect with their partners, and feel soothed by partners' attempts at comfort. As caregivers, partners must be sensitive to partners' signals, be physically and psychologically available, and be accepting of their partners' needs. As noted earlier, people regularly monitor interactions with partners for evidence of whether partners are sensitive, available, accepting, and responsive. People then base their feelings about and behavior towards their partners on this information. Good careseeking and caregiving will foster security in relationships for a number of reasons. Good caregiving by partners will provide people with evidence of the availability of their partner. Good careseeking will allow people greater opportunity to get their needs met by their partner. Good careseeking may also reinforce security and further good caregiving behavior as caregivers feel appreciated and valued by partners. Hence, from an attachment perspective, the core of adaptive adult couple functioning lies in the ability of partners to seek and provide support and the quality of supportive interactions, rather than solely in the ability to manage conflict. The goal of successful relationships would thus be to meet one another's needs before conflict arises rather than simply to manage the conflict once it arises. Hence, strategies directed at helping couples become better caregivers and careseekers may be an important component of prevention and intervention programs (see also Cobb & Bradbury, this volume).

Social support is a relational process that exists in all relationships and must be negotiated regardless of spouses' individual characteristics. Of course, individual levels of security will bear upon peoples' capacity for caregiving and careseeking, but even people who are dispositionally secure may experience attachment fears in relationships, difficulty seeking support, and difficulty providing support depending on the circumstances. Hence, it is important to note that it is not only the insecure who must face the challenges of getting their attachment needs met and the challenges of meeting the needs of their partners. Secure people do as

well.

In this section I have attempted to do two things. First, to point out how maladaptive relationship behaviors may be understood from the perspective of individual attachment patterns. Second, to describe a set of relationship behaviors that attachment theory would suggest are at the heart of adaptive couple functioning. In doing so, I have attempted to make clear that attachment theory can speak both to the stable individual differences that people bring to relationships and to the interpersonal challenges that all couples face during the course of their relationship. Hence, attachment theory can help us to understand the types of maladaptive relationship behavior that may be most central to relationship distress and the reasons people engage in certain behaviors.

#### *Who is at most risk for relationship problems*

In many ways, the question of who is at risk for relationship problems is no different than either of the questions addressed previously. And at this point it should be clear and not surprising that people who are more insecure, or who become trapped in patterns of interactions in particular relationships that erode felt security, are at greater risk for relationship problems. However, the more pertinent questions may be who is in most need of intervention or preventative efforts and what do they need? These are questions that have rarely been addressed. Most treatments and prevention efforts were not designed with specific types of couples in mind. In fact, the most common behaviorally oriented marital distress prevention and intervention programs, such as the Prevention and Relationship Enhancement Program (PREP; see Floyd, Markman, Kelly, Blumberg, & Stanley, 1995) and behavioral or cognitive behavioral marital therapy (e.g., Baucom, Epstein, & Rankin, 1995; Jacobson & Holtzworth-Munroe, 1986) were not designed to address any unique risk factors. The failure of programs to take specific risk factors into account might even be responsible for the somewhat weak, although promising, effects shown to date in the prevention literature (see Bradbury, Cohan, & Karney, 1998) and the disappointing long-term results in the behavioral treatment literature (see Christensen & Heavey, 1999).

Therefore, an important goal for the future is to identify various types of at-risk couples who may be most in need of intervention, and attachment

theory may help to do so. As I have stressed throughout the chapter, there may be both individual difference (e.g., a partner who is dispositionally insecure) and relational risk factors (e.g., a couple that fails to support one another adequately) that deserve attention. An individual difference based attachment perspective on risk has been the focus of recent work that I have conducted with my colleague Thomas Bradbury. We have hypothesized that attachment insecurity binds spouses together in a chronically unhappy marriage (Davila & Bradbury, 2001). Specifically, we have suggested that insecurity decreases the likelihood that spouses will be happy in their marriage, while at the same time increasing the likelihood that unhappy spouses will stay married (see Kirkpatrick & Davis, 1994, for a similar argument pertaining to dating relationships). Therefore, insecure spouses may be particularly at-risk for chronically unhappy relationships.

We focused on a particular type of insecurity – concerns about abandonment and love-worthiness, which are at the core of a preoccupied attachment style. People who have such concerns tend to be characterized by a dependent manner of relating, low self-worth, and an excessive desire to gain others' approval (e.g., Bartholomew, 1990). They tend to be excessively focused on relationships and attachment-related information, high in proximity seeking, and constantly monitoring their attachment figure. They are frequently unhappy in their relationships, but they experience high levels of distress when relationships end and they do not like to be without relationships. Therefore, it follows that people with these characteristics are likely to attempt to maintain relationships at all costs, even if it means remaining in an unsatisfying one. Hence, people who are concerned about abandonment are likely to remain in relationships that are chronically unsatisfying. This is exactly what our research has shown.

We followed 172 newlywed couples over the first four years of marriage and found that concerns about abandonment were highest among those spouses who were married, but chronically unhappy, compared to those who were happily married and those who divorced. Importantly, this association was not explained by other factors that might account for staying in an unhappy marriage (e.g., holding attitudes against divorce, the presence of a child), or by broader dysfunctional personality traits that might subsume concerns about

abandonment (e.g., neuroticism, low self-esteem). Although the study was correlational in nature, the findings suggest that spouses' insecurity (and the relational patterns that sustain it) may make them unhappy in their marriage and at the same time keep them in their marriage. Hence, the stability of such marriages may be based in insecurity rather than satisfaction. If that is the case, then spouses who are concerned about abandonment are particularly at-risk for relationship dysfunction and may need specific interventions or pre-marital preparation programs designed to increase security.

Our research had two additional implications for how we might approach the prevention and treatment of marital distress. First, different types of insecurity may have different effects on marital functioning and course. Specifically, only people who were concerned about abandonment remained in chronically unhappy marriages. People who reported a different type of insecurity, the avoidance of intimacy, did not. This suggests that we should not treat all types of insecurity in a similar manner. To target the risk for staying in unhappy marriages, intervention strategies should focus on alleviating abandonment concerns specifically.

Interestingly, a recent study found that compared to secure and preoccupied spouses (the latter of whom are frequently concerned about abandonment), dismissing spouses, who typically avoid intimacy, divorce more frequently (Ceglian & Gardner, 1999). This is not surprising given that divorcing may be a good way to avoid intimacy for people who want to do so. Therefore, people who avoid intimacy may be at a different type of risk and may need different prevention and intervention strategies to manage their particular type of attachment insecurity.

A second issue involved in staying in an unhappy marriage is that doing so may have negative individual consequences as well as negative marital consequences. We found that compared to happily married spouses and divorced spouses, spouses who were married but unhappy showed the highest levels of depressive symptoms early in their marriage and over the course of their marriage. The importance of this finding is compounded by research indicating that insecurity and depression are associated within and across partners in relationships. For example, Whiffen, Kallos-Lilly, & MacDonald (2001) found that depressed wives were more insecure than their non-

depressed counterparts. Moreover, the husbands of chronically depressed wives were particularly insecure and their insecurity predicted the maintenance of their wives' depressive symptoms. Hence, an ongoing cycle of chronic insecurity, depression, and relationship distress may characterize the relationships of some couples, and we may need to pay particular attention to such couples at both the prevention and intervention levels. Given that behavioral marital treatments have already demonstrated some efficacy in relieving both depressive symptoms and marital distress (e.g., Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky, 1991; O'Leary & Beach, 1990), there may be utility in exploring the incorporation of interventions designed to address relationship insecurity as well. A number of researchers and clinicians have now begun to do so (Anderson, Beach, & Kaslow, 1999; Whiffen & Johnson, 1998).

#### **Attachment-Based Strategies for Preventing and Intervening in Marital Distress**

In this last section, a number of suggestions for incorporating an attachment-based perspective into behavioral treatment are discussed. These suggestions draw directly in many cases on other treatments including emotionally focused couples therapy (Greenberg & Johnson, 1988; Johnson, this volume) and integrative behavioral couples therapy (Christensen et al., 1995) and on the writings of other attachment scholars (Kobak et al., 1994; Johnson et al., 1999; 2001). These suggestions are not intended as a new form of therapy, nor are they intended to address the complexities involved in developing or integrating attachment-based treatment strategies into behavioral treatments. Rather, it is hoped that they provide a framework from which to begin considering attachment-based models.

#### *Suggestion 1: Conduct an assessment of attachment security*

A first step in incorporating an attachment-based focus would be to assess spouses' levels and patterns of security. Assessment is an important aspect of behavioral programs and an attachment assessment early on could provide practitioners with important information about the types of problems to which couples may be vulnerable (e.g., couples with a preoccupied partner may face problems with trusting and relying on their partner), the types of behaviors spouses may exhibit (e.g.,



spouses who are fearful may tend to be submissive or withdraw in the face of conflict), and who will be at most risk for particular types of problems (e. g., among distressed couples, those with a preoccupied partner may remain chronically unhappy, whereas those with a dismissing partner may be at risk for divorce). Hence, assessment would be the first step in being able to focus treatment more specifically around the couples' unique attachment issues.

Although the assessment of attachment security and patterns has faced its share of controversy in the research literature, there are a number of ways that practitioners could gain insight into spouses' patterns. First, attachment security can be assessed quickly, easily, and inexpensively via self-report. There are a number of self-report measures that would be appropriate, including Bartholomew's Relationship Questionnaire or Relationship Styles Questionnaire (Bartholomew & Horowitz, 1991), Collins and Read's Adult Attachment Scale (Collins & Read, 1990), and Brennan's Experiences in Close Relationships Scale (Brennan, Clark, & Shaver, 1998). Such screening may be very cost effective if it can help identify those spouses at greatest risk for marital distress. Of course, self-report measures are limited in that they are vulnerable to reporting biases. For example, some people may lack sufficient insight into their own relational patterns to report accurately or some people may intentionally misrepresent themselves. However, as brief screening instruments these measures may suffice.

More extensive attachment-relevant information may be gathered through interview procedures that focus on couple attachment, such as the Current Relationship Interview (Crowell & Owens, 1996) or the romantic relationship section of the Peer Attachment Interview (Bartholomew & Horowitz, 1991). Unfortunately, these interview procedures typically require extensive training in administration and coding, as they were developed as research instruments. However, for interested practitioners, these interviews may yield the most extensive and rich information about attachment patterns. Clues about attachment patterns within couples may also be gleaned from observing couples interact (either formally or informally). Practitioners should be attuned to indicators of abandonment fears and signs of intimacy avoidance. The former may be evident in intense affect and in

behaviors that are demanding, dependent, or submissive. The latter may be evident in displays of, for example, withdrawal, minimizing behavior, contempt, intellectualization, and restricted emotionality.

*Suggestion 2: Conceptualize the controlling problem as attachment-based*

Once an assessment is made regarding the ways in which insecurity is manifest in a particular couple and in their interaction style, interventions can be developed and applied within the couples' particular attachment context. At the simplest level, the function of couples' behavior in maintaining or exacerbating insecurity and, hence, dissatisfaction would be conveyed to couples and behavioral interventions would be taught from the perspective of how they would change the experience of security at cognitive, emotional, and behavioral levels. Doing so is consistent with Christensen et al.'s (1995) goal of identifying controlling, rather than derivative problems. Hence, the couple would continually be provided with an idiographic attachment-relevant explanation for the function and goal of behavior change across multiple problem areas.

*Suggestion 3: Emphasize support skills in addition to conflict resolution skills*

The traditional focus in behavioral treatments is on helping couples communicate and problem-solve more effectively in order to facilitate conflict resolution. As noted earlier, an attachment perspective would shift this focus away from conflict resolution towards support seeking and provision. Hence, integrating an attachment perspective into behavioral treatment would require an explicit focus on helping couples to become more effective support seekers and providers. This could be done in a number of ways. Just as education is provided regarding conflict resolution and problem solving, couples could be educated about the function of support, in general and from an attachment perspective, and could be taught ways to appropriately seek and provide support. Many of the techniques that couples are taught to facilitate problem solving could easily be adapted to the context of support. For example, the use of receptive and expressive communication strategies (e.g., Jacobson & Holtzworth-Munroe, 1986) would be helpful for discussions that couples have during which they are attempting to seek or provide support.

Couples could also be taught skills specific to support interactions. For example, it would be particularly useful to help couples increase positive behaviors such as empathy and validation, and decrease negative behaviors such as criticism and ignoring. It would also be important to help partners' identify their needs for support, the circumstances under which they would feel safe seeking support from the partner, and what they would like to get from their partner. Once each partners' support needs and goals are identified and linked to their attachment concerns, therapists could help couples determine ways to support one another that would disconfirm attachment fears and foster feelings of security.

*Suggestion 4: Reduce abandonment fears and increase comfort with intimacy*

Because research suggests that abandonment fears may be associated with chronic marital distress and that discomfort with intimacy may be associated with divorce, interventions designed to specifically target these issues may be useful. Consistent with other theorists (Christensen et al., 1995; Greenberg & Johnson, 1988; Kobak et al., 1994; Johnson, this volume; Johnson et al., 1999; 2001), these issues may be best addressed from a more emotional or experiential standpoint, in which couples can actually experience in-session interactions that disconfirm fears and increase intimacy. Although skills training in, for example, receptive and expressive communication may facilitate communication about abandonment and intimacy, it may not necessarily produce naturally the kinds of interactions that will feel genuinely secure. Therefore, in session, therapists may need to facilitate partners' awareness of each other's underlying attachment concerns by helping partners to develop insight into these concerns and then to express them. Therapists may need to facilitate partners' development of empathy for each other's concerns by, for example, encouraging the expression of soft emotions and disclosures and discouraging blaming. As partners become more able to see their own and their partners' concerns, more able to express these concerns, and more able to empathize with one another's concerns, they are likely to naturally feel more comfortable with intimacy and less fearful of abandonment because the self-disclosures and the ensuing partner responses will validate such experiences. Once couples begin to have these experiences in session, it may be appropriate to then help them consider

how they can foster the same security building experiences in other domains.

### Conclusions

The goal of this chapter was to discuss why attachment processes can be an important focus in couples treatment with a particular emphasis on how attachment theory can inform traditional behavioral models and interventions. It was suggested that an attachment perspective can shed light on why problems emerge in relationships, on why people behave the way they do in relationships, and on who is at most risk for relationship problems – all questions that have not been addressed sufficiently in behavioral treatments. In answer to these questions, it was suggested that relationship problems can be conceptualized as breaches in felt security and in partners' inability to get their attachment needs met. It was suggested that the seeking and provision of support through careseeking and caregiving behaviors was the central set of relationship behaviors to be negotiated by couples and the central way in which attachment needs are enacted and met. Finally, it was suggested that spouses who do not feel secure, particularly those who have concerns about abandonment and their own love-worthiness, are most likely to be unhappy in their relationship and to stay in their relationship. Thus attachment insecurity can bind partners together in a chronically unhappy relationship. Hence, couples with insecure partners are at-risk for chronic relationship distress and should be targeted for both prevention and treatment efforts. It is hoped that the processes outlined here have demonstrated the utility of attachment theory for understanding relationship processes and will spur the application of an attachment perspective on relationships to current behavioral models of relationships and couple intervention.

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