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## Under, Over, or Optimal Commitment? Attachment Insecurities and Commitment Issues in Relationally Distressed Couples

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### ABSTRACT

Using a new multidimensional model of relationship commitment, this study examined the association among attachment insecurities (avoidance and anxiety) and commitment (optimal, over, and under) in 159 relationally distressed, monogamous and mainly heterosexual couples. Dyadic analyses revealed that avoidant individuals reported less optimal and less over-commitment, as well as more under-commitment. Their partners also reported less over-commitment. Moreover, whereas anxious individuals reported more over-commitment, their partners reported less optimal commitment and more under-commitment. Moderation analyses showed that anxious individuals reported more optimal commitment when their partners reported very high levels of avoidance. The findings suggest nuanced implications for couple therapy.

In North America, relationship distress is estimated to affect between 20 to 31% of couples (Whisman, Beach, & Snyder, 2008) and 40 to 50% of marriages would end in divorce (Amato, 2010). Relationship distress has been associated with physical health problems and a number of psychopathological conditions, including anxiety, mood disorders, and substance abuse (Clout & Brown, 2016; Robles, Slatcher, Trombello, & McGinn, 2014). It is therefore essential to understand the causes of relationship distress and the mechanisms underlying optimal relationship functioning. Research shows that partners' levels of commitment to each other play a major role in their willingness to pursue a romantic relationship, despite the presence of relational difficulties (Duncombe, Harrison, Allan, & Marsden, 2014). Investigating commitment-related factors is therefore crucial when examining relationship distress in couples.

Attachment theory can help explain individual differences in the capacity to commit to a romantic relationship (Carter, Fabrigar, Macdonald, & Monner, 2013; Etcheverry, Le, Wu, & Wei, 2013; Mikulincer & Shaver, 2016; Segal & Fraley, 2016). Studies that have examined the association between attachment and commitment, however, have yielded contradictory results and present methodological limitations, including the use of community samples, limiting the generalizability of findings to relationally distressed couples who are more likely to experience commitment problems (Boisvert, Wright, Tremblay, & McDuff, 2011; Wright, Sabourin, Mondor, McDuff, & Mamodhoussen, 2007). These studies have also generally relied on theoretical models that may not fully capture the complexity of the associations among attachment insecurities and commitment. Finally, although relationship dynamics depend on the contribution of both partners, the majority of studies on commitment have used an individual approach that does not consider the dyadic nature of relationships. To address these limitations, the present study used a novel multidimensional approach to relationship commitment, thus enhancing our understanding

of the complex dynamics linking attachment insecurities and commitment in a sample of relationally distressed, mostly heterosexual, couples seeking relationship therapy.

### **Relationship commitment**

Relationship commitment refers to the intent and desire to pursue a romantic relationship through various daily actions aimed at maintaining balance and harmony between partners (Giguère, Fortin, & Sabourin, 2006). Many theoretical models have been proposed to conceptualize relationship commitment (e.g., Levinger, 1976; Rusbult, 1980; Sternberg, 1986). These models, however, seem to put a large emphasis on the relational determinants of relationship commitment and may disregard important psychological components (e.g., cognitive, affective or motivational aspects) involved in being committed to one's partner (Arriaga & Agnew, 2001). Furthermore, commitment has traditionally been measured using a one-dimensional approach, which simply contrasts low versus high levels of commitment. A multidimensional approach to commitment might be better suited to capture the subtle aspects involved in commitment processes, and thus, would more adequately represent the clinical reality of couples experiencing commitment difficulties (Brault-Labbé, Brassard, & Gasparetto, 2017; Halford, Pepping, & Petch, 2016).

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

Optimal commitment is the most advantageous form of commitment. It involves enthusiasm toward the relationship (motivational-affective), perseverance in the relationship despite obstacles (behavioral), and the ability to reconcile the positive and the negative elements of the relationship (cognitive). Higher levels of optimal commitment are associated with greater personal and relationship well-being (Brault-Labbé et al., 2017). Under-commitment and over-commitment are distinct maladjusted modes of commitment and are associated with negative relationship outcomes, such as relationship instability and dissatisfaction, as well as lower personal well-being (Brault-Labbé et al., 2017). Under-commitment consists of a lack of energy invested in the relationship (motivational) and low interest toward the relationship (affective), as well as an impression of being overwhelmed by the negative aspects of the relationship paired with an intention to leave the relationship (cognitive-behavioral). Over-commitment involves excessive interest and energy put into the relationship (motivational-affective), compulsive persistence in activities related to the relationship (behavioral), and a perception of making excessive sacrifices for the relationship, while neglecting other important aspects of one's life.

### **Attachment theory**

Attachment theory (Bowlby, 1973) stipulates that as a result of repeated attachment interactions with attachment figures (generally the parents), a child develops and internalizes enduring mental representations of the self and of others. When the attachment figure is available and synchronized to the child's needs, the child develops a secure attachment and becomes confident that in the event of distress, others will be available and will respond appropriately to their needs. When the attachment figure is not sensitive to the needs of the child, the child is more likely to develop an insecure attachment, whereby the child persistently doubts his or her personal value and trustiness of others. In adulthood, these internalized mental representations carry on to romantic relationships (Hazan & Shaver, 1987).

Adult attachment insecurity is conceptualized as a two-dimensional construct involving attachment-related anxiety and avoidance of intimacy (Brennan, Clark, & Shaver, 1998). Anxiety is characterized by negative representations of the self. It translates into a strong desire to be close to one's partner, accompanied by excessive concerns about the partner's availability and authenticity. Avoidance, on the other hand, is characterized by negative internal representations of others, as well as a discomfort with proximity and dependency. Avoidance is associated with excessive self-reliance as well as denial and minimization of vulnerability and attachment needs (Mikulincer & Shaver, 2016). Securely attached individuals present low levels of attachment-related anxiety and avoidance.

### ***Attachment insecurity and relationship commitment***

Community-based studies have consistently documented the associations between avoidance of intimacy and lower levels of relationship commitment (Birnie et al., 2009; Etcheverry et al., 2013; Gere, MacDonald, Joel, Spielmann, & Impett, 2013; Givertz, Burke, Segrin, & Woszidlo, 2016; Pistle, Clark, & Tubbs, 1995; Simpson, 1990). However, the link between attachment-related anxiety and relationship commitment is less clear. Some studies suggest that anxiety is linked to a strong desire for relationship involvement (Feeney & Noller, 1990; Mikulincer & Shaver, 2016; Slotter & Finkel, 2009). Other researchers, however, have found that attachment-related anxiety is negatively correlated with relationship commitment (Hazan & Shaver, 1987) and is associated with feelings of being trapped in the relationship (Givertz et al., 2016). Other studies have failed to find significant associations between anxiety and commitment (Impett & Peplau, 2002; Schmitt, 2002). These contradictory results may reflect the relational ambivalence that individuals high on anxiety display (Joel, MacDonald, & Shimotomai, 2011). That is, although anxious individuals have a strong desire for closeness, they are afraid of being rejected by their partners. This results in chronic doubts about their partners' availability and love, which may potentially reduce their commitment in their relationships. The use of a multidimensional approach to commitment may allow us to capture this ambivalent relational process and clarify the inconsistent findings regarding the association between attachment-related anxiety and relational commitment.

Several authors also stress the importance of considering relationship dynamics between partners using a dyadic design (Bartholomew & Allison, 2006; Mikulincer & Shaver, 2016). Yet, to our knowledge, no study has investigated the dyadic associations between attachment insecurities and commitment in relationally distressed couples, in which both partners likely contribute to maintaining relationship problems. We may expect that an individual paired with a partner scoring high on either avoidance or anxiety would report greater under-commitment. Supporting this hypothesis, in a sample of couples seeking therapy, Mondor et al. (2011) showed that individuals paired with avoidant partners reported greater relationship dissatisfaction. Thus, when they experience relationship distress, avoidant individuals' tendency to withdraw from their partners may be exacerbated (Mikulincer & Shaver, 2016), and this could result in their partners' under-commitment. Research has also shown that individuals scoring high on attachment-related anxiety tend to display demanding (e.g., excessive intimacy seeking) and highly critical behaviors towards their partner (Mikulincer & Shaver, 2016). This could eventually lead their partners to feel burdened and dissatisfied with their relationship (Lemay & Dudley, 2011), and to exhibit more under-commitment, particularly when they are experiencing high relationship distress.

Studies have also suggested that the interaction between both partners' attachment representations contribute to several relationship outcomes, including relationship maintenance over time (e.g., Beck, Pietromonaco, DeBuse, Powers, & Sayer, 2013; Kirkpatrick & Davis, 1994). Hence, while it seems highly likely that attachment-based partner pairings could provide additional insight with regards to commitment processes, to our knowledge, no study has assessed the

interactive nature of partners' attachment insecurities to understand partners' level of relationship commitment.

### **Objectives and hypotheses**

Extending past research and using a multidimensional model of commitment, this study examined the associations among attachment insecurities and relationship commitment in a sample of relationally distressed monogamous couples, the majority of which reported being in heterosexual relationships.

1. We hypothesized that avoidance of intimacy would be positively associated with the individuals' own under-commitment and negatively associated with their own optimal and over-commitment.
2. We also hypothesized that attachment-related anxiety would be positively related to the individuals' own under- and over-commitment, but negatively associated with their own optimal commitment.
3. Individuals whose partner scored high on attachment-related avoidance or anxiety were expected to report higher under-commitment. Associations between attachment insecurities (anxiety and avoidance) and the partners' over- and optimal commitment were also explored, although we did not make a-priori assumptions due to a lack of empirical basis.
4. We also explored whether attachment-based couple pairings would be associated with commitment. We examined whether the association among the individuals' attachment insecurities and their own commitment (under, over, optimal) would be moderated by their partners' attachment insecurities.
5. Lastly, whether men and women differed in these associations was examined.

## **Method**

### **Participants**

This study was part of a larger research project examining the effectiveness of couple therapy in a naturalistic setting. Only the cross-sectional pretreatment data were used for the current study. Individuals were asked whether they identified as a man or a woman. The sample included 154 mixed-sex (male/female) and 5 same-sex (female/female) Canadian couples seeking couple therapy in a private community-based clinic ( $N=159$  couples). Participants spoke French (89.5%), English (5.8%) or another language (4.5%). The mean age was 41 years for women (ranging from 23 to 72,  $SD=9.5$ ) and 44 years for men (ranging from 27 to 73,  $SD=9.8$ ). On average, couples had been together for 13.7 years (range = 0.5 to 50 years,  $SD=9.4$ ), 41.6% of couples were married, and 94.1% reported living together. Couples reported experiencing relationship difficulties for an average of 3.6 years ( $SD=4.42$ ). Most couples (85.6%) had at least one child. In terms of income, 50% of men earned CAN \$80,000 or more, whereas 50% of women earned CAN \$50,000 or more. Most participants were Caucasian (94.8% of men; 94.2% of women) and had at least a bachelor's degree (74% of men; 73.4% of women).

### **Procedures**

Couples were approached during their first session. Psychologists explained the goals of the study and participants were told that their results would be used to complement their clinical evaluation and guide treatment. Participation was voluntary and couples could withdraw from the study at any time (participation rate was >95%). Interested couples signed a consent form and each

partner received an email containing a personal link to complete the questionnaires individually through Qualtrics Research Suites, a secure online platform, before their next session. The study received ethics approval by the researchers' university ethics review board.

## **Measures**

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

### **Demographic information**

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

### **Adult attachment**

The brief 12-item version of the Experiences in Close Relationships scale (Brennan et al., 1998; Lafontaine et al., 2015) assesses attachment-related anxiety (6 items) and avoidance of intimacy (6 items). Items are rated on a 7-point scale (where 1 = strongly disagree and 7 = strongly agree). Items are averaged to form total scale scores, with higher scores reflecting higher levels of anxiety or avoidance respectively. The French version of the scale has shown excellent validity and internal consistency ( $\alpha = .86$  and  $.88$  for men and women; Lafontaine et al., 2015). The current study yielded alpha coefficients of  $.79$  and  $.83$  for men and women on the attachment-related anxiety scale, and  $.81$  and  $.87$  for men and women on the avoidance scale.

### **Relationship commitment**

The Multimodal Couples Commitment Model questionnaire (MCCM; Brault-Labbé et al., 2017) includes 27 items measuring optimal commitment, over-commitment, and under-commitment. Items are rated on a 9-point scale ranging from 0 (does not represent me at all) to 8 (represents me perfectly). Items are averaged to form global scores for each commitment scale, with a higher score indicating more of this type of commitment. The scales of optimal commitment, over-commitment and under-commitment have previously shown good internal consistency ( $\alpha = .81$ ,  $.92$ , and  $.96$  respectively). The current study yielded alpha coefficients of  $.80$  for men and  $.83$  for women for the optimal commitment scale,  $.63$  for men and  $.73$  for women for the over-commitment scale, and  $.88$  for men and  $.89$  for women for the under-commitment scale. The scale was initially developed in French (Brault-Labbé et al., 2017). Forward- and back-translation procedures were used by our team to translate it in English.

## **Results**

Descriptive data were analyzed using SPSS 22.0. All main variables were normally distributed (skew and kurtosis  $< 1$ ). Table 1 shows the descriptive statistics as well as the correlations between the main variables. All significant correlations were in the expected directions. We found moderate positive correlations between women's attachment-related anxiety and their own under and over-commitment. Men's attachment-related anxiety was positively related to their own over-commitment. Men's and women's attachment-related anxiety was also positively correlated with their partner's under-commitment, and negatively correlated with their partner's optimal commitment. Men's and women's attachment-related avoidance was positively correlated with their own under-commitment, but negatively correlated with their own optimal commitment. Women's

**Table 1.** Correlations, means, and standard deviations for attachment insecurities and relationship commitment ( $N = 159$  couples).

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. M avoidance	3.13	1.18		.17*	-.30**	.01	.28**	.10	.10	.02	-.03	.09
2. M anxiety	3.90	1.29			.03	.19*	.05	.10	-.09	-.22**	.04	.29**
3. M optimal commitment	5.55	1.20				.22**	-.53**	-.03	-.18*	.02	-.15	-.13
4. M over-commitment	3.65	1.08					.17*	-.18*	.10	.01	.13	.04
5. M under-commitment	3.07	1.64						.02	.31**	-.13	.13	.28**
6. W avoidance	2.78	1.35							-.03	-.38**	-.21*	.24**
7. W anxiety	4.16	1.35								.00	.22**	.18*
8. W optimal commitment	5.37	1.41									.36**	-.61**
9. W over-commitment	3.12	1.33										.04
10. W under-commitment	3.53	1.71										

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

avoidance was also negatively correlated with their own over-commitment. Avoidance was not correlated with partners' commitment in both men and women.

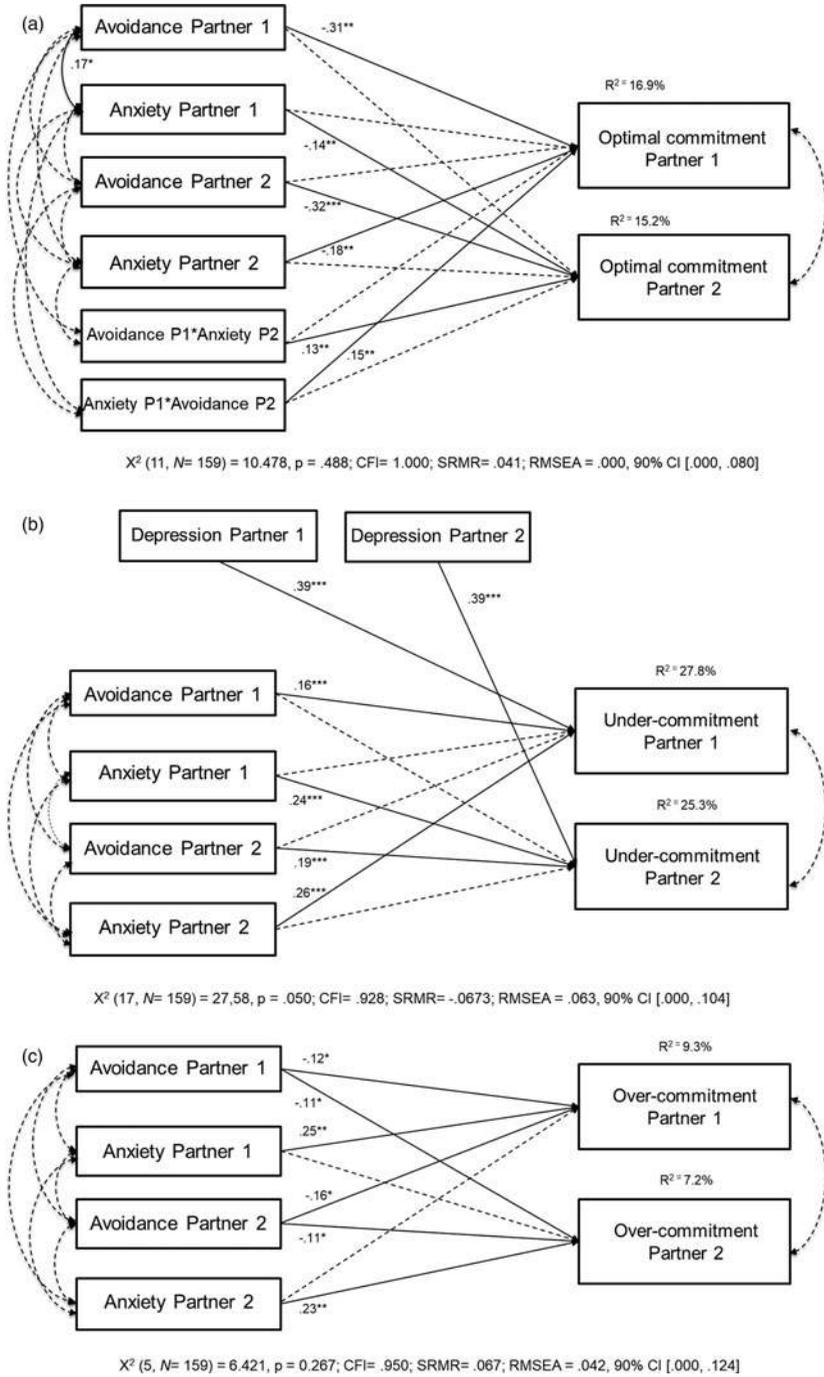
We conducted preliminary analyses to identify potential control variables among the sociodemographic data. Because studies have found associations between depression and low commitment, depression was also inspected as a potential control variable<sup>1</sup> (Segrin, Powell, Grivertz, & Brackin, 2003). We found non-significant or weak correlations ( $r = < .30$ ) with all sociodemographic variables. Depression was related to under-commitment in men ( $r = .43$ ) and women ( $r = .48$ ) and was controlled for in the main analyses.

### Main analyses

To test the proposed hypotheses, we conducted path analyses using Mplus, version 7 (Muthén & Muthén, 2004; with maximum-likelihood estimation and nonparametric bootstrapping, specifying 5000 samples from our data) based on the Actor-Partner Interdependence Model (APIM; Kenny, Kashy, & Cook, 2006). This statistical approach allows us to (a) address the non-independence of dyadic data by treating the couple as the unit of analysis; (b) integrate both actor effects (i.e. the effect of an individual's attachment insecurities on his or her own relationship commitment) and partner effects (i.e. the effect of an individual's attachment insecurity on their partner's relationship commitment) in a single analysis; and (c) test gender differences in actor and partner effects. Three models were tested, one for each mode of commitment. To test the moderating effect of partners' attachment insecurities on the association between individuals' attachment insecurities and their own commitment, we created four interaction terms based on both partners' attachment insecurities (Partner 1's avoidance X Partner 2's anxiety; Partner 1's avoidance X Partner 2's avoidance; Partner 2's avoidance X Partner 1's anxiety; Partner 2's anxiety X Partner 1's anxiety). To account for the interdependence of dyadic data, correlations were specified between each partner's attachment variables. Actor effects were specified between each partner's attachment insecurities and his or her own relationship commitment. Partner effects were specified between each participant's attachment insecurities and his or her partner's relationship commitment scores. Associations between attachment interaction terms and relationship commitment scores were also specified (moderating effects), although non-significant interactions were removed from the final models in order to maximize statistical power.

The overall model fit was assessed by inspecting the standardized root mean square residual (SRMR), the comparative fit index (CFI), the root mean square error of approximation (RMSEA) and the chi-square statistic. A SRMR of .08 or less, a non-statistically significant chi-square value, a CFI value of .90 or higher, and a RMSEA value below .06 are indicators of good fit (McDonald

<sup>1</sup>Depression symptoms were assessed using the Psychiatric Symptom Index (Ilfeld, 1976).



**Figure 1.** a. Path analyses showing attachment insecurities predicting optimal commitment to the romantic relationship ( $N=149$  couples). Dashed lines represent nonsignificant paths. P1=Partner 1; P2=Partner 2. \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ . b. Path analyses showing attachment insecurities predicting under-commitment to the romantic relationship ( $N=149$  couples). Dashed lines represent nonsignificant paths. \*\*\* $p < 0.001$ . c. Path analyses showing attachment insecurities predicting over-commitment to the romantic relationship ( $N=149$  couples). Dashed lines represent nonsignificant paths. \* $p < 0.05$ ; \*\* $p < 0.01$ .

& Ho, 2002). For each APIM model, we conducted an omnibus within-dyad test of distinguishability (Kenny et al., 2006) using the mixed-sex couples only ( $N = 143$ ) to verify whether partners were distinguishable on the basis of their gender. A model, in which all actor and partner effects were constrained to be equal between men and women, was compared to an unconstrained model using a chi-square difference test. A non-significant chi-square indicated that the dyad members were indistinguishable for all three APIM models. This allowed the inclusion of the five female couples. All analyses were then conducted again on the total sample ( $N = 149$ ), constraining the actor and partner paths to be equal between both partners. Non-parametric bootstrapping was used to calculate 90% confidence intervals. The models are presented in Figures 1a–c.

Results showed that individuals' attachment-related avoidance was negatively associated with their own optimal commitment (see Figure 1a) and over-commitment (see Figure 1c) and positively associated with their under-commitment (see Figure 1b; actor effects). Individuals' attachment-related anxiety was positively related to their own over-commitment (see Figure 1c), but not to their under-commitment or optimal commitment. In terms of partner effects, participants' attachment-related avoidance was negatively associated with their partner's over-commitment (see Figure 1c). Participants' attachment-related anxiety was negatively associated with their partner's optimal commitment (see Figure 1a) and positively associated with their partner's under-commitment (see Figure 1b). As for the moderation effects, we found that individuals' attachment-related anxiety was positively related to their own optimal commitment when their partners were very high on avoidance ( $b = .30, p = .024$ ), but not when they were low ( $b = -.16, p = .197$ ), moderate ( $b = .02, p = .975$ ), or high ( $b = .15, p = .071$ ).

## Discussion

Using a dyadic design, this study investigated the links between attachment and relationship commitment in relationally distressed couples seeking relationship therapy using the new Multimodal Couple Commitment Model (Brault-Labbé et al., 2017). The unique contribution of the MCCM resides in its dynamic way of conceptualizing relationship commitment because it allows for the concurrent measure of three distinct modes of commitment—namely, optimal commitment, over-commitment, and under-commitment. For example, the model takes into account that an individual can display dominant and excessive energy towards his relationship (motivational and behavioral components of over-commitment) and yet, feel discouraged by all the obstacles he identifies in the relationship (cognitive component of under-commitment). Therefore, the MCCM offers a nuanced view of relationship commitment, thereby potentially capturing more accurately the subtleties of commitment processes in relation to other clinically relevant variables. As such, this approach allowed us to uncover novel associations between attachment insecurities and commitment. The investigation of attachment-based couple pairings also extended our knowledge of partners' ability to optimally commit to each other when experiencing significant relationship distress.

### *Attachment insecurities predicting one's own relationship commitment*

Consistent with previous research, our results suggest that avoidance of intimacy is negatively related to relationship commitment among distressed couples (Mikulincer & Shaver, 2016). As expected, we found that avoidant individuals reported higher under-commitment, lower optimal commitment, and lower over-commitment. Because they are uncomfortable with intimacy and dependency, they maintain cognitive, emotional, and physical distance with their partner; this potentially reduces their relationship commitment (Gouin et al., 2009). Furthermore, because they expect relationship failure (Birnie et al., 2009), avoidant individuals tend to be less enthusiastic

about their relationships and don't expect much from them. This may be particularly evident when couples experience major relationship difficulties and are at risk of separation.

Our results also indicate that attachment-related anxiety is primarily associated with the desire to maintain the relationship among relationally distressed couples. Consistent with previous research and as anticipated, anxiously attached individuals reported being overly committed, meaning that they were more likely to prioritize their relationship over other aspects of their lives and to perceive that they were making sacrifices for the relationship (Mikulincer & Shaver, 2016). These results suggest that anxious individuals' fear of being abandoned is not only related to a strong desire for intimacy, but also to a struggle to find balance in their lives. Our hypothesis regarding the presence of relational ambivalence in these individuals was not supported, however, because they did not report being less committed to their relationships (i.e., lower optimal and higher under-commitment). It may be that this hypothesis does not apply for individuals seeking couple therapy. When anxious individuals experience chronic relationship difficulties, it is highly probable that they fear for the future of their relationship (a real threat). In this context, they may be more likely to seek reassurance from their partners, which would explain their high levels of over-commitment. Moreover, our sample consisted of long-term couples (14 years on average) and 85% had at least one child. Given the intensity of the relational threat experienced by these couples (i.e., possible separation implying strong family consequences), anxious individuals' strong desire to maintain their relationships may surpass their tendency to protect themselves from rejection. As such, they may be more likely to invest heavily in their relationships (e.g., sacrifice their own interest and social life) than to disengage from them.

### ***Attachment insecurities predicting the partner's relationship commitment***

Extending past research, our results suggest that individuals' attachment insecurities are also related to their partners' level of commitment. As expected, we found that individuals' attachment-related anxiety was associated with their partner's lower optimal commitment and higher under-commitment. In line with these findings, Overall, Girme, Lemay, and Hammond (2014) found that when anxious individuals feel that their relationship is threatened, they tend to use emotionally-charged and guilt-inducing strategies, and to exhibit excessive reassurance seeking behaviors in order to restore closeness with their partner. These reassurance seeking behaviors, however, tend to be dysfunctional and poorly formulated (e.g., exaggerate their hurt feelings; being overly critical of their partners), and have been associated with lower relationship satisfaction (Overall et al., 2014). This may explain why partners of anxious individuals report lower optimal commitment (e.g., lower enthusiasm) and higher under-commitment (e.g., feeling overwhelmed by their partner's critiques, decreased interest and energy). When faced with relational problems, partners of anxious individuals could also have more difficulty conciliating the negative and positive aspects of their relationship and may see less value in their relationship (i.e., lower optimal commitment).

Unexpectedly, an individual's attachment-related avoidance was not associated with their partner's under-commitment. This is surprising because avoidance has been found to be associated with the partner's relationship dissatisfaction in relationally distressed couples (Mondor et al., 2011). This discrepancy may reflect a key distinction between relationship satisfaction and commitment—that is, although partners of avoidant individuals may report low relationship satisfaction, they may still wish to stay with their partner. Since avoidant individuals tend to deny their own distress and are less likely to actively seek support (Vogel & Wei, 2005), their partners may be the ones encouraging them to engage in couple therapy to address relational problems that they, themselves, may feel unable to address without professional help. Moreover, although partners of avoidant individuals may be dissatisfied with their relationships, they may believe that if they lose interest and stop investing in their relationship (i.e., under-commitment), their

relationship will eventually dissolve. Hence, despite relational difficulties and low relationship satisfaction, partners of avoidant individuals may be more persistent and less likely to lose sight of the positive aspects of their relationship than partners of anxious individuals. These assumptions are, however, speculative and need to be corroborated in future studies investigating why partners of avoidant individuals choose to stay in their relationships.

With respect to the exploratory partner associations between attachment-related avoidance and over-commitment and optimal commitment, individuals' avoidance was related to their partners' lower over-commitment, but not optimal commitment. These results suggest that when partnered with an avoidant partner, individuals who experience significant relationship distress are less likely to sur-invest in their relationship at the cost of other important aspects of their lives. In the context of relationship problems, the behaviors of avoidant individuals (i.e., passivity, withdrawal, excessive self-reliance and independence; Mikulincer & Shaver, 2016) may send the message that they do not care much for the relationship, and as a result, their partners may be less likely to invest excessively in their relationship or make it their priority.

### ***Attachment-based couple pairings predicting relationship commitment***

Couple pairings based on each partner's attachment insecurities yielded novel and interesting results regarding optimal commitment processes. We found that anxious individuals were more optimally committed when their partner's avoidance was very high. These results are consistent with the fact that anxious individuals tend to choose and stay with avoidant partners (Kirkpatrick & Davis, 1994). This may be because avoidant partners confirm anxious individuals' negative views of themselves—that is, their partners' emotional distance and withdrawal is expected and interpreted as a sign that they are not worthy of attention and that they are unlovable. In their longitudinal study, Kirkpatrick and Davis (1994) found that anxious women paired with avoidant men did not differ from securely attached couples with respect to relational stability over-time. Hence, because anxious individuals expect their partners to be distant and to reject them to some degree, they may not be surprised when their partners actually do so (i.e., high avoidance), and thus may invest efforts to maintain their relationship despite perceiving relational difficulties, which is a characteristic of optimal commitment.

### ***Limitations and future directions***

Despite several strengths, this study has some limitations that should be noted. Firstly, only self-report questionnaires were used, which raises concerns regarding social desirability since participants were informed that their responses would be shared with their therapists and potentially discussed in therapy with their partners. Secondly, couples had at least one meeting with a psychologist before completing the questionnaires. It is possible that this first meeting had a therapeutic effect, especially for anxious individuals who may have come to realize that by agreeing to couple therapy, their partners were in fact engaged in their relationships. Thirdly, although we proposed a theoretical model that suggests directionality between variables, the cross-sectional nature of our data does not allow us to infer causality between variables. Fourthly, our sample consisted of relationally distressed couples seeking therapy. Considering that a large portion of couples either don't choose to seek help or tend to wait a long time before going to therapy (Doss, Simpson, & Christensen, 2004), couples from our sample might not be representative of all couples experiencing relational distress. Finally, the sample mainly consisted of French-speaking Caucasian couples with a relatively high socioeconomic status, which limits the generalizability of our findings to couples with different backgrounds. Moreover, we did not collect information about non-binary gender identity and although we included female couples in our

study, our sample was primarily composed of heterosexual couples. Thus, our results may not generalize to all sexual minority couples or gender non-conforming individuals.

### **Clinical implications**

Beyond its theoretical and empirical implications, this study bears important clinical implications since attachment insecurities and relationship commitment are known to be key factors in couple therapy (Johnson & Talitman, 1997). With respect to relationship therapy, this research highlights the importance of conducting a thorough assessment of both partners' attachment insecurities, which may be meaningful indicators of individuals' level and mode of commitment to their relationships. Congruent with a systemic view of relationships, therapists should consider that partners' ability to commit to their relationship is likely to depend on both their own and their partners' attachment insecurities.

The inclusion of the MCCM as part of the initial clinical assessment might provide clinicians with additional and pertinent information with respect to the various psychological components involved in partners' commitment processes (i.e., motivational, cognitive, affective, and behavioral). For instance, a client may have a strong desire to maintain their relationship (motivational component of optimal commitment), but may feel overwhelmed by the difficulties experienced with his partner (cognitive-behavioral component of under-commitment) and withdraw from the relationship as a way of coping with the distress generated by the relational conflicts (behavioral component of under-commitment). Another client may question her interest and feelings for her partner (affective component of under-commitment) and feel that she is sacrificing important aspects of her life for the relationship (cognitive component of over-commitment), but yet remain in the relationship and continue to invest efforts (behavioral component of optimal commitment) for the relationship, such as seeking therapy, despite longstanding problems due to external factors (e.g., children). The clinical portrait of these two clients would call for distinct interventions. Interventions that focus on helping couples manage their difficulties through better communication and dyadic coping skills (Bodenmann, Bradbury, & Pihet, 2008) for example, could be better suited for the first client who is withdrawing from the relationship as a way of coping with relational conflicts. Conversely, interventions that address relational ambivalence and help clarify the reasons for staying versus leaving the relationship (Boisvert et al., 2011) may be more beneficial for the second client who continues to invest efforts in her relationship, despite longstanding problems due to external factors.

Emotionally Focused therapy (EFT) seems particularly suitable for treating dysfunctional relationship dynamics embedded in attachment and relationship commitment difficulties (Halchuk, Makinen, & Johnson, 2010). Considering for instance, that an individual's attachment-related anxiety is associated with his own lower optimal commitment and his partner's higher under-commitment, an EFT approach would firstly recognize and validate each partner's attachment-related feelings (e.g., the anxious individual may fear being abandoned, while their partner may feel invalidated and overwhelmed by the demands, critics, and insatiable need for closeness). The therapist would assist the anxious individual in identifying their primary attachment needs (e.g., intimacy, acceptance) and promote a clearer and more respectful expression of these needs in the relationship (thus reducing criticism and blame, and possibly alleviating the negative effects on the partner's commitment). In parallel, the therapist would assist the partner in hearing the underlying attachment needs and in empathically responding to these bids for support and closeness (thus soothing the anxious individual's insecurities and softening their otherwise demanding and overly dependent behaviors; Johnson, 2004). Overall, EFT fosters secure attachment bonds and therefore disarms dysfunctional relational dynamics whereby attachment and commitment problems exacerbate one another.

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