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Exploring the Impact of Insecure Attachment Styles in Couple Adjustment Through the Lens of Cluster B Pathology

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Recommended Citation

Exploring the Impact of Insecure Attachment Styles in Couple Adjustment Through the Lens of

Cluster B Pathology

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A Clinical Research Project submitted to the Faculty of the Florida School of Professional
Psychology at National Louis University in partial fulfillment of the requirements for the degree
of Doctor of Psychology in Clinical Psychology.

Tampa, Florida
May, 2020

The Doctorate Program in Clinical Psychology
Florida School of Professional Psychology
at National Louis University

CERTIFICATE OF APPROVAL

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Clinical Research Project

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This is to certify that the Clinical Research Project of

Laura Bonnemort

has been approved by the
CRP Committee on May 11, 2020
as satisfactory for the CRP requirement
for the Doctorate of Psychology degree
with a major in Clinical Psychology

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Abstract

The current body of research literature appears to lack adequate studies focused on individuals who possess an insecure attachment, potential cluster B personality pathology, and who are engaged in couple discord. The following clinical research project explored how insecure attachments impact the trajectory of both cluster B pathology and adult couples' relationship discord. Studies reviewed included adults diagnosed with mood disorders, personality pathology, and those engaged in couples therapy due to dissatisfaction and discord. Developing an insecure attachment in childhood appears to place adults at risk for higher rates of personality pathology and risky romantic relationships fraught with discord. Evidence-based treatments are reviewed to determine efficacious means to treat this cluster of presenting concerns. Gaps within the literature for future study are considered, including the need to expand current models and studies to accommodate a greater diversity when determining attachment styles, cluster B personality pathology, and couple discord. Finally, an initial treatment decision tree model is suggested for future studies and clinicians to consider when working with individuals and couples presenting with insecure attachment, potential cluster B personality pathology, and couple discord.

EXPLORING THE IMPACT OF INSECURE ATTACHMENT STYLES IN COUPLE

ADJUSTMENT THROUGH THE LENS OF

CLUSTER B PATHOLOGY

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2

DEDICATION

To my parents, Chris and Kathryn Diane: Thank you for teaching me love, strength, hard work, and the importance of empathy. Your kindness and humor live on in your grandson, Davis, and your granddaughter, Audrey.

ACKNOWLEDGMENTS

Thank you to my family and friends for their love and support during my journey through graduate school and beyond. Thank you to my dissertation chairs and the FSPP faculty for your guidance and support through graduate school and the CRP process.

TABLE OF CONTENTS

List of Figures

CHAPTER I: INTRODUCTION

The impact of the parent-child relationship has been studied for decades. Perhaps some of the most remarkable and resilient studies have centered on the establishment of an individual's internal working model (Bowlby, 1969) or the initial dynamic (Ainsworth, 1979) between a child and his or her primary caregiver. Furthermore, studies on infant attachment between the child-parent relationship have been analyzed and used to understand how individuals first relate to their primary caregiver and then to others throughout their lifespan (Ainsworth, 1979). Attachment is often referenced by researchers (Ainsworth, 1979, 1989; Bartholomew & Horowitz, 1991; Bowlby, 1956; Hazan & Shaver, 1990) in terms of how an individual relates to others from infancy through adulthood. It can be inferred that, through the lens of attachment, we can understand patterns in dynamics in couple relationships (Johnson & Talitman, 1997). The ability to ascertain an individual's attachment, pathology, and how these factors dictate how they interact in romantic relationships is clinically relevant to conceptualize the root of presenting problems such as discord in couple relationships.

For the purposes of this clinical research project literature review, several operational definitions are established. First, an *internal working model* refers to a cognitive framework consisting of mental representations for understanding the world, self, and others (Bowlby, 1969). When referencing attachment throughout the lifespan, three primary *attachment styles* are delineated: secure (type B), insecure-avoidant (type A), and insecure-ambivalent/resistant (type C). Through her work, Ainsworth (1979) asserted these attachment styles were the result of initial interactions with one's mother or caregiver, characterized by four behaviors: proximity and contact seeking, contact maintaining, avoidance of proximity and contact, and resistance to contact and comforting.

Additionally, as an extension of the original theory of attachment, the definition and model of *attachment in adults* distinguish four attachment styles: a secure style and three insecure styles: preoccupied, fearful, and dismissing (Bartholomew & Horowitz, 1991). Related to couple dynamics, *adjustment* identifies the ability of partners to balance conflictual needs and resolve obstacles within one's environment. Alternatively, *discord* is a lack of adjustment or inherently implies the inability to balance conflictual needs and challenges resolving obstacles within the environment. Within the existing literature, there is a growing body of empirical research citing intimate relationship functioning associated with a variety of mental health outcomes operationalized in terms of symptoms and diagnostic disorders (Whisman & Baucom, 2012). When reviewing couple discord and adjustment, the model of dyadic adjustment in adult relationships is included: the actor-partner interdependence model (APIM). The APIM is a model of dyadic relationships that integrates a conceptual view of interdependence using statistical techniques for its measurement and testing. The APIM suggests that anxious and avoidant interpersonal styles influence attachment security in a bidirectional manner through maintenance behaviors (Cook & Kenny, 2005). One example of maintenance behavior is how couples respond to one another. Within this literature review, *communication* is operationalized as (a) constructive communication: discussion, expression of feelings, negotiation, compromise, and (b) communication patterns during conflict: mutual constructive, demand-withdraw, mutual avoidance, and withholding (Domingue & Mollen, 2009). Another example of a maintenance behavior is *emotional dysregulation,* operationalized by the inability of an individual to engage effectively in "any conscious or unconscious attempt to influence when emotions arise, which ones they are, their duration, and/or the elements of those emotions . . . their subjective experience, behavioral expression, and/or physiological impact"

(Schoenleber & Berenbaum, 2012, p. 433). Finally, an *adult relationship* is defined as two consenting individuals involved in a committed romantic relationship, age 18 or older.

General Overview

Attachment theory (Ainsworth, 1979) stressed the importance of the establishment of a predictable, stable, and reciprocal bond between an infant and caregiver. When the infant's needs are not met consistently, the infant is at risk for developing a maladaptive insecure attachment toward the primary caretaker. As adults progress in age, Ainsworth (1989) suggested that individuals begin to apply their attachment models to other relationships such as peers or potential partners. Ainsworth's model of attachment (1979) was subsequently extended by Bartholomew and Horowitz (1991) by distinguishing four adult attachment styles, a secure style and three insecure styles: preoccupied, fearful, and dismissing. Bartholomew and Horowitz (1991) described how individuals view themselves and others, their self-concept, and social functioning, ultimately finding that each style correlated with specific interpersonal concerns.

Eventually, work on attachment began connecting the relational styles to patterns in romantic partnerships. Hazan and Shaver (1987) asserted that attachment styles predict differing experiences in romantic relationships in adulthood. In emotion-focused therapy (EFT), Sue Johnson (2004) theorized that varying attachments result in differing communication styles. Specifically, securely attached adults often engage in direct and assertive communication. Alternatively, she posited that insecurely attached adults tend to cling, make demands, stonewall, or withdraw due to the expectation of their partner's rejection. However, there appears to be a lack of research between clinical understandings of attachment-related concerns and couple discord. For example, Whisman, Uebelacker, and Weinstock (2004) stated there is a deficit in

connecting research literature and clinical tools in measuring attachment behavior and couple discord.

Much of the recent focus on attachment has been its impact on clinical implications seen in couple dynamics (Banse, 2004; Barbee, 2014; Bartholomew, 1990; Campbell & Marshall, 2011; Carnelley & Hepper, 2015; Castellano, 2014; Cohn, Silver, Cowan, & Cowan, 1992; Collins, Ford, Guichard, & Allard, 2006; Collins & Read, 1990; Domingue & Mollen, 2009; Ebrahimi & Kimiaei, 2014; Feeney, 1994, 2006; Feeney & Noller, 1990; Hazan & Shaver, 1987, 1990). Furthermore, Whisman and Baucom (2012) found that couple adjustment was related to stress levels and pathology. Connecting mental health realities and couple adjustment with attachment styles has been researched in various ways. In their work, (Levy, Johnson, Clouthier, Scala, & Temes, 2015) determined that previous research on attachment, couple adjustment, and correlated pathology was focused on borderline personality disorder. Furthermore, the current research appears to have focused on depression, anxiety, and substance abuse when accounting for varying attachment styles and couple dynamics. The current review of the literature sought to determine how the clinical trajectory of attachment into adulthood impacts coupling dynamics, including discord when accounting for level of pathology of cluster B personality disorders. Finally, a review of current and appropriate clinical interventions to address these concerns is included with suggestions for potential gaps in the literature and opportunities for future research and focus.

Attachment Theory

John Bowlby. The common innovator regarding the interest in the link between maternal loss or deprivation and later personality development is John Bowlby (1956, 1957, 1969, 1979, 1980, 1982, 1988). The work on exploring the link between mother-child relations (Bowlby, 1956) began when the World Health Organization commissioned him to report on the mental

state of homeless children in postwar Europe where he collaborated with practitioners across Europe and the United States to explore the impact of maternal separation and deprivation of young children (Bretherton, 1992). Bowlby had received psychoanalytic graduate training, which emphasized that actual family experiences are important and may be the basis of emotional problems. Therefore, the clinical work focused on helping children by helping parents (Bretherton, 1992).

Through Bowlby's work, the formal start of attachment theory was established in three papers presented to the British Psychoanalytic Society between 1958-1960, referred to as the "blueprint of attachment theory" (Bretherton, 1992). Bowlby's first work, *Mother-Child Separation* (Bowlby, 1956), represented his instinct theory, which implied an instinctual attachment between child and mother that included clinging to the caregiver. Bowlby (1956) defined *primary object clinging* as an instinctual need for infants to be in connection with another human or caregiver. In *Separation Anxiety* (1956), Bowlby noted infants and children experience separation anxiety when a situation activates escape/attachment behavior, but the attachment figure is not available. Bowlby (1956) defined separation anxiety as the level of distress the child experiences when out of proximity from the caregiver.

Furthermore, Bowlby stated excessive separation anxiety is likely due to adverse family experiences such as threats of abandonment or rejection by parents. When separation anxiety is low or absent, separation anxiety may be a defensive process, as a healthy child will initially protest separation but subsequently develop more self-reliance. Finally, *Grief and Mourning in Infancy and Early Childhood* (Bowlby, 1980) was the most controversial work, as it provided an alternative to Anna Freud's assertion that grief does not occur in children due to insufficient ego development. Rather, Bowlby (1980) suggested that problems occur when attachment behaviors

are activated, but attachment figures continue to be unavailable. In addition, he stated the inability to form deep relationships may be a result of the frequency of changes in the attachment figure (Bowlby, 1980).

Today, John Bowlby (1956) is perhaps most known for his work, *Mother-Child Separation*, where he discussed maternal deprivation, which he stated was the separation or disruption in the attachment process between mother and child before age five, which may cause problems in psychological and emotional development. In *Attachment, Internal Working Model*, Bowlby (1969) suggested that a child's attachment relationship with the primary caregiver leads to the development of an internal working model that is a cognitive framework comprising mental representations for understanding the world, self, and others. Bowlby (1956) suggested that adults evaluate themselves and interact with others and the world based on past experiences with their primary caregiver. His work was profound, groundbreaking, controversial, and impacted many researchers, including another founder of attachment theory, Mary Ainsworth.

Mary Ainsworth. When referencing attachment theory, John Bowlby's colleague, Mary Ainsworth, is considered the co-founder in its inception. Her work and interest in security theory addressed ways in which infants respond to their caregivers in a secure or insecure manner (Ainsworth, 1979). These studies were operationalized and theorized through several renowned observational projects. First, in Ainsworth's (1979) project, *Patterns in Attachment*, she observed and coded 26 families with unweaned babies on a bi-weekly basis for 2 hours. The data influenced Bowlby's reformulation of attachment theory by implying that a secure attachment positively correlated to maternal sensitivity, suggesting that a mother's timely response to her infant's needs predicted a stronger bond (Bretherton, 1992). Next, in *The Baltimore Project* (1978), Ainsworth collected narratives of 26 families observed over 54 weeks, which showed

meaningful behavior patterns in context. During *The Baltimore Project,* differences were observed in sensitivity, appropriateness, and promptness in how mothers responded to children's signals (Bretherton, 1992). Finally, in perhaps her most known work that impacted the formation of what is considered today's understanding of attachment theory, *The Strange Situation* (Ainsworth, 1979) provided an outline of the developmental bond and relationship between mother and infant. Through the results of *The Strange Situation,* Ainsworth illustrated how a mother's responses when attending to her infant encouraged varying reciprocal reactions as her child explored the surrounding environment and subsequently reunited. These reactions included anxiousness, ambivalence, and protest during the reunion phase (Ainsworth, 1979). Ainsworth's conceptualization asserted the ability and nature of how infants explore their environment and utilize their mothers as a secure base represents the differing styles of attaching to one's caregiver and adaptation to the environment. She proposed the most prevalent patterns of attachment between child and caregiver are secure, insecure, anxious-avoidant, and insecure-ambivalent (Ainsworth, 1979). According to Ainsworth's proposed attachment styles, a secure infant or child will utilize the caregiver as a secure base and explore the environment freely, including interactions with strangers, will protest at the caregiver's departure, and ease at their return. Alternatively, an avoidant child will likely dismiss the presence of the caregiver and exhibit minimal emotional reactions when the caregiver departs or returns. Finally, the ambivalent child will present as distressed both in the presence and in the departure and return of the caregiver.

Ainsworth's contributions to the varying relationships between mother and caregiver to infant and child through the formulation of attachment theory have left a profound mark on the field of psychology. Since the establishment of attachment theory and its explanation on the

etiology of coping and relations toward others based on early, formative experiences, several studies (Bartholomew & Horowitz, 1991; Main & Solomon, 1990) have sought to extend or contribute to the knowledge base in how we conceptualize these aspects. One extension on attachment theory was formulated by Main and Solomon (1990), who proposed that an additional form of attachment was needed to explain caregiver and infant dynamics that were not represented through the existing model. Subsequently, disorganized attachment was created to account for a disorganized/disoriented attachment pattern that was observed and then coded in infants and children who did not fit into Ainsworth's (1979) classification system or Bowlby's (1956) attachment theories. According to Main and Solomon (1990), a disorganized child's behavior is unpredictable and shows varied affect that may not be concurrent with the caregiver. Main suggested that a disorganized/disoriented infant or child will present as frightened or confused when separating or reuniting with the caregiver. The inconsistent response is born from the unpredictable interactions from the caregiver. Unfortunately, the inconsistent interactions often stem from neglect and abuse due to the caregiver's substance use or mental illness that causes them not to meet the needs of the child predictably or adequately (Riggs et al., 2007).

Other researchers also extended attachment theory, including Bartholomew and Horowitz (1990), who proposed that attachments occurring in early childhood are connected to troubles with intimacy in adulthood. They distinguished four attachment styles: a secure style and three insecure styles: preoccupied, fearful, and dismissing. Specifically, the researchers asserted that adults with insecure attachment presented with varying styles: a preoccupied or enmeshed attachment (linked to childhood anxious/ambivalent attachment) that portrays a combination of frustration and closeness when attempting to connect with others. The varied methods of attempting to relate to others often leave a preoccupied or enmeshed attached adult to become

confused in interpersonal relationships. Next, detached and dismissing attachment (linked to childhood avoidant attachment) is characterized by disregarding the significance of relationships and their impact on childhood experiences on functioning. The detached style often exhibits greater defensiveness in adulthood, and individuals engage in maladaptive emotional regulation through emotional numbness and lack of understanding between the connection of threatening stimuli and psychological symptoms. The dismissing approach occurs when the individual possesses a positive self-view but rejects the notion of distress or social connection. Alternatively, a securely attached adult exhibits an ease to recall childhood memories with a more balanced sense of positive and negative experiences.

Since its inception, attachment theory has provided a critical lens in which relations between individuals can be understood as a process that begins during infancy. It is through this understanding that contributors (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987; Shaver, Hazan, & Bradshaw, 1988) to the field of psychology have been utilizing and applying attachment theory to their conceptualization of relating throughout the lifespan, intergenerational concerns, and particularly the trajectory of attachment into adult life and couple functioning. It is within couple dysfunction, or conflict and discord, that clinicians often see pathology within a personality that has origins in insecure attachment. Through these focused topics, the evolution and application of attachment theory are summarized within this literature review.

Intergenerational Transmission of Divorce

Throughout its development, attachment theory has provided academics and clinicians a fundamental framework to conceptualize individuals and how they relate to their initial caregivers and then others throughout their lifespan. For example, Hazan and Shaver (1990) posited that adult attachment styles are similar to attachment characteristics in infancy and early childhood, thus, implying these factors may continue across the lifespan. For decades, studies

(Ainsworth, 1979; Banse, 2004; Berry, Wearden, & Barrowclough, 2007; Cohen et al., 2017; Collins & Read, 1990; Feeney & Noller, 1990; Zhao et al., 2015) have found correlations between attachment style and manners of relating to others at varying developmental stages. The link between the responsiveness and capacity for a caregiver to meet the needs of the infant and child have provided researchers and clinicians a useful set of guidelines in determining the likely behavioral patterns one may possess while progressing in age. Many factors have been shown to contribute to the development of attachment from caregiver to child, including dynamics between parents, availability of resources, the quality of interactions between family members, and mental health concerns of the primary caregiver (Kane et al., 2007). For example, studies such as Doyle and Cicchetti (2017) have concluded that aversive caregiving experiences may cause children, adolescents, and adults to possess maladaptive attachment behaviors (seen particularly in those with disorganized attachment) such as lack of social functioning and later ineffective interpersonal dynamics. Despite these findings, the results of the study also gleaned improved interpersonal interactions when attachment model representations were altered to a more adaptive dynamic (i.e., a caregiver shifting inconsistent attention to consistently attending to the child's basic needs). Additionally, the responsiveness of the caregiver is an important factor. When needs are not met, the caregiver's ability to repair the dynamic with the child is also critical.

One of the most clinically relevant aspects of the intergenerational aspect of attachment is that parental pathology greatly influences how attachment is transmitted from caregiver to child (Barbee, 2014). Unfortunately, many factors can contribute to a caregiver possessing and exhibiting maladaptive behavior, including substance use, domestic violence, or mental health concern(s) (Banford, Brown, Ketring, & Mansfield, 2015). For example, individuals raised in

families where a caregiver was diagnosed with a personality or mood disorder were more likely to report an insecure attachment as an adult (Riggs et al., 2007). Broadly, many studies, such as Banford et al. (2015), have found that troubled family-of-origin experiences likely predict recurrent family violence indirectly through distress linked to anxious attachment. More specifically, other studies (Dutton, Denny-Keys, & Sells, 2011) have found that child maltreatment, child mental health problems, and parental personality disorders may have a correlation with intergenerational rates of personality-disordered pathology, specifically antisocial, borderline, and narcissistic personality disorders.

One of the principal consequences studied concerning ineffective romantic relationships is the process of divorce in a couple and family system, including children and adolescents (Brennan & Shaver, 1990). Rates of adults with divorced parents have doubled, particularly rates of adults who reported chronically high levels of parental conflict prior to dissolution (Amato, 1996). Within their study, Amato (1996) found interpersonal behavioral concerns were the largest mediator in the ability to predict intergenerational divorce rates. Examples of these behaviors included the socialization of maladaptive models of relating to others, including the inability to effectively interpersonally communicate and compromise, modeled by parental conflict. Specifically, the ineffective forms of communication most likely to be expressed were jealousy and general mistrust, precipitated by a perceived lack of affection from primary caregivers. Alternatively, Conger, Ming, Bryant, & Elder (2000) found that individuals raised in families with warmth were most likely to pair with romantic partners who exhibited characteristics of warmth and support. These individuals reported a family of origin that was low in hostility. Consequently, insecure attachment appears often to predict patterns in relating to others (e.g., substance use, domestic violence, divorce, increased discord and conflict) that can

be seen from childhood to adult relationships including intergenerational parenting dynamics including increased conflict between family members and a propensity for individuals to engage in physical violence (Banford et al., 2015).

Adult Relationships and Discord

Originally, a majority of the research on attachment and how it relates to one's view of self and interpersonal functioning focused on the caregiver-child relationship (Ainsworth, 1979; Bowlby, 1956). As attachment theory progressed, researchers began to evaluate how the dynamic impacted individuals as they transitioned into adulthood (Ainsworth, 1989; Bartholomew & Horowitz, 1991). Ainsworth (1989) suggested the individuals begin to apply their learned expectations and dynamics with their primary caregiver to other relationships, including other family members, peers, and caregivers. As people grow beyond infancy and adolescence, their relationships become varied, and their initial experiences with connecting and communicating with their primary caregiver begin to manifest in other attachment relationships. Ainsworth noted these experiences are complicated by factors such as gender and hormonal changes within the individual, particularly in adolescence, when an individual is establishing autonomy from the family of origin. Ultimately, Ainsworth (1989) asserted in her later work that an individual's adult attachments warrant further exploration, including identifying affectional bonds and the diverse attachments an individual develops beyond primary caregivers.

Additionally, Hazan and Shaver (1987) implied that love and romantic relationships are an attachment process, akin to Ainsworth's conceptualization. They proposed that individuals with secure attachments identified with increased rates of fulfilling adult romance and relationships. However, anxious-avoidant partners reported more unpredictable and unstable relationship patterns pertaining to romantic relationships and attachment styles, such as lack of consistency, perceived predictability, and pleasure reported within their partnerships. The

perceived deficits within a romantic relationship of insecurely attached individuals were thought to originate from anxiety, fear, and uncertainty experienced within the formative caregiver-child relationship (Ainsworth, 1979) that dictate the unstable internal working model (Bowlby, 1956) that facilitates how these individuals view themselves, others (including romantic partners), and the world around them (Hazan & Shaver, 1987).

Within the existing literature, it has been documented that childhood attachments appear to extend into adulthood, impacting relationship dynamics as one ages. Individuals who possess an insecure attachment tend to harbor greater negative feelings when recalling early family dynamics. For example, individuals with avoidant attachment are likely to report early separation from their primary caregiver and to express mistrust of others. Alternatively, anxious-ambivalent individuals assert low levels of independence. Alternatively, securely attached individuals tend to relay overall positive perceptions of early family relationships (Feeney & Noller, 1990). Overall, Collins and Read (1990) discovered that adults tend to seek similar attachment styles and subsequently experience differences in perceptions of relationships as a result. Additionally, it appears that attachment styles dictate relational features, such as trust, satisfaction, interdependence, and commitment (Simpson, Collins, Tran, & Haydon, 2007) in that individuals seek out what is familiar, based on early relationships. Not only is attachment seen to be an indicator of a couple's relational patterns, it may also predict the outcome of marriage as well. For example, Ceglian & Gardner (1999) found that people with multiple marriages are more likely to be avoidantly attached, and those marrying for the first time to a previously married person have similar insecure attachment styles.

Given that attachment appears to influence how one chooses a partner, the model of dyadic adjustment (Cook & Kenny, 2005) in adult relationships is a useful way to conceptually

integrate a view of interdependence within the couple to determine how the relationship is experienced. The model suggests that avoidant and anxious behaviors are bidirectional and influenced by maintenance behaviors that dictate relationship functioning (Cook & Kenny, 2005). Therefore, it seems that individuals come together based on their attachment security (i.e., secure or insecure) and subsequently engage in interactions based on that formation. In their work regarding couple dynamics, Kobak and Hazan (1991) stated that attachment security and emotional communication likely mediate working models and marital adjustment. Behaviors documented in heterosexual couples revealed that a husband's attachment security (i.e., insecure or secure) negatively correlated with the act of rejection on behalf of the wife during problem-solving. For example, men with an insecure attachment were more likely to report conflict when problem-solving with a spouse. Alternatively, the wife's security (i.e., insecure or secure) positively correlated with the husband listening during confiding. For example, women who reported a secure attachment were more likely to reveal attentive listening behaviors from their spouses when confiding. Researchers have been evaluating partners' reports of relationship adjustment and their state of mental health using dyadic analysis Cook & Kenny (2005), finding that when assessing discord and couple adjustment, marital adjustment is highly correlated with perceived stress. It appears the association is not only between individuals' own reporting of relationship discord and mental health but also between their report of relationship discord and their partners' mental health (Whisman & Baucom, 2012). Therefore, not only are individuals entering maladjusted relationships with insecure attachment and/or mental health concerns, but they are additionally impacted by their partners' potential insecure attachment and/or mental health as well.

Within the literature (Domingue & Mollen, 2009; Ebrahimi, & Kimiaei, 2014; Whisman, 2013), attachment has been described as appearing to be associated with two prevalent couple interactions and behaviors: communication patterns and discord (lack of intimacy and satisfaction). Research has found a correlation between attachment styles and communication patterns. For instance, anxious attachment styles have been correlated with lack of mutual constructive communication in divorcing couples, and avoidant attachment styles have been correlated with a demand/withdraw pattern (Ebrahimi & Kimiaei, 2014). Moreover, increased rates of irrational thoughts appear to be related to insecure attachments in divorcing couples (Ebrahimi & Kimiaei, 2014). Also, it has been documented that when engaged in discordant interactions, there may be gender differences seen within couples. For example, when measuring relationship quality, the best predictor of relational success with women was how comfortable a partner was with closeness in communication. Alternately, men reported greater satisfaction with women who reported lower levels of fear abandonment or lack of love (Collins & Read, 1990). More specifically, related to communication, varying attachment styles appear to lead to different communication patterns. As such, relationships in which both partners report a secure attachment were seen to engage in more mutually constructive communication, including conflict resolution and the ability to maintain a stable affect when addressing concerns. Alternatively, couples with one or more insecure individuals reported predominantly demand-withdraw and mutual avoidance and withholding communication interactions (Domingue & Mollen, 2009). Overall, the current body of research implies that two securely attached individuals are more likely to engage in positive, constructive communication. Unfortunately, it appears that in couples with one or more insecurely attached individuals, there is an increase in

levels of negative, destructive communication, including the inability to mediate affect during disagreements and increased rates of discord during conflict resolution.

Intimacy and satisfaction also appear to be impacted by attachment styles. When a couple appears to engage in conflict or discord, it is likely that intimacy and satisfaction decrease. Discordant couples appear to report higher conflicts, and the current research indicates that attachment plays a role in couple functioning. One such study (Cohn et al., 1992) revealed that securely attached individuals were in higher functioning relationships and reported fewer conflicts. They found that within a coupling, higher functioning was reported with one or more securely attached individuals with higher functioning, fewer conflicts, and less discord compared to two insecure individuals (Cohn et al., 1992). Insecure attachment, namely anxiety and avoidance type, appears to have detrimental effects on increasing discord and decreasing intimacy and satisfaction in couples. Broadly, couples with increased anxiety who both fear abandonment or have difficulty with closeness tend to endorse increased discord and negative views of their relationships (Kilman, 2012).

Furthermore, individuals with attachment anxiety and avoidance may predict lower rates of satisfaction with intimacy (Brassard, Péloquin, Dupuy, Wright, & Shaver, 2012). When couples face conflict, attachment also impacts the way they process and resolve their concerns. For example, individuals who are anxiously attached may reveal greater perceived threats and higher levels of displeasure within their relationships. Alternatively, for avoidantly attached partners, regardless of satisfaction, they may continue to relate negative expectations of their relationship (Collins et al., 2006). Finally, Bradley & Hojjat (2017) found that couples who engage in high amounts of avoidance may impact satisfaction negatively. Despite the patterns in which couples may find themselves entrenched in discord that subsequently erodes adaptive

communication, intimacy, and satisfaction, some factors likely act as buffers and encourage interactions, including social support, resilience, and a secure attachment (Bradley & Hojjat, 2017). Overall, attachment appears to have a significant impact not only on the individual but on later adult relationships.

Descriptions of Personality Disorders

To date, researchers have discovered a link among attachment concerns, relationship discord, and personality pathology (Mauricio, Tein, & Lopez, 2007). The Diagnostic and Statistical Manual-5th Edition (DSM-5; American Psychiatric Association, 2015) defines a personality disorder as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment." (DSM-5; American Psychiatric Association, 2015, p. 645). A personality disorder causes significant, global impairment to one's functioning in a stable manner and causes an individual's view of self, others, and the world to become fixated. The static manner in which an individual with a personality disorder develops is often difficult to change. Despite being chronic after development, personality disorders vary greatly between individuals; therefore, the diagnosis can be challenging without proper training. The terminology of a personality disorder has changed with the current DSM-5, shifting the duty from labeling as a disease to the behavior of an individual, specifically behavioral, emotional, cognitive, and physical attributes. These factors tend to impact individuals' functioning in terms of decision making and impulse control, as well as their everyday personal and professional life (DSM-5; American Psychiatric Association, 2015).

To conceptualize personality disorders, the two most common pathways are the dimensional and categorical approaches (Schoenleber & Berenbaum, 2012). First, the categorical

model suggests that individuals with personality disorders vary differently in their behaviors than individuals who do not meet the criteria for a personality disorder. Alternatively, the dimensional approach suggests that individuals with personality disorders exhibit the same traits, but on a continuum or spectrum of intensity or severity. Overall, personality disorders are found in only 0.5-2.5% of the general U.S. population (DSM-5; American Psychiatric Association, 2015; Veague, 2007). Specifically, individuals diagnosed with a cluster B personality disorder have the propensity to exhibit erratic, emotional, and/or dramatic behavior (Veague, 2007).

Cluster B personality disorders. Current research (Aaronson, Bender, Skodol, & Gunderson, 2006; Levy et al., 2015; Riggs et al., 2007) emphasizes that certain personality disorders may be more affiliated with insecure attachments and couple discord due to prior studies linking their propensity to engage in conflict and exhibit dysregulated emotions (South, 2014). For purposes of this review, the focus of analysis is limited to cluster B personality disorders. Alternatively, several personality disorder diagnoses appear to have moderate to minimal focus within the literature and are addressed later in the review to address the potential need for future clinical focus.

The DSM-5 classifies cluster B personality disorders as including antisocial personality disorder (ASPD), histrionic personality disorder (HPD), borderline personality disorder (BPD), and narcissistic personality disorder (NPD) (DSM-5; American Psychiatric Association, 2015). To be diagnosed with a personality disorder, several personality traits must be inflexible and cause functional impairment and/or distress within the individual and his or her life. The problem individuals with a personality disorder face may be in their personal, academic, and/or professional lives.

ASPD is characterized by a pervasive pattern of disregard for the rights of other people that commonly manifests as aggression and hostility toward others through deceit and manipulation (Sher et al., 2015). ASPD often begins in childhood and adolescence. The individual does not experience remorse or empathy toward others but can mimic these feelings to manipulate others for his or her own gain. Common early indicators of ASPD are harming/torturing animals or people, bullying others, and engaging in serious violations of laws or conduct (e.g., stealing, lying, fire setting). Conduct disorder is often diagnosed in early years and precedes ASPD. Individuals with ASPD are impulsive and engage in risky behaviors without regard to consequences, causing them to face substance abuse, interpersonal conflict, accidents, legal conflict, incarceration, and unemployment.

HPD consists of patterns of dramatic and attention-seeking behaviors that may increase when the individual becomes threatened by others and is not the focus of attention in social settings. Often expressing an exaggerated level of emotions that, in reality, represents shallow or vague feelings, individuals with HPD are uncomfortable being alone and engage in provocative dress to ensure they garner the attention they desire. Despite their wish to be engaged in intimate relationships, their overly-expressive but hollow display of emotions causes them to become isolated interpersonally and perceive relationships as closer than they actually are (Coid & Ullrich, 2010).

NPD is characterized by a sense of entitlement, feelings of grandiosity, empowerment, and superiority stemming from a deep sense of inferiority and inadequacy. Individuals with NPD often appear arrogant and manipulate others for their own gain. Believing they are special and deserve preferential treatment, people with NPD may appear conceited or self-righteous. Their desire to be powerful and exert their control over others can be minimized and tainted when

faced with the realization they are evaluated as normal or average. Common reactions when faced with these factors are anger, rage, and shame, which they project onto others to establish dominance. Interpersonally, individuals with NPD are often conflictual, lack empathy, and appear superficial (Watters, Bagby, & Sellbom, 2018).

BPD is clinically diagnosed in individuals facing unstable, intense emotions that may shift without warning and vacillate in intensity (Levy et al., 2015). They often have trouble neutralizing their emotions during times of distress and may become increasingly aggravated at their inability to mediate their emotional states. Subsequently, individuals with BPD often exhibit mood shifts that cause confusion and isolation. To cope with their emotional states, individuals with BPD may engage in impulsive behavior such as substance abuse, self-injury, overspending, disordered eating, and risky sexual encounters to self-soothe. Two key features of BPD thinking include dichotomous thinking and an unstable sense of self. The dichotomous thinking is often harshly applied to themselves and/or others as all good or all bad, with opinions often shifting without warning. An unstable sense of self often causes individuals with BPD to engage in inconsistent behaviors related to their lives, and they often shift focus and report feelings of emptiness and devaluation. Overall, the current research implies that individuals who exhibit cluster B pathology will likely face conflict in their interpersonal lives, particularly with regard to romantic relationships in terms of lack of boundary setting, inconsistent approaches to communication, and even the potential to engage in emotional or physical discord.

Couple Discord

Interpersonal concerns are often a large component in determining an accurate clinical picture of pathology and conceptualization. Perhaps one of the largest aspects of interpersonal functioning is discovering how an individual behaves toward others in a romantic context. Within every relationship, there are established ways of communicating and expressing desires

or needs. To understand couple discord, or the lack of adjustment within an existing relationship, several components need to be understood. First, discord needs to be measured. Second, the discord must be explored: what does it commonly look like in couples and what frequently contributes to couple discord. The following section reviews common ways described in the literature that these questions have and continue to be addressed.

Several theoretical orientations and therapeutic techniques have created or utilized measurements to analyze couple discord. There are three commonly used general measurements of couple discord: the Quality of Marriage Index (Kobak & Hazan, 1991), the Dyadic Adjustment Scale (Whisman, Beach, & Snyder, 2008), and the Marital Satisfaction Inventory-Revised (Whisman, Beach, & Snyder, 2008). These three measurements are often used in both clinical work and empirical research when gathering data to appraise the status of relationship functioning. Much of the literature related to couples' adjustment and discord focuses on the measurement and nature of common themes in relating. For example, Whisman, Beach, & Snyder (2008) stated that marital discord is taxonomic and that discordant couples differ qualitatively and quantitatively from non-discordant couples. Therefore, it is important to note that not all discordant aspects can be measured, and some are simply qualities of the couple or individual that, regardless, impact the ability to relate effectively.

The analysis of the presentation of couple discord can be seen in a variety of methods depending on the orientation and approach in a clinical setting. Three commonly referenced methods of assessing couple discord are behavioral/integrative couples' therapy (BCT/IBCT; Roddy, Nowlan, Doss, & Christensen, 2016), EFT; Johnson & Talitman, 1997), and Gottman couples therapy (Gottman & Levenson, 1988). In BCT/IBCT, discord is directly observed to review maladaptive and ineffective behavioral patterns that lead to concerns between the couple.

Behaviors are then modified to encourage adjustment. Next, EFT utilizes observation and task-analysis through an in-vivo process to determine the couple's attachment styles, reveal identity issues, and modify faulty self-regulation. EFT explores ways in which negative interactions can be corrected by healing attachment injuries of the individuals that perpetuate maladaptive ways in relating to their existing relationship (Johnson, 2004). Finally, the Gottman method (Gottman & Levenson, 1988) utilizes the Cumulative Rapid Interactions Scoring System, the sound relationship house theory, and the four horsemen to measure discord in a couple's interactions. The Cumulative Rapid Interactions Scoring System measures the engagements and thoughts between couples to determine if they are low- or high-risk regarding conflict. The sound relationship house measures trust and commitment of a relationship in a scaffolding manner, measuring first love maps that identify if a couple is aware of one another's life and world. Then, "trust and commitment," "turn toward instead of away," "the positive perspective," "manage conflict" (i.e., accepting influence, dialogue about problems, and self-soothing practice), "make life dreams come true," and "create shared meaning" analyze the approaches in which couples interact with one another and value their relationship. Finally, the four horsemen of the relationship apocalypse assess contempt, stonewalling, criticism, and defensiveness in couples that Gottman asserted perpetuate discord in couples (Gottman & Silver, 1999).

In each of the previously described theoretical orientations, the couple is observed and assessed by a licensed professional trained to administer the appropriate measures, conceptualize, and apply interventions on a case-by-case basis. A discordant couple may communicate, function, and present in various manners. Studied through observation, empirical measurement, and within the clinical context of therapy, the dynamic has been studied in numerous ways. Broadly, when referring to couples' discord, Oltmanns and Castonguay (2013)

stated that marriage relational discord (MRD) is inherently dyadic, thus, it can be understood with a systemic perspective. Oltmanns and Castonguay (2013) stated that in many settings, couples discord may be based on partner choice, and clinically can be referenced under the DSM-5 description of "other conditions that may be a focus of clinical attention" (DSM-5; American Psychiatric Association, 2015). The results of this study (Oltmanns & Castonguay, 2013) found that MRD consists of chronic feelings of negativity regarding the relationship, including harboring a need to leave the relationship, anger, and frustration. According to MRD, couples in discord may often attribute negative aspects to their partners' perceived actions, which subsequently perpetuate negative behaviors that erode relationships and then cycle into further negative feelings and attributions. Alternatively, Whisman (2013) applied the Marriage Satisfaction Inventory-Revised (Whisman, Beach, & Snyder, 2008) to create a marriage discord taxon: global distress, time together, sexual dissatisfaction, affective communication, and problem-solving communication. The results gleaned from this study, by identifying couples as discordant or non-discordant, revealed the taxon is an easily administered tool that can assist clinicians in determining clinically relevant couples that may be prone to conflict by means of lack of effective communication, inability to problem solve, and higher levels of dissatisfaction compared to non-clinical counterparts.

Additionally, other studies, such as Kumar and Rani (2015), have found discordant couples often report extramarital affairs, domestic violence, substance abuse, and loneliness within their relationships. In EFT, couples will likely engage in a cycle of ineffective communication that causes conflict and feelings of discord (Johnson & Talitman, 1997). Conflictual patterns of interacting are tracked and processed by the therapist to correct underlying unmet needs from childhood, likely leading to an insecure attachment and playing out

in their adult relationship (Johnson, 2004). Last, according to Gottman and Silver (1999), a discordant couple will either resolve their concerns, or they will be perpetual or chronic via poor communication or emotional distancing. As such, through a scaffolding effect, couples will explore concerns such as failed bids in communication, that leave them feeling misunderstood or ignored and revisit interactions, such as the intimacy of friendship, to recreate new meaning in their relationship (Gottman & Silver, 1999).

Finally, within the existing literature, couple problems most related to its members appear to be: general distress; troubles with intimacy and trust; ineffective approaches toward communication; collaboration, and conflict resolution; negative or low view of self and others based on an insecure attachment; and increased rates of mental illness; domestic violence; substance use; and legal complications (Kane et al., 2007; Monteoliva, Garcia-Martinez, & Calvo-Salguero, 2016). As a result of these factors, individuals with increased romantic discord tend to report higher rates of breakup and divorce (Brennan & Shaver, 1990).

Statement of the Problem

Childhood insecure attachment that extends into adulthood and negatively impacts couple discord of adult romantic relationships has been studied in various manners for decades (Cohn et al., 1992; Monteoliva, García, & Calvo, 2016; Simpson et al., 2007) particularly through the lens of depression (Whisman, 2013), domestic violence (Banford et al., 2015), intergenerational divorce rates (Brennan & Shaver, 1990), substance abuse (Ogloff, Talevski, Lemphers, Wood, & Simmons, 2015), and certain personality disorders such as BPD (Aaronson et al., 2006). However, the current literature lacks robust data on which insecure attachments tend to best predict later adult discord, particularly related to clinical relevance within cluster B diagnosis. Despite several cluster disorders (Levy et al., 2015) having adequate research and analysis regarding attachment style and clinical cluster diagnosis, others, such as OCPD and histrionic

personality disorders, are lacking available analysis. As clinicians are attempting to account for various couple dynamics, it is troubling that a diverse amount of literature is not available related to these factors. The lack of literature and discussion connecting insecure attachment, couple discord, and pathology of cluster B personality disorders is needed for future study to shed light on dynamics in clinical settings to provide appropriate interventions.

Purpose of the Study

The ability to determine an individual's attachment style trajectory assists in establishing an accurate conceptualization and a greater understanding of the person's interpersonal functioning. Furthermore, the capacity to better predict how various attachments dictate interpersonal functioning, particularly related to couple adjustment, allows clinicians to correlate these potential findings to relationship outcomes within therapeutic treatment. This review of the current literature intended to shed light on both the strengths of the psychological field's understanding of what insecure attachments are most likely to be linked to couple discord and what opportunities exist for future study. Next, the review sought to better understand which cluster B personality disorders are most impacted by insecure attachment and couple discord. Also, the potential for future studies regarding possible gaps gleaned within the literature at the time of review is examined. Additionally, a discussion of clinical interventions is examined when addressing discordant couple dynamics. Finally, deficits within the literature and opportunities for future studies regarding the interaction of these factors are discussed.

The current body of literature lacks data on the impact of attachment in discordant couple dynamics related to cluster B diagnosis. As such, it can be presumed that an analysis of significant cluster B pathology, impacted most within adult relationships, is needed for clinicians to continue obtaining a comprehensive conceptualization of these various components, specifically how they relate to presentation and effective clinical interventions. The review was

driven by a desire to assist clinicians in formulating precise conceptualizations and treatment planning when working with couples that are experiencing discord and identify areas of future analysis to guide future research.

Literature Review Questions

The following questions guided this critical review project:

1. Which styles of insecure attachment best predict later adult couple discord?

2. What personality disorders are more closely associated with a higher prevalence of insecure attachment and couple discord?

3. What best practices in clinical psychotherapy treatments are more effective in treating clients with insecure attachment styles and possible cluster B personality disorders who are also experiencing couple discord?

Research Procedure/Methodology

For this critical literature review process, ProQuest Central and EBSCO article databases were used to obtain scholarly journals, peer-reviewed articles, and texts. The following search terms were utilized when reviewing the current research: *attachment and relationship satisfaction, attachment and marriage outcomes, attachment styles and adult relationships, varying attachment styles and associated pathogenesis, varying attachment styles and associated pathology, attachment styles and mental illness, secure attachment and adult relationships, attachment dimensions and adult DSM-5 diagnosis, couples therapy and psychopathology, emotion-focused therapy and attachment, attachment and personality disorders, attachment and schizoid personality disorder, attachment and schizotypal personality disorder, attachment and paranoid personality disorder, attachment and antisocial personality disorder, attachment and borderline personality disorder, attachment and histrionic personality disorder, attachment and avoidant personality disorder, attachment and dependent personality disorder, attachment and*

obsessive-compulsive personality disorder, EFT and insecure attachment, emotion-focused therapy, attachment throughout the lifespan, protective factors relationship satisfaction, Attachment and personality disorder interactions, personality disorder dyads, couple clinical disorder dyads, and *attachment and actor-partner interdependence model.*

Limitations/Delimitations

The current literature review attempted to be comprehensive when assessing current research on the trajectory of attachment style related to couple discord and adjustment when accounting for cluster B pathology. When researching the current literature and empirical studies related to these foci, an effort was made to be as thorough as possible when including numerous databases, methods, and parameters. However, it is not an exhaustive review, as access and availability to nationwide research may have been restricted. Therefore, the author acknowledges inherent limitations exist within the literature review.

CHAPTER II: WHICH STYLES OF INSECURE ATTACHMENT BEST PREDICT LATER ADULT COUPLE DISCORD?

Current Research on Insecure Attachment and Couple Discord

Within the current literature, the researched link between insecure attachments and interpersonal concerns is quite vast, with over a dozen studies supporting this link. For example, in their groundbreaking study, Hazan and Shaver (1987) hypothesized that attachment style in childhood may be static and predict later couple relationship dynamics. To test their hypothesis, they administered questionnaires to 620 adults related to attachment style and romantic love experiences. Specifically, Hazan and Shaver (1987) found that romantic love between adult partners is an attachment process akin to that of infants and their caregivers, in that various attachment styles predict interactional behavior between the individuals engaged within the affectual bond. Moreover, the researchers found that varying attachment styles in childhood, still present in adulthood, impacted how romantic love was perceived. For instance, individuals with a secure attachment found it easier to trust their partner. Alternatively, those with an insecure attachment (i.e., avoidant, anxious/ambivalent) reported barriers in getting close to romantic partners, including nervousness, distrust, avoidance of intimacy, and general discomfort (Hazan & Shaver, 1987). These results were correlated with additional research completed by Feeney and Noller (1990). The researchers administered questionnaires related to attachment styles and beliefs of relationships to 374 undergraduate students and found that attachment styles strongly predicted self-esteem and correlated to various ways in which the individual conceptualized and processed love in romantic relationships (Feeney & Noller, 1990). Ultimately, Feeney and Noller (1990) found that individuals with a secure attachment reported higher levels of both individual self-esteem and efficacy compared to their insecurely attached counterparts. Additionally, individuals with insecure attachments reported concerns not only with internal regulation of self-

esteem but doubted their partners would meet their needs. The ramifications of these studies were profound, as their data suggested that attachment dynamics likely continue throughout one's lifespan.

Furthermore, after analyzing the four-category model proposed by Bartholomew (1990) and the three-category typology of Hazan and Shaver (1987), Brennan and Shaver (1990) sought to analyze how attachments were impacted by parental marriages, including witnessing the process of divorce. The researchers (Brennan & Shaver, 1990) administered 863 questionnaires regarding attachment and inquiries regarding respondents' parental dynamics throughout their childhood and found that males responded with higher rates of avoidant attachment, and females reported higher rates of fearful attachment after witnessing their parents' divorce in childhood or adolescence. Alternatively, individuals with a secure attachment were more likely to report their parents' marriages were still intact.

Despite these studies, understanding how each partner's attachment style is impacted within a couple relationship is still developing in terms of how clinicians can understand this dynamic and assess and intervene to correct client experiences and improve relationship qualities in their life. Clinicians often utilize the Adult Attachment Inventory when assessing attachment style, and many studies have sought to determine how different attachment styles impact relationships. Overall, much of the research (Brennan & Shaver, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987) has found that individuals with a secure attachment have a much easier process when responding to both their own needs and those of others. Alternatively, individuals with an insecure attachment may find it harder to accept themselves and others as consistent providers of their needs. Subsequently, individuals with an insecure attachment may find it difficult to relate effectively with others, thus, risking an increase in discord when engaging in

relationships. The current body of research (Brennan & Shaver, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987; Kane et al., 2007; Levy et al., 2015) suggests that insecurely attached children will likely become insecurely attached adults. Several studies have discovered links between anxious attachments and troubles regulating affect, particularly in communication patterns with partners. For example, Simpson et al. (2007) conducted a longitudinal study of 78 individuals who were analyzed from infancy to adulthood (mid-20s), monitoring how the development of attachment impacted the level of positive vs. negative emotions with romantic partners. Their study (Simpson et al., 2007) found that securely attached individuals reported greater social efficacy and more positive emotions when interacting with peers and romantic partners from childhood to adulthood. More specifically, the study reported that in romantic partnerships, insecurely attached adults report emotions that are less positive and over-regulate their negative emotions compared to their securely attached counterparts. As a result, concerns such as discord and conflict resolution are negatively impacted, as these insecure adults are likely preoccupied with negative emotions such as fear of abandonment and assuming negative evaluations from their partners (Simpson et al., 2007). However, despite these findings, the focus appears to have been on the individual experience, rather than the interactions between partners when accounting for insecure attachment types and their impact on couple discord. As such, there is still a need to evaluate further which insecure attachments best predict later adult couple discord, particularly as a dynamic within couple relationships when one or both partners are insecurely attached.

Much of the current body of research has shown how the impact of developing an insecure attachment leads to inconsistent, dissatisfying, and confusing perceptions of self-view, view of others, and view of the world. The dynamics leading to the development of an insecure

attachment broadly occur after one's caregiver is routinely unable or unwilling to respond adequately to the individual's needs during infancy and childhood, thus, causing a sense of insecurity both within that relationship and later between others (Ainsworth, 1979; Bowlby, 1956). Insecure attachments appear to extend into adulthood and impact these interpersonal dynamics as well. One of the most significant aspects of adult relationships is a romantic partnership. Furthermore, it appears that discord may be linked to both an individual's inability to relate to a partner, and if one or both partners have insecure attachments, their inability to relate to one another effectively. For example, Cook and Kenny (2005) found that attachment in adulthood is often bidirectional, in that attachments impact relationship quality and function. Ultimately, there appears to be an association with both an individual's discord and mental health concerns and that of his or her partner (Whisman & Baucom, 2012). Overall, researchers found that couples with attachment avoidance and anxiety often reported high levels of discord within their relationship, particularly when both partners were insecurely attached (Alves et al., 2015). Other studies have examined the impact of insecure attachment and couple discord. For example, Wei, Vogel, Ku, and Zakalik (2005) studied the attachment and reported affect and relationship dynamics of 229 college students. They found an association between insecure attachment and interpersonal conflict characterized by a great deal of emotional volatility, specifically in that insecurely attached individuals were more likely to engage in increased rates of emotional reactivity and cut off when engaged in discord with partners compared to their securely attached counterparts (Wei, Vogel, Ku, and Zakalik, 2005). The current literature broadly states that insecure attachments may correlate to couple discord. However, it is also useful to analyze how varying insecure attachments operate and impact discord within a romantic relationship.

Secure Attachment and Couple Discord

Individuals with secure attachments tend to experience greater efficacy as they explore their environment in an inquisitive yet confident manner. Caregivers of securely attached individuals are often described as attentive to their child's needs in a timely and consistent manner (Ainsworth, 1979). As adults, securely attached individuals ultimately feel loved, attended to, and that their wishes and needs will be met by themselves and others (Ainsworth, 1989). Extending on how secure attachment impacts adult relationships, Bartholomew and Horowitz (1991) stated that individuals with a secure attachment are generally comfortable with intimacy, will maintain autonomy within relationships, and when resolving conflict, they will constructively attend to matters. As securely attached individuals progress through the lifespan and begin entering into romantic partnerships, these effective ways of relating are applied to these relationships as well. As couples inevitably cope with varying levels of discord within their relationship, individuals with one or more securely attached members appear to have greater resources to address and resolve conflict, such as mediating affect and expressing needs (Ainsworth, 1989; Bartholomew & Horowitz, 1991). Therefore, it is likely that securely attached couples have less discord for several reasons. First, they are more apt to have a more self-supporting and stable identity, thus, mitigating maladaptive habits such as enmeshment and triangulation (Goldman & Greenberg, 2013). Second, they tend to possess more harmonious, efficacious, and supportive relationships with others around them, and therefore, they are more likely to have support beyond their relationship (Kobak & Hazan, 1991). Finally, due to these factors, securely attached individuals have likely obtained effective strategies to relate their needs and mediate conflict with others, thus, decreasing both the rate of discord and skills at which it is neutralized and resolved for both parties (Kane et al., 2007).

Anxious Attachment and Couple Discord

Children who possess an anxious attachment style are often insecure and unsure of themselves or others. Their caregivers are often inconsistent in how they attend to the individual, which in turn, causes the child to become unsure whether his or her needs will be met (Ainsworth, 1979). As an adult, these individuals often cannot rely on their needs being met by others, and this is often a significant source of stress and uncertainty as they navigate the world. Therefore, they may develop an inconsistent way in which they relate to others, which perpetuates feelings of tension and anxiety. Furthermore, due to the confusion in anticipating others' capacity to address their needs, anxiously attached individuals may become fearful or overbearing in relationships in a failed attempt to connect. They also commonly devalue their own identity and needs while simultaneously valuing others, which often creates a negative self-view and a tendency to rely on others for security and meaning (Landucci & Foley, 2014). While devaluing themselves and valuing others, anxiously attached individuals may risk losing autonomy within a relationship. Ross, Hinshaw, and Murdock (2016) found that anxiously attached individuals often exhibit a negative self-evaluation and alternatively view others positively. As a result, the individual views self as often abandoned or rejected by others, causing increased volatility in effect, dependent traits, and chronic focus on losses with a theme of being undeserving of love.

Furthermore, it was found that anxiously attached individuals have a challenging time coping with negative emotions and often rely on others through triangulation to resolve conflict. Bartholomew and Horowitz (1991) suggested that individuals with an early anxious attachment develop an anxious-preoccupied attachment as adults. These individuals may become overly-invested and involved with others, demanding a great deal of attention and affirmation that, in turn, reinforces their self-worth. Additionally, Campbell and Marshall (2011) found that

anxiously attached individuals exhibited erosive behaviors in romantic relationships, namely when they feel insecure in not only triggering but also neutral or benign situations. Campbell and Marshall (2011) also stated that there is a great deal of opportunity for further research to examine how anxiously attached individuals interact within couple dynamics. Finally, Goodboy, Dainton, Borzea, and Goldman (2017) posited that insecurely attached individuals would utilize negative maintenance behaviors within their relationships more than securely attached individuals (i.e., anxiously attached individuals may often attend excessively to their relationship). By studying 227 dyads and how they utilized (or omitted) negative behaviors within their relationships, such as jealousy, increased discord, and infidelity found that an individual who is partnered with an anxiously attached individual reports lower levels of autonomy, trust, and satisfaction (Goodboy et al., 2017).

Avoidant Attachment and Couple Discord

Individuals with an avoidant attachment style rarely use their caregivers as a safe base when exploring their environments and are distant toward others during the reunion phase to both familiar faces and strangers alike. Their caregivers are often distant and disengaged themselves, modeling behavior that is, at times, apathetic and removed (Ainsworth, 1979). The distance the caregiver exhibits is often perceived by the infant or child as a form of perpetual rejection of his or her relevance and needs. The infant's connection is initially craved and desired but is eventually suppressed to avoid future rejection and disappointment. The dynamic is stressful for the infant, and therefore, as a failsafe, these children disengage their attachment needs as a form of self-preservation by becoming distant and internally self-reliant. Overall, Ross, Hinshaw, and Murdock (2016) found that individuals who possess an avoidant internal working model may outwardly evaluate themselves in a positive or superior manner. However, others are often seen as a threat to independence and self-reliance. Avoidant individuals often

portray positive evaluations that mask feelings of powerlessness, worthlessness, and failure due to early rejections. In turn, they cope with these experiences through internalizing, numbing, and isolating from others to avoid further perceived rejections and disappointment. As adults, avoidant individuals may subconsciously or consciously believe their needs will not be met, and therefore, do not believe others will attend to their wants and desires. These individuals are less likely to reach out to others for comfort or connection and may internalize their experiences, as they do not believe their needs will be attended to. Bartholomew and Horowitz (1991) posited that children who develop an avoidant attachment are likely to become adults who develop either a dismissing-avoidant or fearful-avoidant attachment. Individuals with a dismissing-avoidant attachment are compulsively self-reliant while downplaying their needs or the importance of close relationships. Subsequently, they often avoid intimacy as a way to cope with their view that others will not meet their needs. Alternatively, other children who possess an avoidant attachment may develop a fearful-avoidant attachment. These adults may feel dependent upon others but avoid intimacy, as they fear rejection due to low self-esteem and high amounts of anxiety.

Furthermore, Bartholomew and Horowitz (1991) stated that fearful-avoidant or dismissive-avoidant individuals choose not to express their internal emotional experiences, and therefore, predominantly portray anger and indifference during periods of conflict. As avoidantly attached adults enter romantic relationships, patterns of indifference and disengagement often lead to discord, as methods of effective communication are stunted by the compulsion to cope with rejection through habitual disengagement. Several studies (Brennan & Shaver, 1990; Feeney & Noller, 1990; Kane et al., 2007) have found that when both members of a relationship are avoidantly attached, this dynamic decreases effectiveness at resolving conflict, as both

members will likely internalize experiences and downplay the need for collaboration and communication. However, this pairing also increases relatedness in terms of agreement on how to address discord and may seem beneficial to the couple in the short-term. For instance, Feeney and Noller (1990) stated that both members are more likely than other attachment styles to avoid intimacy and, therefore, will likely perpetuate a sense of distance within their relationship. Alternatively, when only one member is avoidantly attached, this dynamic causes a great deal of discord due to the nature of internalization that decreases the capacity for communication in resolving discord, particularly when the other non-avoidantly attached member wishes to address conflict (Goodboy et al., 2017).

Disorganized Attachment and Couple Discord

Attachment theory has been extended to assist in the conceptualization and understanding of how varying patterns of interacting in childhood lead to pervasive patterns of relating later in life. A missing component from Ainsworth's *Strange Situation* was children who used several methods of interacting with their caregiver inconsistently and fearfully. These infants were uncategorized, thus, not identified by an attachment style in Ainsworth's studies (Ainsworth, 1979). In her work, Mary Main (Main & Solomon, 1990) sought to fill this gap of understanding. She proposed that some infants and children form a disorganized attachment. In a disorganized attachment, the infant or child commonly appears dazed, depressed, fearful, and angry. Disorganized children often come from volatile and chaotic homes and are often wary or scared of their caregivers. It has been found that individuals with a disorganized attachment may be at greater risk of developing reactive attachment disorder, characterized by a sense of being hypervigilant, withdrawn, uninhibited, or resistant to comfort. Unfortunately, many children who form a disorganized attachment have caregivers that have difficulties with mental illness and substance abuse (Main & Solomon, 1990). When studying attachment, Brennan & Shaver (1990)

found that children with a disorganized attachment often had caregivers who suffered from alcoholism and depression, and commonly perpetrated abuse due to these factors, which contributed to severe levels of dysfunction and lack of safety. The trauma of instability and lack of safety, nurturance, and consistency in these homes often cause a great deal of stress for the child. As disorganized children become adults, they become confused and overwhelmed when relating to others because they do not have a consistent strategy to cope with the level of chaos that has dominated their lives. The confusion and fearfulness stem from both the volatile interactions with their caregiver and the unclear identity they develop as a result. As children, individuals who develop a disorganized attachment suffer greatly, as the source of their fear is the individual who should serve as their safe base. As adults, individuals with a disorganized attachment who have faced trauma often find engaging in adult interpersonal relationships very challenging (Brennan & Shaver, 1990). Unfortunately, increased levels of discord within romantic partnerships can be seen through the lens of intergenerational rates of substance use and severe levels of pathology (Liotti, 2013). Specifically, studies such as Doyle and Cicchetti (2017) have found that early maltreatment and the development of a disorganized attachment often cause dysfunction within later romantic relationships, including the likelihood of reporting decreased efficacy in managing discord with a partner and higher levels of domestic violence, mental illness, and substance use.

Insecure Attachment and Couple Discord

In sum, it appears that developing an insecure attachment (e.g., anxious, avoidant) lends itself to later couple discord through the inability to effectively resolve conflict, self-regulate, and maintain a balanced sense of self and others. Several studies have found that individuals tend to search for partners who remind them of attachments of early childhood. For example, Collins and Read (1990) found that individuals sought mates who reminded them of their early

caregivers, specifically regarding trust, satisfaction, and communication. Ultimately, individuals with insecure attachments found insecure mates, thus, perpetuating relationship patterns of lack of satisfaction and trust, ineffective communication, and increased discord. However, to comprehensively address which insecure attachments best predict discord within romantic relationships, it is useful to note that broadly, these patterns of relating are inherently maladaptive and dysfunctional. However, varying types of insecure attachment may cause diverse attributions toward couple discord. An anxiously attached individual may become dependent on his or her partner for affirmation, and thus, overwhelmed during conflict as he or she anticipates rejection or abandonment. Alternatively, avoidantly attached individuals may withdraw and close off from partners during periods of discord, as they adhere to an unbalanced sense of autonomy. Finally, due to past trauma, a disorganized individual may engage in varying methods of ineffective conflict resolution that are fear-based and leave both parties confused regarding desire and intention during communication. Individuals with varying insecure attachments, thus, have specific methods in which they relate to others and contribute to levels of discord within a relationship.

Based on the current literature, two factors are significant when attempting to determine a couple's highest risk for discord given insecure attachments, including one or more partners with a disorganized attachment and if both partners possess an insecure attachment (Beeney et al., 2017; Doyle & Cicchetti, 2017; Liotti, 2013; Simpson et al., 2007). First, if one or more partners possess a disorganized attachment, it is likely that other mediators, such as mental illness, substance use, and domestic violence, may also be present in the individual's life, and therefore, risk high rates of discord within the romantic relationship (Beeney et al., 2017). Numerous studies (Beeney et al., 2017; Doyle & Cicchetti, 2017; Liotti, 2013; Simpson et al., 2007) have

been completed researching dynamics between insecure attachments and the ability to relate to others, self-regulate, and address conflict in relationships. Individuals with a disorganized attachment appear to be especially prone to problems regulating affect and interacting with partners effectively to resolve discord (Doyle & Cicchetti, 2017). For example, through a thorough case analysis, Liotti (2013) found that individuals with a disorganized attachment often reported histories of trauma and abuse, which correlated with experiences of dissociation during periods of stress or conflict.

Furthermore, the study found these individuals engaged in coping strategies such as compartmentalization, which limited the ability to develop an integrated self and representation of others. Additionally, individuals with a history of trauma, abuse, and/or experience with incarceration are much more likely to report a disorganized attachment. These individuals are also more likely to report higher levels of anger and conflict with others and lower levels of warmth and safety in relationships (Goldman & Greenberg, 2013). Individuals who possess a disorganized attachment are more likely than anxious or avoidant individuals to engage in dangerous behaviors, such as coercive sex acts that place both themselves and their partner in vulnerable and unsafe positions (Langton, Murad, & Humbert, 2017). The current state of research regarding disorganized attachment still holds a great deal of opportunity for exploration and analysis to understand better how these individuals are impacted throughout their lifespan. It has been challenging to determine how disorganized adults engage effectively or ineffectively in adult romantic relationships because most studies regarding this subject are completed using the Adult Attachment Inventory, which does not specifically screen for this attachment style (Doyle & Cicchetti, 2017). As a result, there are few studies in which empirical data have been collected related to how disorganized attachments impact couple discord. However, the few existing

studies (Beeney et al., 2017; Doyle & Cicchetti, 2017; Liotti, 2013; Roisman et al., 2017; Simpson et al., 2007) tend to suggest that individuals with this attachment style have extremely chaotic childhoods, low levels of support and resources, and high amounts of discord both in their own lives and within relationships. Due to the high number of extenuating circumstances addressed in previous research literature, including trauma, abuse, substance use, domestic violence, and risky life choices found in these individuals, based on current data, it seems that disorganized attachments may correlate significantly with couple discord.

Next, another significant predictor of couple dysfunction and discord appears to be if both partners have an insecure attachment. Alternatively, a protective factor within romantic relationships may exist if one individual is securely attached (Alves et al., 2015). The reasons behind this dynamic are not well understood within the research (Conradi, De Jonge, Neeleman, Simons, & Sytema, 2011; Feeney & Noller, 1990; Kane et al., 2007), and there are future opportunities to study the mechanisms behind how secure attachments mitigate high rates of discord within romantic relationships. However, it can be speculated that when an individual enters a relationship with a securely attached partner, the securely attached individual can act as a buffer or provide a corrective emotional experience to insecurely attached behaviors (Feeney & Noller, 1990; Johnson, 2004). Previous research had shown that when an insecurely attached individual partners with a securely attached mate, there is the possibility to enact change through reestablishing styles from ineffectively insecure to effectively secure attachment (Collins & Read, 1990; Greenman & Johnson, 2013; Kane et al., 2007). Despite these findings, secure individuals also report lower satisfaction and higher discord when partnered with an insecure mate due to the perception they are a less effective caregiver (Kane et al., 2007). Finally, in

couples where both individuals were securely attached, high rates of satisfaction within the relationship and lower rates of discord were reported (Alves et al., 2015).

Broadly, several studies have found that insecurely attached couples negatively impacted one another in cognitive, behavioral, and emotional ways that included high rates of discord and dissolution (Li & Chan, 2012). It appears that relationship discord can be highly predicted between these variables: each individual's attachment style, and then the interactions within this dyad. The highest levels of discord were found to be between two insecurely attached individuals, regardless of style (Banse, 2004). Within their study, Alves et al. (2015) discovered that clinical groups diagnosed with disorders, such as anxiety and depression, tended to have higher rates of insecure attachment, predominantly avoidant and anxious. Moreover, in dyads where both members possessed an insecure attachment, the quality of the relationship was correlated with severe deficits, and discord was highly reported compared to non-clinical couples or if both partners were securely attached. Within their review of attachment and relationships, Mikulincer and Shaver (2016) found that early attachment styles are later triggered in adult relationships through attachment activation, specifically, hyperactivation or overstimulation in anxiously attached individuals or deactivation in avoidantly attached individuals. Within their proposed model, Mikulincer and Shaver (2016) found that individuals with a hyperactivating system anticipate their partner will not meet their needs and become hypervigilant in monitoring signs of abandonment or rejection within the relationship. To maintain relevance or proximity within their relationship, individuals with a hyperactivating or anxious attachment will begin to engage in maladaptive behaviors such as becoming needy or helpless. In a bid to maintain their relationship, they become enraged at their partner but ultimately also accept blame for the inconsistent responsiveness of the partner. Alternatively, individuals with a deactivating system

will become dismissive of their relationships as a way to reject their perceived need for connection. Partners with a deactivating avoidant attachment were found to be dismissive of their partners during conflict, avoid intimacy or commitment in relationships, and use affairs as a coping mechanism. Therefore, within a partnership where one individual is avoidantly attached, and the other is anxiously attached, these styles are represented within a behavioral and emotional cycle that reenacts past core insecurity. Within this hypothetical dynamic, the authors suggest that discord is perpetuated through anxious individuals' expectations that their partners will provide inconsistent care, and therefore, they are hypervigilant in fearing abandonment or mistreatment. Alternatively, the avoidant individual will become overwhelmed at the activation of, and thus play into, this system by engaging in deactivating behaviors, such as inconsistent attention toward the relationship. The avoidant partner will engage in dismissive behaviors that confirm both anxious fears of low self-worth and avoidant fears of not obtaining the connection he or she desires. By perpetuating this cycle, discord in communication and connection is enacted indefinitely within a relationship with two insecurely attached individuals.

CHAPTER III: WHAT PERSONALITY DISORDERS ARE MORE CLOSELY ASSOCIATED WITH HIGHER PREVALENCE OF INSECURE ATTACHMENT AND COUPLE DISCORD?

Current Research on Personality Disorders, Insecure Attachment, and Couple Discord

Attachment theory has long been studied to determine the impact on both personality functioning and interpersonal relatedness throughout the lifespan, including romantic partners (Ainsworth, 1979; Feeney & Noller, 1990; Hazan & Shaver, 1987; Shemmings, 2006). Studies such as Sperry and Carlson (2000) have explored approaches in couples' therapy for individuals involved in a relationship where both partners exhibited a personality disorder, finding that discord is more prevalent in these cases. Insecure attachment has been found to be associated with higher rates of personality-disordered pathology, specifically with borderline and histrionic, and suggests that varying types of attachments may predict both the interpersonal style and severity of these individuals (Beeney et al., 2017). Specifically, disorganized attachments exhibit the greatest severity related to personality disorders, particularly related to borderline and histrionic (Simpson et al., 2007). Additionally, these individuals may be most negatively affected in both their individual identities and work and interpersonal identities, increasing rates of discord and dysfunction (Beeney et al., 2017).

Attachment theory has also been analyzed to explore how issues in personality-disordered individuals impact romantic relationships through dysfunction and discord (Mauricio et al., 2007; Riggs et al., 2007). Overall, the current literature suggests a strong link between relationship discord and psychopathology (Whisman, 2013). The development of an insecure attachment and personality disorder is highly associated with the potential to engage in discordant romantic relationships, specifically troubles with communication, increased conflict, and lower levels of marital satisfaction (South, 2014). Personality pathology has been linked to early traumatic experiences that extend into adulthood, increasing the risk for developing discord

in later adult relationships (Riggs et al., 2007). To date, much of the research has found a large correlation between the creation of an insecure attachment and the development of psychopathology (Levy et al., 2015), such as mood and personality disorders. It has been found that personality disorders are common among the general population and often characterized by challenges regarding long-term concerns in both treatment and interpersonal functioning (Levy et al., 2015). A correlation between insecure attachment, borderline and antisocial personality disorder, and physical and psychological discord and violence was found in which romantic relationships were the most impacted (Mauricio et al., 2007). Alternatively, adults with a secure attachment reported increased rates of adjusted mental health (Surcinelli, Rossi, Montebarocci, & Baldaro, 2010) compared to their insecure counterparts who tended to relay higher occurrences of negative self-concept. In comparison, individuals with personality disorders reported significantly lower rates of stability both internally and interpersonally, and these differences occurred over their lifespans (Woods, Edershile, Wright, & Lenzenweger, 2019).

Despite these findings, there is still a gap in the literature (Levy et al., 2015) examining the relationships among personality disorders, insecure attachment, and couple discord. Specifically, few studies (Levy et al., 2015; Whisman, 2013) have examined these factors and the interrelationship with specific personality disorders. Currently, a majority of the research regarding insecure attachment, personality disorder pathology, and romantic couple discord has been focused on relationship satisfaction related to depression (Alves et al., 2015; Whisman & Baucom, 2012). Related to the etiology of insecure attachment, personality-disordered pathology, and romantic discord, BPD has dominated the research thus far (Levy et al., 2015). However, as more meta-analyses are conducted in conjunction with continued research regarding these topics, it is becoming known that many insecurely attached individuals are reporting cluster

B personality disorders and traits compared to their securely attached counterparts (Aaronson et al., 2006). However, there appear to be opportunities in the literature to analyze these patterns. As a result, for purposes of this review, a focus will be on assessing cluster B personality disorders, as defined by the DSM-5 in terms of their impact on insecure attachment and couple discord.

Cluster B Personality Disorders, Insecure Attachment, and Couple Discord

Cluster B personality disorders are often characterized by deficits in daily functioning in terms of emotional regulation and interpersonal functioning (Sher et al., 2015). Despite being sparse, much of the current literature has found correlations between individuals diagnosed with a cluster B personality disorder, interpersonal discord, insecure attachment, and social deficits (Haggerty, Hilsenroth, & Vala-Stewart, 2008). The current research suggests that individuals with cluster B personality disorders often report insecure attachments (Timmerman & Emmelkamp, 2006). However, these factors occur in unique ways, suggesting that varying insecure attachments may predispose individuals to developing different personality disorders. For example, individuals with a disorganized attachment may report impulsive behaviors, which are often found in antisocial, histrionic, and borderline disorders (Vinnars, Barber, Norén, Gallop, & Weinryb, 2005).

Furthermore, individuals with a disorganized attachment often acknowledge diagnoses of severe symptomatology of antisocial, histrionic, or borderline disorders (Beeney et al., 2017), perhaps most significantly characterized by high levels of identity disturbance and interpersonal discord compared to other diagnoses. Finally, individuals with narcissistic, histrionic, and antisocial traits were found to enact numerous ineffective features within their long-term romantic partnerships, including aggression, distance, apathy, hostility, domination, distrust, and disapproval (Kilmann, 2012), all of which contributed to discord and/or dissolution. The current

findings within the existing literature (Levy et al., 2015) suggested there are opportunities to further delve into the manner in which cluster B personality disorders are impacted by an insecure attachment and subsequently romantic couple discord. The following is a review of current correlations between cluster B personality disorders, insecure attachment, and couple discord.

Antisocial Personality Disorder (ASPD)

ASPD is often characterized by a lack of empathy, risky lifestyle choices, and the routine exploitation of others for personal gain (Meloy & Yakeley, 2011). By its very definition, ASPD suggests an inherently maladaptive way of relating to others, causing both ineffective attachments and high levels of discord. Generally, those who are diagnosed with ASPD often report insecure attachments, predominantly avoidant and disorganized (Mauricio et al., 2007). As children, they are often rejected or abused by their caregivers. Therefore, as adults, they act out in ways that have been modeled for them during their formative years. Several studies, including Meloy and Yakeley (2011), have discovered a great variety between individuals diagnosed with ASPD, from mild anxiety to severe psychopathic traits, all of which impact their ability to relate to others and form attachments throughout the lifespan, including romantic relationships. However, research indicates there is a positive correlation between ASPD pathology and the likelihood of utilizing interpersonal exploitation (Sher et al., 2015). As such, individuals with greater ASPD pathology will be more likely to exhibit callousness and manipulation with others. These factors decrease their ability to form effective attachments and make romantic relationships problematic and discord likely (Coid & Ullrich, 2010).

Furthermore, gender differences in ASPD have been found in that men are more often diagnosed with the disorder compared to women (Sher et al., 2015). Specifically, males diagnosed with ASPD were more likely to be diagnosed with a comorbid drug use disorder, and

females more likely to be diagnosed with a comorbid mood, histrionic, or borderline disorder (Sher et al., 2015). Other gender differences include women's presentation of ASPD that is more likely to be irritable rather than violent compared to male counterparts. Furthermore, women diagnosed with ASPD are often victimized and report fewer resources (Alegria, Blanco, Petry, Skodol, Liu, Grant, & Hasin, 2013). These results suggest there are differences in both gender presentation and comorbidity that should be evaluated in terms of both attachment and couple discord. Comorbidity in ASPD is especially important, as it has been found those with multiple diagnoses, including ASPD, are likely to have higher rates of violent criminal activity and increased severity of mental illness (Ogloff et al., 2015). Overall, individuals diagnosed with ASPD are also prone to be diagnosed with NPD, and compared to non-clinical counterparts, they have a greater likelihood of violent and antisocial behaviors (Coid & Ullrich, 2010). Ultimately, individuals diagnosed with ASPD are likely to have interpersonal concerns, specifically related to an inability to form stable or secure attachments and engage in couple discord when their strategies of control falter.

Histrionic Personality Disorder

HPD is characterized by attention-seeking behavior, dramatic reactions, and the need for approval and validation from others (Veague, 2007). Currently, there is a lack of literature studying HPD with insecure attachment and couple discord. For instance, most studies have not assessed several personality disorders, including HPD, in determining how traits of disorders impact global functioning (Sharp et al., 2015). The current deficit in examining how HPD impacts internal and interpersonal functioning is needed to determine how these individuals are affected by insecure attachment and how they engage with couple discord.

Despite the opportunities for future study, the existing literature suggests that individuals with HPD conduct themselves in a manner, both individually and in relationships, that

encourages exhibitionism and the need to be recognized by others (Woods et al., 2019). When threatened with isolation or invalidation, individuals with HPD may use misdirection, superficial attributes, and fantasy (Schoenleber & Berenbaum, 2012) to garner attention and feel recognized. There is a great possibility these tactics are used to redirect romantic patterns away from the individual's perceived shame, general negative self-evaluation, and feelings of inadequacy and toward safer characteristics, they deem acceptable and desirable (Schoenleber & Berenbaum, 2012). Compared to their non-clinical counterparts, individuals diagnosed with HPD reported increased independence from their families of origin, lower cohesion with friendships and romantic partners, increased need for controlling themselves and their environment, less sociability and self-esteem, and insecure attachments (Riggs et al., 2007). Ultimately, individuals with HPD may not harbor a realistic view of themselves, and others, therefore, are unable to engage in effective attachments and relationships, thus, leading to discord.

Narcissistic Personality Disorder

Those who are diagnosed with NPD are often described as having a lack of empathy, utilizing others for personal gain, and possessing an inflated, grandiose sense of self that masks deep feelings of shame and inadequacy (Veague, 2007). Several studies have found a positive correlation between insecure attachment and psychological distress, particularly with concerns such as lack of emotional adjustment, anger, shame, hostility, interpersonal problems, relationship conflict, and pathological narcissism (Wei, Vogel, Ku, and Zakalik, 2005). Those with NPD develop compensatory confidence (Swann, Chang-Schneider, & McClarty, 2007) that suggests the internal negative and inconsistent image is continually besieged by external threats that may debunk this reality to others, causing the individual to become aggressive when challenged.

Narcissism is often theorized as born in childhood, where the individual is faced with invalidating and critical caregivers, ultimately believing through failed interpersonal relationships that others exist to serve their needs (Rhodewalt, 2005). Generally, individuals with NPD report an insecure attachment and extensive histories of tumultuous or ineffective interpersonal relationships, often beginning with caregivers (Levy et al., 2015). Initially exhibiting confidence and charisma to others, those with NPD often seek out relationships where they can dominate and control others to serve their benefit (Veague, 2007). When exhausted, they often transition on to the next interpersonal opportunity, leaving friends and romantic partners feeling confused and dejected (Watters et al., 2018). Beyond a psychological understanding of NPD, studies have found physiological differences between individuals with narcissism in their inability to empathize with others, shown in varying brain scans compared to non-clinical counterparts (Levy et al., 2015). The data imply the severity in which individuals with NPD are inhibited by an insecure attachment to others and generally in forming interpersonal relationships (Levy et al., 2015). To maintain such a grandiose sense of self, those with NPD often exaggerate their abilities internally and externally, thus, distorting reality through defensiveness (Sleep, Lamkin, Lynam, Campbell, & Miller, 2018). These individuals often exhibit these characteristics because they lack insight and are unlikely to be accurate historians or self-reporters of their concerns (Veague, 2007).

There is an opportunity to further study how NPD correlates with insecure attachment and couple discord. Several studies, such as Oltmanns & Castonguay (2013), have deemed diagnosing NPD problematic due to the dichotomy between the individuals' self-view and reality, finding informants relay a more accurate clinical picture of narcissistic features than the person in question. Furthermore, other studies have found that individuals with NPD are less

likely than others to report accurate levels of pathology such as negative affect, detachment, and antagonistic tendencies toward others (Sleep et al., 2018). Hence, NPD is associated with mitigated and possible distortions in self-perception, which can impact self-other relationships. Due to the conflictual and, at times, predatory nature of NPD, it is important to continue to study this disorder to understand how the individual impacts others interpersonally in terms of manipulation and discord.

Borderline Personality Disorder (BPD)

It has been found that, generally, personality disorders may exhibit overlapping pathology. For example, studies such as Sher et al. (2015) have found the most common comorbid personality disorders in women are borderline and histrionic. Within the same study (Sher et al., 2015), men were commonly diagnosed with ASPD rather than BPD due to the tendency to become aggressive and affectively unstable. However, BPD may exhibit pathology that can be more distinguishable than others, including phenomenological and genetic differentiations with affect regulation and interpersonal conflict (Sharp et al., 2015). Compared to non-clinical and clinical counterparts, Sleep et al. (2018) found that individuals diagnosed with BPD reported greater pathology and interpersonal conflict.

The most direct attribution to pathology in BPD is the development of an insecure attachment (Sharp et al., 2015). Specifically, research has found that compared to other personality disorders, BPD is often correlated with a fearful (Riggs et al., 2007) or disorganized attachment (Morken, Karterud, & Arefjord, 2014). The insecure attachment often associated with BPD is predominantly attributed to ineffective interpersonal dynamics, including both fear of abandonment and angry protests during conflict (Aaronson et al., 2006). Individuals with BPD exhibit significant interpersonal deficits, particularly in romantic relationships, where they often express cognitive distortions and suspiciousness with their partners (Watters et al., 2018).

Furthermore, studies such as Mauricio et al. (2007) have found that personality disorders, such as ASPD and BPD, are correlated with an increased rate of psychological and physical violence against romantic partners due to the need for control and troubles with affective regulation.

To date, a majority of the literature linking personality disorders and attachment theory appears to encompass how individuals with BPD impact relationships around them (Levy et al., 2015). Fluctuating states in mood and concerns with insight-building and self-reflection often cause an individual with BPD to have trouble acting as a historian and regulating their affect (Pos & Greenberg, 2012). The severe deficits in emotional regulation also greatly impact both perceived security and sense of self (Deborde et al., 2012). Unstable affect and lack of effective emotional regulation can often be attributed to concerns with integrating a multifaceted self (Agnew et al., 2016).

Correlations Between Cluster B Personality Disorder, Insecure Attachment, and Couple Discord

Generally, current research (Dutton et al., 2011; Sbarra & Whisman, 2013; Whisman, 2013) has suggested that cluster B personality disorders are closely linked to insecure attachments and couple discord. Those diagnosed with a personality disorder have been found to exhibit higher rates of couple discord (e.g., lack of satisfaction, increased disagreements, decreased intimacy) that has been shown to be detrimental to their relationships (Sbarra & Whisman, 2013). However, the attributes of these correlations are likely different for each disorder. While all cluster B disorders report predominately insecure attachments, their etiology and presentation vary extensively by disorder and, at times, gender. Individuals with ASPD are more likely to engage in risky behavior such as substance use and domestic violence, suggesting discord is highly likely (Mauricio et al., 2007). There are also key gender differences seen in ASPD, with women being diagnosed with comorbid personality and mood disorders and men

being diagnosed with substance use disorders and increased physical aggression (Woods et al., 2019). Those with HPD often present themselves dramatically and erratically toward mates, often leading to rejection, isolation, and confusion within relationships (Woods et al., 2019). Individuals with NPD commonly exploit others for personal gain while masking feelings of inferiority with ingenuine confidence, leaving themselves and partners vulnerable to narcissistic injuries, which lead to discord (Dutton et al., 2011). Finally, those diagnosed with BPD exhibit labile affect and stormy interpersonal relationships, causing discord to dominate relationships (Aaronson et al., 2006; Sharp et al., 2015). As such, it appears that each disorder lends itself to varying forms of both insecure attachment and discord within relationships. Additionally, it is likely that correlations between insecure attachment, personality pathology, and couple discord are multi-directional for each of the disorders. For example, an insecure attachment may predispose an individual to develop personality pathology, and subsequently, cause the individual to exhibit maladaptive behaviors that encourage discord within relationships. Subsequently, chronic discord within relationships may reinforce an insecure attachment where trust, satisfaction, fulfillment, consistency, and even safety are routinely threatened.

Therefore, it would seem that not one cluster B personality disorder is glaringly indicative of a greater degree of insecure attachment and later couple discord. Rather, the etiology of the insecure attachment and severity of personality pathology within each disorder dictate the level of discord present in the individual's life. Further study related to insecure attachment, personality diagnosis, and couple discord is needed to explore correlations within partnerships with similar pathology as well as varying disorders. By doing so, researchers and clinicians will develop greater insight into the intricacies of how individuals with insecure attachments enact discord within couple relationships. Specifically, these professionals can

attempt to examine the potential correlations of these variables as couples engage in discordant patterns that likely represent past attachment injuries. Additionally, it would also be beneficial to examine whether configurations exist within these interrelationships and to what extent they disrupt the functioning of various romantic relationships.

CHAPTER IV: WHAT BEST PRACTICES IN CLINICAL PSYCHOTHERAPY TREATMENTS ARE MORE EFFECTIVE IN TREATING CLIENTS WITH INSECURE ATTACHMENT STYLES AND POSSIBLE CLUSTER B PERSONALITY DISORDERS FOR THOSE EXPERIENCING COUPLE DISCORD?

Cluster B Personality Disorders and Psychotherapy

As individuals cope with an insecure attachment, it is likely they will face interpersonal difficulties throughout their lifespan, particularly in romantic relationships. Subsequently, some of these individuals may seek therapy as a result of these concerns. When addressing cluster B personality disorders in psychotherapy, several treatments have been shown to be tailored to the specific presentation of each disorder. However, the current literature suggests that regarding couples' therapy where one or more individuals present with traits/and or criteria of a cluster B personality disorder and insecure attachment, many treatments, such as family or couples therapy, are focused on issue-specific concerns (e.g., divorce, infidelity) rather than chronic patterns of interacting that are attributed to the affective and interpersonal attributes of the personality pathology (Landucci & Foley, 2014). Additionally, couples with specific cluster B diagnoses have shown the most chronic and significant lack of partner satisfaction and increased rates of hostility and discord compared to other personality clusters (Landucci & Foley, 2014). Individuals with antisocial personality disorder and NPD appear to have the highest rates of non-completion in therapy due to identity diffusion, lack of insight in self-representations, and comparatively primitive defense mechanisms that cause perspective changes in rigid behavior to be minimal (Larochelle et al., 2010). Individuals with HPD have the highest rates of relapse in symptoms due to increased rates of deterioration post-termination, causing long-term therapy to be necessary for the maintenance of affective and identity concerns (Kellett, 2007). Those diagnosed with BPD perhaps are seen in treatment settings the most due to high rates of symptom severity, including interpersonal conflict, troubles with regulating affect, high-risk

behavior, and identity crises. Due to these variables, individuals with BPD often seek both dialectical-behavioral therapy in groups and individuals in conjunction with couples' therapy (Mauricio et al., 2007). Despite the differences in therapy to address cluster B personality disorders and insecure attachment, there is a theme that relies on building insight into concerns that address affect regulation and interpersonal communication.

Variables in Cluster B Personality Disorders, Insecure Attachment, and Discord

Generally, the current literature suggests there is a great spectrum regarding the degree of treatment clients can obtain, from outpatient, day hospital, to inpatient treatment (de Beaurepaire, Honig, & MacQueen, 2011). Furthermore, Pos and Choi (2019) found that client variables (e.g., utilizing avoidance may predict poorer outcomes in mediating emotional experiences) and therapist variables (e.g., ability to communicate empathy to clients) are critical in determining if an intervention or treatment modality will effect change. Given the therapeutic relationship is often regarded as a keystone of clinical change, interpersonal dynamics are crucial to consider when assessing efficacious psychotherapy treatments with insecure attachments and potential cluster B personality disorders. Furthermore, two crucial aspects to consider when addressing these variables are the therapist's attitudes toward individuals with a cluster B diagnosis and standard treatment guidelines. The current research suggests that therapists' attitudes toward patients diagnosed with a cluster B diagnosis may vary from guidelines in that many therapists appear to address all cluster diagnoses similarly (Narud, Mykletun, & Dahl, 2005). The finding is potentially problematic, as individuals experiencing a couple discord with an insecure attachment and cluster B diagnosis likely experience varying clinical concerns related to affect regulation and interpersonal skill sets. The literature has revealed these individuals experience unique symptomatology, including unstable affect regulation, lack of insight, and chaotic interpersonal relationships, specifically related to romantic partnerships (Pankey, 2012). These patients have

been shown to find the most benefit in addressing maladaptive affective and interpersonal patterns within the therapeutic relationship through processing communication patterns and building insight in-vivo (Pankey, 2012). Therefore, it is important to address these unique concerns through tailored psychotherapy rather than a standardized treatment.

Interpersonal and Cognitive-Behavioral Therapy

Currently, there are several empirically-based, efficacious therapeutic treatments to address an insecure attachment and personality pathology both individually and in couple relationships. Overall, these psychotherapy treatments work on creating insight-building (South, 2014) into the maladaptive relational patterns in how individuals with an insecure attachment and personality pathology engage with the world around them. One treatment that utilizes an analysis of interpersonal style, attachment, and in-vivo analysis when treating discordant clients with insecure attachments and potential cluster B pathology is interpersonal therapy (Doyle & Cicchetti, 2017). Interpersonal therapy is theoretically based in psychiatry, attachment, and developmental psychology, which formulates assumptions on individual behavior through organizational patterns such as performance and ability to adapt to a changing environment. Ultimately, research has shown that interpersonal therapy is most efficacious for individuals coping with family and relational distress, conflict, and depressive symptoms. Concerns are targeted in treatment by using therapeutic techniques such as encouraging the individuals to mourn past relationships, targeted skill-building to address current relationship distress, decrease mental health symptoms, and increase adaptive social skills (Doyle & Cicchetti, 2017).

Another common therapy treatment is cognitive behavior therapy (CBT). CBT has been shown to address personality disorders by means of symptom reduction (Matusiewicz, Hopwood, Banducci, & Lejuez, 2010) in how the individual regulates affect and interpersonal reactivity. Specifically, CBT for personality disorders has been shown to treat cluster B

personality disorders effectively, such as borderline and antisocial, by creating increased adaptive cognitive responses and behaviors to increase the effectiveness in interpersonal relationships (Davidson et al., 2010).

The Gottman method

Two of the most well-known psychotherapy techniques for couples' therapy related to addressing an insecure attachment are the Gottman method of therapy and EFT, respectively. Both psychotherapy methods are grounded in research and focus on dissecting and rebuilding ineffective patterns in communication and relating between couples coping with chronic dissatisfaction, discord, and conflict.

First, the Gottman method focuses on principles that erode or enhance a relationship. By studying couple dynamics, Gottman and Levenson (1988) discovered that pervasive interactions predicted separation and divorce, including emotional disengagement, criticism, contempt, defensiveness, and stonewalling. Gottman and Levenson (1988) coded common interactions between partners in distress, and therefore, with statistical certainty based on the hypothesis of specific patterns of behavior, were able to effectively predict which couples would reconcile and which couples would eventually dissolve their relationships. Continual study of these interactions led to future research, eventually solidifying certain predicting conflictual behaviors between couples. According to Gottman and Levenson (1988), emotional disengagement suggests that due to pervasive conflict, a couple becomes distant from one another to the point where they are not interacting in a supportive manner. Criticism, contempt, defensiveness, and stonewalling refer to the four horsemen of the relationship apocalypse (Gottman & Silver, 1999) that highly predict separation, conflict, and divorce when chronically enacted within a relationship without resolution. When one or both individuals in a partnership engaged in pervasive criticism, contempt, defensiveness, or stonewalling (shutting out communication from

their partner as a form of punishment in response to a conflict), Gottman suggested that a partnership will continue to enact maladaptive patterns indefinitely. Alternatively, Gottman and Silver (1999) researched ways in which romantic relationships are maintained and strengthened, including enhancing love maps, nurturing, fondness, and admiration, turning toward one another rather than away, encouraging partner influence, solving solvable problems, overcoming gridlock, and creating shared meaning. By enhancing love maps, a couple is becoming more attuned to one another's world, experiences, and feelings. Nurturing, fondness, and admiration allow a couple to focus on aspects they enjoy about one another. Turning toward encourages attending to the partner's requests and attempts for affection and connection. Encouraging partner influence invites power and decision sharing between a couple. Overcoming gridlock is concerned with addressing underlying issues that have caused stagnation in an unresolved argument. Finally, creating shared meaning proposes that couples may value traditions and the establishment of a ritual-rich life with one another (Gottman & Silver, 1999).

By analyzing the before-mentioned methods of communicating, clinicians can utilize the Gottman method through client reporting both through physical reporting measures and observation as an evidence-based and efficacious treatment modality that has been proven helpful in changing global maladaptive communication patterns in discordant couples (Domingue & Mollen, 2009). A common technique utilized in the Gottman method during in-vivo treatment includes encouraging couples to continue expressing their narrative between one another regarding perpetual problems that have chronically plagued and stunted the relationship. By doing so, couples are redirected to more efficacious methods of communicating to create a more neutral and deep understanding of both their perspective and that of their partner (Domingue & Mollen, 2009).

Emotion-Focused Therapy

EFT is an evidence-based, empirically supported (Pos & Greenberg, 2012), short-term and in-vivo psychotherapy method that utilizes the analysis of ineffective communication patterns and the conceptualization of attachment as a relational bond within partnerships. Furthermore, ineffective communication and insecure attachments are ideally replaced by positive interpersonal interaction cycles where individuals and couples can engage in interpersonal emotional regulation (Johnson, 2004). EFT focuses on a therapeutic alliance in that it greatly predicts successful outcomes within couple satisfaction and decreases in conflict or discord (Johnson & Talitman, 1997). The role of empathy and attunement on behalf of the therapist, when engaged in EFT, has been shown to be superior to CBT in promoting change (Watson, Steckley, & McMullen, 2014). Core components of EFT include attachment styles, identity, affect regulation, attraction and liking, and emotional understanding. By focusing on the function, expression, and regulation of emotions between the couple dynamic, discord is assessed as a byproduct of expressing the unmet needs of childhood. Finally, the five stages of EFT are validation and alliance formation, negative cycle de-escalation, accessing underlying vulnerable feelings, restructuring the negative interaction of the self, and consolidation and integration (Greenman & Johnson, 2013).

The model of change in EFT consists of identity, self-soothing (Goldman & Greenberg, 2013), and processing the alteration of attachment habits from childhood that are currently being enacted in adulthood. Therapeutic change occurs in EFT when psychopathology (such as personality pathology) is addressed through the processing of emotional experiences. Several goals of EFT are becoming aware of and processing emotional experiences, regulating affect, engaging in empathy both internally and externally, and expressing personal narratives calmly and diplomatically (Pos & Choi, 2019).

As clinicians utilize EFT within their practice, the ultimate therapeutic goal is to effect change through healing clients' attachment injuries from their past and to facilitate movement forward with a more adjusted understanding of their emotional needs internally and of their partner. The therapist is trained extensively in EFT theory and practice to conduct couples' therapy in this manner, and core therapeutic tools include creating a therapeutic relationship that is highly attuned to what is occurring during sessions between clients and how to facilitate dialogue for the individuals to express their unmet emotional needs and to create a healing environment where communication becomes streamlined and impactful (Pos & Greenberg, 2012).

Gottman method and EFT: Treating Insecure Attachment and Cluster B Pathology

The Gottman method and EFT are both used to treat couples who suffer from insecure attachments, potential cluster B diagnosis, and discord. The clinician must be trained in the psychotherapy approach to ethically administer the appropriate interventions. By focusing on ineffective communication patterns in-vivo between a couple rife with conflict and low in satisfaction, both the Gottman method and emotion-focused work are useful in addressing concerns with insight, interpersonal relationships, communicating and expressing needs, and affect regulation. Individuals with an insecure attachment and potential cluster B diagnosis often present with ineffective communication patterns, as they protest the perceived unresponsiveness of their partner. These communication patterns include negativity, avoidance, demand-withdrawal, criticism, and defensiveness, all of which can be addressed through the exploration of long-standing issues rather than problem-solving in the Gottman method (Domingue & Mollen, 2009). Additionally, the Gottman method addresses cyclical negative feeling states, attributions, and behaviors in discordant couple relationships where insecure attachments and pathology are present by challenging these beliefs through focused attention to the needs and

communication patterns of each individual (Sbarra & Whisman, 2013). Finally, Gottman has suggested that individuals who cope with an insecure attachment and pathology harbor increased rates of relational discord by suffering from both intrapersonal and interpersonal concerns, thus, compounding both individual and partner distress (Kilmann, 2012).

EFT has been studied to a great extent due to the correlation between insecure attachment and couple discord in marital and family therapy. Benson, Sevier, and Christensen (2013) found that marital and couple satisfaction post-EFT treatment directly impacted greater attachment security. EFT is often used for increasingly distressed populations such as those with personality disorders (e.g., borderline) to neutralize dysregulated affect (Pos & Greenberg, 2012). Furthermore, EFT has been found to effectively lead to positive change with personality-disordered clients who suffer from emotional arousal dysregulation with coping with their own emotions and those of others (Pos, 2014).

The current literature reveals there are several psychotherapy methods to address insecure attachments, cluster B personality disorders, and couple discord. Despite the findings, it is clear that to accommodate the severe level of pathology and distress, experienced and well-versed clinicians require a great deal of attunement to insight-building, communication patterns, and affect regulation of their clients as they present in treatment. Completing a comprehensive risk assessment of both individuals as well as obtaining a proper working diagnosis may be key in providing the most efficacious treatment for couples presenting with this constellation of symptoms.

CHAPTER V: DISCUSSION

Introduction

The exploration relationship between presenting clinical problems, insecure attachment style, and cluster B personality disorder in couples experiencing discord has been the focus of the current clinical research project literature review. The following questions guided the review:

1. Which styles of insecure attachment seem to best predict later adult couple discord?

2. What personality disorders are more closely associated with a higher prevalence of insecure attachment and couple discord?

3. What best practices in clinical psychotherapy treatments are more effective in treating clients with insecure attachment styles and possible cluster B personality disorders who are also experiencing couple discord?

The current review found that perhaps the largest predictor of couple discord involves a coupling of two insecurely attached adults (Alves et al., 2015). The origin and development of the insecure attachment and severity of personality pathology within each disorder appear to dictate the level of discord present in the individual's life, rather than a focus of one personality disorder over another. A review of evidence-based treatment practices revealed that the most efficacious treatments when addressing couple discord within a couple coping with insecure attachment and cluster B pathology seem to be the Gottman method (Gottman & Levenson, 1988) and EFT (Johnson, 2004). The ability to utilize manualized, trainable, and replicative measures in therapy with various distressed clients makes these treatments especially valuable when treating clients with the above concerns.

As individuals and couples present in clinical settings to address interpersonal concerns and couple discord, clinicians are left assembling history, behavioral patterns, and potential pathology to accurately conceptualize and treat with evidence-based models such as EFT and the

Gottman method. The process can be tedious and confounding when there are variables such as an early stage of change, lack of insight, or resistance on behalf of the client. Perhaps more importantly, for clinicians who are not trained adequately to screen and address concerns, such as attachment, personality pathology, and couple discord, identifying patterns in behavior and applying effective strategies to effect meaningful changes that are perpetuating couple discord can make the process of rapport and relationship building in clinical therapy incredibly challenging.

The relationship and intersectionality between presenting clinical concerns, insecure attachments, and cluster B personality pathology in couples experiencing discord is a topic that collectively has not been analyzed to a large extent within the existing literature. Generally, studies such as Alves et al. (2015) have found that couples within a dyad experiencing an insecure attachment and clinical pathology (most often anxiety and depression) experience greater rates of symptomology and a lower quality of satisfaction. The interdependence between these factors reflects an increase in rates of discord, negative feelings, lack of communication, and decreased satisfaction in dyadic partnerships where one or both members exhibit an insecure attachment, cluster B personality pathology, and couple discord (Oltmanns & Castonguay, 2013). These couples also have been shown to possess increased rates of extramarital affairs, substance use, domestic violence, and loneliness (Kumar & Rani, 2015). Additionally, several studies have characterized how insecure attachments and pathology lend themselves to higher rates of intergenerational discord and divorce (Brennan & Shaver, 1990).

Despite the lack of extensive research literature addressing this cluster of concerns, long-term ramifications in interpersonal functioning and psychopathology throughout the lifespan have been represented when an individual develops an insecure attachment (Ainsworth, 1979,

1989). Furthermore, studies such as Doyle and Cicchetti (2017) have revealed that individuals with an insecure attachment manifest a lifelong pattern of maladaptive interpersonal relationships and increased rates of personality pathology. As an infant develops a sense of mistrust or fear from a caregiver (Bowlby, 1956), he or she is at risk for applying the same insecure manner of relating to others in adult relationships (Ainsworth, 1979). The pattern of attachment and ineffective ways of relating have been found to be incredibly pervasive within romantic relationships in particular. The researchers discovered that individuals with an insecure attachment in childhood exhibited a similar dynamic within their adult romantic relationships characterized by mistrust, fear, conflict, and discord compared to their secure counterparts (Hazan & Shaver, 1990).

Another area of potential future study in couple dynamics with pathology and discord is the impact of high-conflict divorce. Research may wish to focus on the trajectory of these intersections in high contentious divorce situations, particularly in how these individuals can be assisted in their future interpersonal endeavors, such as in managing discord in couple relationships. Therefore, a review of the current research literature implies a pattern has formed in that insecure attachment may predict higher rates of personality pathology and couple discord. As such, the treatment of these cases is critical to identify risk and severity for individuals and couples that may experience concerns such as interpersonal conflict and couple discord.

Clinical Implications

Based on this literature review, several appropriate clinical interventions can be utilized with clients who are facing an insecure attachment, potential cluster B pathology, and couple discord such as the Gottman method (Gottman & Levenson, 1988) and EFT (Johnson, 2004). Implications for clinicians working with these couples, relevant outcome measures, assessment methods, and associated training are discussed.

Broadly, when addressing these variables, research has shown benefit in initial individual treatment (e.g., disorder-specific interventions, and partner-assisted interventions) prior to engaging in couples therapy (Baucom, Belus, Adelman, Fischer, & Paprocki, 2014). More specifically, couples' therapists must consider dynamic clinical implications when working with this specific cluster of symptoms, particularly concerning the personality pathology. Individuals diagnosed with a cluster B personality disorder may find difficulty in obtaining certain employment and health insurance, causing both the allocation of the diagnosis and reception of it a complicated and risky endeavor in some instances. When working with individuals who exhibit personality pathology, clinicians should also be aware of barriers that impact the therapeutic relationship, rapport, and the ability for the client to engage in treatment compliance, which are discussed below. For example, transference and countertransference should always be monitored and observed while working with clients. Clinicians should always keep apprised of their stimulus value and impact on others through consultation and self-reflection. Elements of diversity such as gender, sexual orientation, race, culture, religious affiliation, and socioeconomic status should be included in the conceptualization when accounting for attributing factors to the presentation and causes for concern such as regulation of affect, interpersonal patterns in conflict, and a client's view of therapy, the self, others, and the world. Creating a safe and supportive environment that has clear and consistent boundaries provides clients a corrective emotional experience after potentially experiencing an invalidating and unpredictable history. More specifically related to working with clients with cluster B pathology, Cartwright (2011) found that when working with narcissistic clients, they may possess a schema of superiority that may cause them to decline payment, miss sessions, devalue therapy and the

therapist, anticipate special treatment, or engage in narcissistic injuries when faced with discussing concerns.

Furthermore, individuals with narcissistic tendencies may feel routinely incongruent and defensive with their therapist, which may reflect sensitivity and become a focal point of treatment (Safran, Muran, & Eubanks-Carter, 2011). The current research suggests that the addressed collection of presentations, prior to effective intervention, may be inherently terminal in terms of how insecure attachment extends its trajectory throughout one's lifespan and the persistent nature of how personality pathology creates rigidness in behavior in one's life. Given these clinical components may have such a pervasive impact on a client's functioning, it would imply that couple discord would likely be one of the presenting concerns when presenting for clinical interventions and therapy. Therefore, clinicians should assess first for risk, including domestic violence or substance use that may cause therapy to be ineffective or contraindicated due to the specialized and acute nature of these concerns.

Taking into account the impact of how insecure attachments impact the evolution of personality pathology and interpersonal discord, treatments offering an attachment focus, such as the Gottman method (Gottman & Levenson, 1988) and EFT (Johnson, 2004), appear to be ideal therapeutic fits in analyzing individual attachment styles in couple dynamics. First, the Gottman method uses standardized and empirically validated training and various assessment methods and outcome measures to prepare and maintain effective therapeutic results for clinicians to utilize with couples in distress (Gottman & Levenson, 1988; Gottman & Silver, 1999). Clinicians are trained to utilize empirically validated assessments and outcome measures such as coded observations, conjoint and individual interviews, and the sound relationship house, among many others (Gottman & Levenson, 1988; Gottman & Silver, 1999). These screenings and

interventions allow clinicians to determine the extent of distress a couple is experiencing and how to approach their specific conflict.

Research has revealed that EFT is effective in altering insecure attachments between couples facing discord, in that change is seen in attachment as a result of increased satisfaction (Benson et al., 2013). In heterosexual partnerships, EFT addresses anxiety and avoidance in partners engaged in discord by predicting common behaviors and processing needs that perpetuate these behaviors (Brassard, et al., 2012). Clinicians can engage in intense training not only to conduct EFT but to assess couple functioning through standardized and empirically validated outcome measure and assessment methods such as intake assessment, couple questionnaires and screening forms such as interpersonal violence, attachment history, couple satisfaction, and understanding negative cycles (Johnson, Hunsley, Greenberg, & Schindler, 1999).

Related to personality pathology, EFT is efficacious in effecting change in emotional regulation and interpersonal discord (Pos & Choi, 2019). Furthermore, EFT has been proven as an evidence-based treatment to address the pathology in cluster B personality disorders, including BPD (Pos & Greenberg, 2012). By targeting the intrinsic traits of insecure attachment and personality pathology within one or more parties engaged in a discordant partnership, EFT allows the clinician to create a safe and therapeutic environment to impact positive change to encourage clients to live a more satisfying life both individually and as a couple. Changes in attachment and insight into personality pathology allow not only the presenting clients with the potential for lasting change but also the possibility to break intergenerational cycles of discord.

A challenge for clinicians is obtaining the necessary training in specialized couples' treatment approaches focusing on attachment, such as the Gottman method and EFT. To be

trained and/or certified in these treatments, clinicians must often seek training and certification outside their academic programs of training, which may limit their opportunities to become well trained due to accessibility, time constraints, and limited financial resources. Therefore, clinicians not trained in EFT or Gottman must consider using other efficacious treatments that exist to treat couples in distress, such as psychodynamic couples therapy and behavioral couples therapy (Nielsen, 2017). However, it is imperative that training programs and sites work together to increase accessibility to and training experiences for clinicians in specialized treatment methods that address complex attachment problems in couples to serve these clients better.

Finally, client factors, such as the ability to maintain boundaries, the severity of potential personality pathology, resources, support, and insight, are critical to assess when engaging in both individual and couples therapy when screening for an insecure attachment, cluster B pathology, and couple discord. Perhaps one of the most important aspects when assessing a couple engaged in discord is the level of distress within the partnership and reason(s) for seeking treatment. The ability to regulate affect, reliability in session attendance, capacity to engage in feedback and self-reflection, and level of flexibility of each individual will likely dictate the longevity and degree to effect change given the concerns presented in therapy and throughout treatment. Finally, determining couple dynamics regarding attachment and personality pathology may suggest outcomes in treatment. Based on the study by Alves et al. (2015), discord and lack of satisfaction are likely greater when both individuals have insecure attachment and personality pathology.

Overall, by screening for risk, modality of treatment, diversity, and client factors related to the stage of change, presence of pathology, and attachment status, clinicians can obtain a

wealth of information to dictate treatment and interventions that assist in improving the lives of their patients and their relationships.

Limitations of Research

A review of the current literature suggests there are several limitations regarding the study of insecure attachment, cluster B pathology, and couple discord. First, there are several potential criticisms of attachment theory that include lack of universal application, limits of a dyadic perspective, and differing views of interpersonal independence (Banse, 2004). The generalizability and applicability of the theories of the internal working model and attachment and coupling dynamics cross-culturally are likely problematic when they are normed on a certain segment of the population, specifically middle-class Caucasians (Banse, 2004). By doing so, significant segments of the clinical population are omitted from therapeutic study, thus, evidence-based and normed treatment for their cultural identity.

Overall, studies examining the relationship between couple discord and attachment are limited in number and inconsistent in nature (Banse, 2004). For example, Conradi, De Jonge, Neeleman, Simons, and Sytema (2011) identified numerous inconsistencies in prior literature related to the role insecure attachment plays upon couple discord and pathology, including demographics (e.g., education, socioeconomic status), relationship factors (e.g., communication, degree of distress), individual characteristics (e.g., presence of varying pathology), and finally treatment modality. As a result, the researchers (Conradi et al., 2011) surmised two substantial limitations with the current status of literature regarding these factors, which included that many responses from couples were post-treatment, thus, mitigating the impact of maintenance behaviors for long-term changes when focusing on clinical skills such as improved communication and attachment changes. Second, it was revealed that stable factors, most importantly personality factors such as attachment, were not attended to, and thus, not accounted

for when examining concerns in long-term relationships, which may impact outcomes even after treatment has completed.

Additionally, related to current limitations when examining the impact of insecure attachment, personality pathology, and couple discord, generally, couples reporting marital discord and satisfaction, at times, have been found to be inconsistent, thus, causing behavioral observations to be important when gathering data (South, 2014). Therefore, studies where data are collected based only on historical reporting may not have the most accurate representation of the couples functioning when behavioral observations are not attended to, whether due to change in behavior due to environment or discomfort reporting in a candid manner. As a result, the availability of the current research does not appear adequate, as the focus is not generalizable to a variety of age ranges, sexual orientations, and cultural identifications. For example, Banse (2004) conducted one of the few studies that combined both direct observation of couples and the coding of reported data, which gleaned much richer results when examining how a couple's interactional style, when coping with discord, was impacted by their attachment and potential pathology, ultimately finding that insecurely attached individuals exhibited and reported higher levels of conflict and trouble effectively communicating. Despite the robust data within this subset of over 300 couples, the study reported inherent bias, as it was conducted as a direct mail study and, therefore, limited respondents to metropolitan areas, and thus, not generalizable to the nation as a whole.

Furthermore, other studies source participants not only from metropolitan areas but also through very focused educational backgrounds. For example, when examining how couples' attachment is impacted by couples' satisfaction, Kane et al. (2007) reported that a large limitation in their study was that the 305 couples retained were all college-educated (sourced

from colleges in a metropolitan area), thus, not generalizable to the population as a whole.

Furthermore, the study (Kane et al., 2007) found that previous research has focused on

individuals' attachment styles and the intrapersonal impact rather than the interpersonal effects.

Studies such as these characterize how the availability of research participants who are not seen

as a vulnerable population can be limited geographically, educationally, and likely intrinsically

economically.

In reality, representations in the diversity of couples are seen in varying relationships

based on culture, race, socioeconomic status, gender, sexual identity, religion, and family of

origin, among many other factors. Unfortunately, given the present research, many couples are

unable to find their representation, and thus, many voices are silenced in portraying the realities

of the ability to partner, communicate, and resolve conflict when faced with a cluster of

symptoms including insecure attachment, cluster B personality pathology, and couple discord.

Ultimately, attachment needs to be researched from a cultural lens to incorporate varying

backgrounds. Studies, such as Causadias, Vitriol, and Atkin (2018), have found that in the

United States, many clinicians apply the misattribution bias when working with minority clients

compared to their Caucasian counterparts, specifically in that they attribute cultural factors to a

greater extent with these populations. The current research is seemingly focused on how insecure

attachments impact Caucasian, heterosexual, middle-class couples with a great deal of pathology

regarding anxiety, depression, and BPD. For example, within their study, Ebrahimi and Kimiaei

(2014) discovered that a vast majority of the research on couple attachment, discord, and

pathology focused on Western, Caucasian couples and called for future studies where diversity in

culture, ethnicity, and religion was addressed. Even beyond representation through data

collection, issues in representation through cultural norms have not been broadly examined. For

example, Harma and Sümer (2016) found that it is likely that varying cultures associate, identify, and present differently regarding attachment styles, particularly through gender differences within collectivistic and individualistic communities, where avoidant attachment is less inherently common. Due to the results of these studies and others, data concerning the role of attachment and couple discord leaves much to be desired when studying the impact within a variety of contexts, cultures, and religions.

Even more specifically, there appear to be few studies focused on insecure attachments, couple discord, and the impact on individuals faced with histrionic and antisocial personality disorders. Limited diversity in the current research literature regarding the adjustment of relationships regarding these clusters of symptoms, particularly regarding sexuality, race, and socioeconomic status, implies that currently, there is no accurate portrayal of the intricacies of these dynamics. Perhaps the most challenging aspects in determining an accurate sample of the population are first enrichment programs (Doyle & Cicchetti, 2017) for families to ensure a stable household and secure attachment and the availability and accessibility to attend individuals or couples counseling when concerns arise. An alternative framework is needed for couples' assessment of discord and attachment. Specific tools are required to examine varying attachments that are represented from a cultural lens. Furthermore, future research may be of benefit by beginning to restructure appropriate and representative norming when using said assessment tools that evaluate attachment and discord and to enhance a generalized evaluation in clinical settings to dictate efficacious treatment.

There is a current lack of research literature on the impact of insecure attachment related to several of the clinical clusters in couple discord, specifically related to HPD and antisocial personality disorder. A majority of the research has focused on depression, anxiety, and BPD

related to couple discord and insecure attachment (Pos & Greenberg, 2012). Subsequently, individuals with HPD and APD are not adequately represented. Studies such as Sher et al. (2015) have addressed these deficits and proposed that individuals with HPD and APD, through common reported insecure attachments, inability to engage in effective conflict resolution, and chronic interpersonal deficits, contribute a great deal to couple discord and further studies are needed to examine these interactions. By researching the role of adaptiveness (Levy et al., 2015) within cluster B personality disorders in terms of causality with couple discord and attachment, clinicians will surely gain a much broader therapeutic picture in how these dynamics coexist and interact.

Furthermore, there also exists a stigma for those diagnosed with a personality disorder, specifically BPD. The current limitations, including those of cultural identification, geographical location, and education, while not exhaustive, suggest there are extensive opportunities to bridge gaps within the research literature to address issues in diversity and social justice when addressing these topics.

Initial Treatment Decision Tree for Couples

Given the current lack of synthesis in the research related to addressing and conceptualizing issues with individuals and couples faced with an insecure attachment, cluster B personality pathology, and couple discord, an initial decision tree model for couples presenting with insecure attachment, cluster B pathology, and discord is proposed to initiate a discussion on ways in which clinicians can assess these factors (Figure 1). It is recommended that future studies analyze potential models, such as the one proposed, to guide clinicians in screening and treating couples with personality pathology engaged in discord. When assessing couples with insecure attachments, personality pathology, and discord in a clinical setting, it would be beneficial for the clinician to initially perform a risk and discord assessment of safety by

determining if domestic violence, severe hostility, or substance use are present. Additionally, assessing the level of pathology that is likely present within each individual would be important, as variations in severity exist on a spectrum of functionality and rigidness. If these items exist, it would be most efficacious to refer these individuals to focused treatment such as individual therapy work prior to couples therapy to address these concerns. To create change through behavior, individuals require a level of insight to examine problematic behaviors that contribute to discord. Therefore, individuals who lack insight may not find couples therapy beneficial and may require individual therapy. If none of these factors exist or are minimal, it is recommended clinicians then continue treatment to determine the appropriate treatment modality for the couple.

First, clinicians should perform a thorough initial risk assessment to determine the safety of the client, potential partners, and vulnerable populations involved. The current literature suggests that individuals with both an insecure attachment and personality pathology incur increased rates of risk factors such as domestic violence and substance abuse (Banford et al., 2015); therefore, these concerns should not go unaddressed for both legal and ethical reasons to ensure the safety of clients. An ongoing risk assessment of clients (self or other) should be conducted as appropriate. If risk is present, couples therapy may be contraindicated, and couples may need to be provided community resources (e.g., substance use programs, individual therapy, safety planning) rather than continuing with couples therapy.

Second, depending on both the setting of therapy (e.g., private practice, community mental health) and resources of the client(s) in question, evidence-based treatment should be selected to represent the most efficacious modality of treatment given their circumstances. Advocating for clients while also recognizing the limitations of the setting and circumstance is important to provide the highest level of care possible. Assessments available to initially screen

couples' functioning that can be utilized include general, evidence-based tools such as the Quality of Marriage Index (Kobak & Hazan, 1991), the Dyadic Adjustment Scale (Whisman, Beach, & Snyder, 2008), and the Marital Satisfaction Inventory-Revised (Whisman, Beach, & Snyder, 2008). Additionally, tools obtained in training for the Gottman method or EFT couples work can also be utilized for longer-term clients.

Next, components of diversity should always be considered, regarding the stimulus value of the clinician and client(s). Transference and countertransference should always be monitored and observed while working with clients. Elements such as clients' diversity should be included in the conceptualization when accounting for presentation and causes for concern (e.g., affect regulation, interpersonal conflict patterns, client's view of therapy, the self, others, and the world). Creating a safe and supportive environment that has clear and consistent boundaries provides clients a corrective emotional experience after potentially experiencing an invalidating and unpredictable history.

Finally, client factors such as the stage of change, ability to maintain boundaries, the severity of potential personality pathology, resources, support, and insight are critical to assess when engaging in both individual and couples therapy when screening for an insecure attachment, cluster B pathology, and couple discord. Perhaps one of the most important aspects when assessing a couple engaged in discord are the levels of distress within the partnership and reason(s) for seeking treatment. The ability to regulate affect, reliability in session attendance, capacity to engage in feedback and self-reflection, and level of flexibility of each individual will likely dictate the longevity and degree of affect change given the concerns presented in therapy and throughout treatment. Finally, determining couple dynamics regarding attachment and personality pathology may suggest outcomes in treatment. Based on the study by Alves et al.

(2015), discord and lack of satisfaction are likely greater when both individuals have an insecure attachment and personality pathology.

Overall, by screening for risk, the modality of treatment, diversity, and client factors related to the stage of change, presence of pathology, and attachment status, clinicians can obtain a wealth of information to dictate treatment and interventions that will better assist in improving the lives of their patients and their relationships.
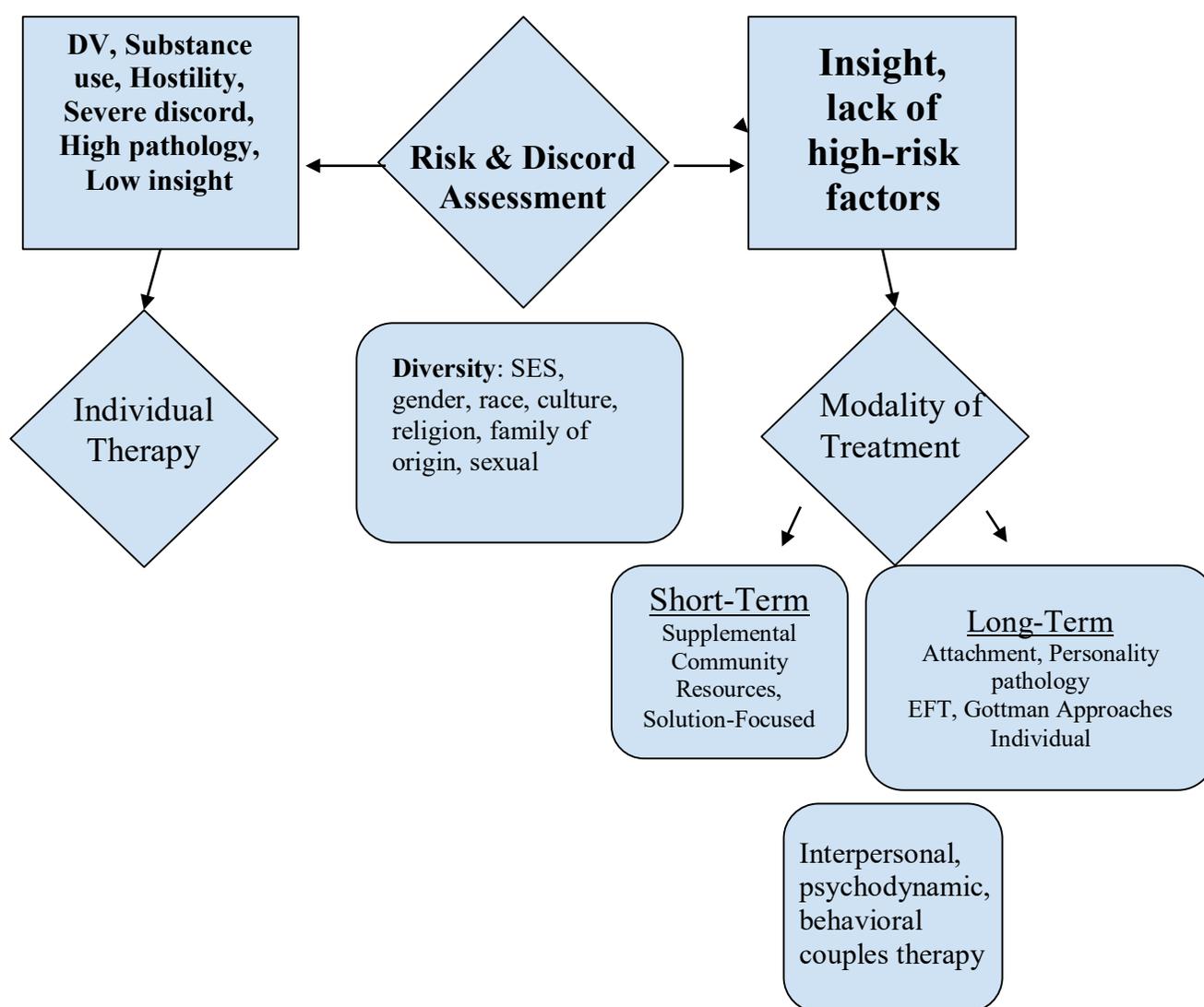
Figure 1. Initial treatment decision tree for couples.

Recommendations and Future Research

Given the existing limitations, future studies that focus on applying principles of attachment, couples therapy (i.e., Gottman & EFT), and pathology of personality are needed to obtain a more representative picture of how these factors interact with varying populations. By doing so, future research and exploration can ensure that evidence-based treatments are available for a variety of individuals, rather than a select few. The current research appears to be focused on how insecure attachments impact Caucasian, heterosexual, middle-class couples with a great deal of pathology regarding anxiety, depression, and BPD (Levy et al., 2015; Pos & Greenberg, 2012). First, by expanding the collection of data samples to more representative populations, researchers will have the opportunity to explore the interactions between the focused factors above on a diverse number of couples. To accomplish this, it is likely that researchers would need to access funding to recruit non-vulnerable participants from numerous geographical and cultural areas, such as numerous educational institutions, labs, and practices. A review of the research suggests that intrinsic within past and present data collection, even with these delineations, are inherent biases, as many accessible populations include higher learning institutions that skew the results, as many distressed individuals and couples do not have access to educational or economic opportunities. Therefore, opportunities for future study may be focused on how to better collect data from couples of numerous populations to determine representative variations, and therefore, obtain greater clinical clarification on how to treat various distressed couples. Additionally, future research may also wish to be focused on utilizing various theoretical orientations and treatment modalities, such as behavioral and psychodynamic couples therapy, when treating couples with personality pathology and discord.

Focused gaps in the research gleaned from this literature review include increased need for analysis of how various models of attachment, including Ainsworth (1979) and Bartholomew

and Horowitz (1991), apply to diverse populations of gender, minority ethnicity, sexual orientation, and various personality pathology. As previously mentioned, there appear to be few studies focused on insecure attachments, couple discord, and the impact on individuals faced with histrionic and antisocial personality disorders. More specifically, future studies should be related to the spectrum of functionality and severity of the pathology of cluster B personality disorders and how they present as potential pairings or clusters in couple dyads. For example, studies specifically directed at determining if patterns exist between the propensity of certain cluster B personality disorders to enmesh or gravitate toward other presentations would be clinically relevant when therapists are assessing patients in both individual and couples therapy when attempting to guide treatment. The ability to better understand not only the individual characteristics of patients diagnosed with cluster B pathology engaged in couple discord, but theoretical bidirectional dynamics is invaluable for clinicians to begin assessing pairings as their own microcosm of functionality, pathology, and potential for change in a therapeutic environment.

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