The Effects of Couple-Centered and Therapist-Centered Process On Dyadic Attachment of Distressed Therapy Seeking Couples: A Multilevel Longitudinal Analysis

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ABSTRACT
This study investigated partner-level secure attachment outcomes of 35 clinically distressed therapy-seeking couples who received both the therapist-centered and couple-centered therapy processes. The purpose of the study was to examine the differences of within- and post-session secure attachment outcomes between the two therapy processes.

Couple-centered sessions were found to produce higher levels of post- and within-session secure attachment than therapist-centered process for both males and females. Additionally, couple-centered process had a unique treatment effect after the second session, while both partners experienced higher levels of secure attachment than therapist-centered process, but then returned to pre-experimental levels.

LITERATURE REVIEW
This study seeks to investigate couple-centered process and therapist-centered process by examining the within- and post-session secure attachment outcomes of clinically-distressed couples who receive both therapy process modalities at the partner-level. Understanding how these two therapy process modalities affect attachment outcomes may better inform clinicians and researchers how each process is experienced by each partner and provide clinical insights into a potentially rich area of clinical research largely unexplored in conjoint marital therapy.

Therapist-Centered Process
Therapist-centered process has partners indirectly interacting with each other through the therapist and relies largely on the strength of the therapeutic alliance with each partner individually to be successful. In contrast to establishing a therapeutic relationship within individual psychotherapy, the therapeutic alliance within marital therapy is seen as a "unique, complex, and multilayer" phenomenon that has two major contextual limitations. First, partners may experience the therapist as more responsive than their partners, and view the therapist as an alternative attachment provider. Second, even when distressed, partners may prefer their partner as their attachment provider.

Couple-Centered Process
Couple-centered process operates under the assumption that relational distress can be attributed to maladaptive systemic interactions (interaction process more than the substantive issue being the "real" problem). Thus, by facilitating and assisting direct, couple-centered engagement through enactments, a space is created whereby the expression and resolution of unmet attachment needs, or the repair of damaged attachment bonds, can be actualized within a couple system. Along with the resolution provided by the couple by placing the couple at the center of the therapy process, enactment may be the "intuitive level" for facilitating emotional work whereby secure attachment can be increased and serve as a "vehicle and focal point for change."

HYPOTHESES
(H1) Couple-centered, enactment-based therapy process will produce higher attachment gains (i.e., post-session scores minus pre-session scores) than therapist-centered process for both males and females. (H2) Couple-centered, enactment-based therapy process will be associated with higher levels of post-session secure attachment.

EXPERIMENTAL DESIGN
The experiment consisted of 6 therapy sessions, with 3 sequential sessions defined as "therapist-centered" (TC) and 3 sequential sessions defined as "couple-centered" (CC). Two treatment groups were created, with one group beginning with 3 therapist-centered process sessions (n = 18; see Figure 1) and the other group beginning with 3 couple-centered, enactment-based sessions (n = 17; see Figure 2). After the third session, therapists switch therapeutic modality. Therapists were instructed to only alter interaction processes, retaining and employing their preferred clinical model.

Self-report measures were administered in a pre-test/posttest, repeated measures, centered, partial interaction model where participants completed the same measure prior to and after each experimental session.

Figure 1. Treatment Group 1: AAA-BBB

Figure 2. Treatment Group 2: BBB-AAA

ANALYSES & RESULTS
This study seeks to investigate couple-centered process and analysis of the attachment outcomes of each couple over the six sessions of the study required a repeated measures approach capturing the attachment levels and maternal attachments of each partner during the therapist-centered versus three couple-centered, enactment-based portions of treatment. Accordingly, longitudinal data was hierarchically structured and required a multilevel nested approach.

A 2 x 2 x 2 ANOVA was employed to account for the multifactorial design of the experiment. Factors included for analysis were treatment group: (1) TC, (2) CC; and for post-treatment (1 = AAABBB, 2 = BBBAAA; see Figure 4, Part A). Therapy process modality (1 = therapist-centered, 2 = couple-centered, enactment-based; see Figure 4, Part B), the 3 sessions for each segment of the study for all 06 sessions (see Figure 4, Part C), spouse (1 = wife, 2 = husband; see Figure 4, Part D).

INSTRUMENTS
The Revised Dyadic Adjustment Scale (RASD) was administered prior to each session to assess each partner’s level of marital distress.

The Secure Attachment Measure (SAM), a 14-item questionnaire adapted from the Experiences in Close Relationships’ instrument was used to measure partner attachment anxiety and attachment avoidance. Based on recent findings on the use of the ECR on a clinical sample, non-loading items and items contributing to unexplained variance were removed, leaving 4 items associated with attachment anxiety and 5 items associated with attachment avoidance.

PARTICIPANTS
Couples Thirty-five heterosexual couples (married, n = 30; engaged, n = 5; separated, n = 1; single) seeking therapy were recruited for the study. The mean length of relationship was 7.5 years (SD = 7.7) with the average number of children was 2.33 (SD = 1.6). The ethnic identity of participants was largely Caucasian (88.6%), Hispanic (5.7%), and Asian (1.4%), with 4.3% not reporting.

Therapists Therapists participating in the study consisted of 17 MFT Masters-level student therapists—7 males and 16 females—enrolled in a COAMFTE-accredited marriage and family therapy graduate program who were supervised by licensed doctoral-level AAMFT-approved supervisors.

CLINICAL RECOMMENDATIONS
1. Introduce couple-centered process by explaining the purpose of the intervention and roles of each partner and the therapist.
   An brief explanation of couple-centered process may best prepare partners to engage in interpersonally-focused “couple work.”

2. Explain to each partner that their sense of “emotional closeness” may fluctuate over the course of therapy when engaging in couple-centered therapy.
   Educate partners that feelings of anxiety and avoidance attachment to their partner could potentially become destabilized following interaction-centered couple work. At-home interventions may be needed to achieve and maintain gains.

3. Maintain a therapeutic presence during enactments.
   As couples process attachment injuries, partners may need third-party validation. Interrupting negative interactions while commending, encouraging, and coaching partners in attachment-based expression may help partners learn new interactive patterns and processes that can contribute to couple well-being and attachment.

REFERENCES