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Introduction

Cet essai est constitué de trois sections : une introduction générale, un article scientifique et une conclusion générale. Au niveau de l'introduction, il sera d'abord question de démontrer l'importance d'étudier la satisfaction conjugale et d'illustrer brièvement le modèle conceptuel utilisé pour l'examiner dans le cadre de cet ouvrage. La théorie de l'attachement sera définie et ses relations avec la satisfaction conjugale seront illustrées. Par la suite, un survol des études portant sur la personnalité et la satisfaction conjugale sera exposé. Ensuite, la théorie de la personnalité de Kernberg et plus spécifiquement le trouble de la personnalité dépressive-masochiste sera défini. Enfin, une section sur les études ayant examiné simultanément l'attachement, la personnalité et la satisfaction conjugale et leurs limites seront abordées. Finalement, les objectifs de l'essai seront exposés.

Le rôle central de la satisfaction conjugale

La formation d'une union amoureuse harmonieuse et durable est un objectif de première importance pour la majorité des individus (Wright, Lussier, & Sabourin, 2008). Lorsque des difficultés conjugales s'installent, s'amplifient et se chronicisent, elles occupent une place primordiale dans la vie des conjoints et elles deviennent des enjeux cliniques importants autant en psychothérapie individuelle que de couple (Whisman & Uebelacker, 2006). La documentation clinique et scientifique démontre que la détresse

conjugale est reliée aux problèmes de santé mentale tels que la dépression (Heim & Snyder, 1991; Kouros & Cummings, 2011; Whisman, 2001) et favoriserait le développement, le maintien et l'exacerbation des troubles de la personnalité (S. Bouchard & Sabourin, 2009; Links & Heslegrave, 2000). Par ailleurs, une union conjugale de qualité serait liée à une meilleure santé physique et à une diminution du développement des problèmes d'ordre physique (Bookwala, 2005; Gallo, Troxel, Matthews, & Kuller, 2003; Lorenz, Wickrama, Conger, & Elder, 2006; Umberson, Williams, Powers, Liu, & Needham, 2006). De plus, il a été démontré que la qualité des relations conjugales faciliterait la diminution de comportements sociaux négatifs, tels que les comportements criminels (Laub, Nagin, & Sampson, 1998). Les recherches ont également découvert une relation positive entre la satisfaction conjugale et le bonheur en général (Ruvolo, 1998). Toutefois, il existe un débat sur le sens de ce lien (Diener, Suh, Lucas, & Smith, 1999) et les études récentes appuient l'idée que la satisfaction générale face à la vie et la satisfaction conjugale s'influencent mutuellement (Stanley, Ragan, Rhoades, & Markman, 2012). Plusieurs études ont également démontré la relation entre la satisfaction conjugale et la durabilité des unions (p. ex., Karney & Bradbury, 1995; Kurdek, 1993). Ainsi, plus un couple entretient une relation de qualité, moins il est susceptible de se séparer ou de divorcer. Puisque l'indice synthétique de divortialité se maintient autour de 50 divorces pour 100 mariages au Québec depuis 1987 (Institut de la Statistique du Québec, 2011), il apparaît important de poursuivre l'approfondissement des différents déterminants de la satisfaction conjugale. Considérant les bénéfices et les

aspects positifs qu'une relation de couple satisfaisante apporte, il apparaît logique que plusieurs chercheurs se soient intéressés aux déterminants de la satisfaction conjugale.

Modèle conceptuel de la satisfaction conjugale

Plusieurs modèles ont été développés par les chercheurs pour mieux comprendre la nature complexe des couples et le fait que certains soient satisfaits de leur vie de couple et que d'autres vivent de la détresse. La qualité d'une relation de couple peut se maintenir à un même niveau tout au long de la vie conjugale, s'améliorer, se détériorer et même se flétrir complètement. Les différentes trajectoires que prendra la relation dépendront de l'interaction entre une multitude de facteurs. Certains modèles tentent de prédire la satisfaction conjugale par des processus personnels (p. ex., caractéristique individuel et expériences passées de chacun des membres du couple), interpersonnels (p. ex., les interactions conjugales déployées lors de la résolution de conflits), d'autres s'orientent davantage à essayer de comprendre comment les couples réussissent à s'adapter aux différents stressseurs (environnementaux et familiaux) de leur vie. Certains chercheurs ont voulu développer une approche plus intégrative. En fait, la majorité des études récentes considère l'importance d'une approche intégrative permettant d'examiner simultanément l'interrelation entre les différents aspects impliqués pour déterminer la satisfaction conjugale. Le modèle vulnérabilité-stress-adaptation (VSA) élaboré par Karney et Bradbury (1995) est actuellement le modèle intégratif le plus utilisé. Selon ce modèle, la détresse et la dissolution de la relation conjugale seraient expliquées par l'interrelation entre les construits suivant : 1) les vulnérabilités

personnelles (p. ex., traits de personnalité, attachement, famille d'origine problématique), 2) la présence d'événements stressants (événements de vie majeurs, circonstances stressantes et transitions de vie), et 3) les processus adaptatifs du couple (capacité d'avoir de l'empathie et de soutenir le partenaire, utilisation de stratégies de résolution de problème). Or, dans ce cadre théorique, les partenaires ayant davantage de vulnérabilités personnelles vont former des couples ayant des processus adaptatifs moins efficaces, qui vivront conséquemment de plus hauts niveaux de stress et qui en retour seront plus susceptibles de vivre de la détresse conjugale et ultimement une séparation. À l'intérieur de cet essai, il sera question d'approfondir le segment du modèle VSA portant sur les vulnérabilités personnelles. Plus spécifiquement, l'impact des dimensions intrapersonnelles de l'attachement et de la personnalité sur la satisfaction conjugale sera analysé.

Théorie de l'attachement

Les écrits de Bowlby (1969/1982) sur l'attachement entre l'enfant et la mère ont établi les fondements qui serviront au développement de la théorie de l'attachement amoureux chez l'adulte. La théorie de Bowlby postule que l'être humain naît avec un « système d'attachement » inné qui motive la recherche de proximité auprès de « figures d'attachement » afin d'obtenir sécurité et protection. Les principales figures d'attachement sont généralement représentées par les parents ou des personnes significatives dans l'entourage de l'enfant. Selon Bowlby (1973) et ses successeurs (Mikulincer & Shaver, 2007), le système d'attachement demeure actif au cours de la vie

et est transposé dans la relation intime avec un partenaire amoureux qui devient la principale figure d'attachement chez l'adulte. Les divers comportements et attitudes que les individus vont développer, caractérisant leur style d'attachement, vont dépendre de l'interaction avec le partenaire amoureux et de l'expérience vécue avec leurs principales figures d'attachement. Ces premières expériences sont encodées dans la mémoire sous forme de représentations mentales de soi et des autres appelées « modèle interne opérant » et vont prédire la capacité ultérieure d'un individu à rechercher réconfort, protection et intimité avec l'autre de façon équilibrée.

La théorie stipule que lorsque l'enfant se sent protégé et en sécurité, le système d'attachement demeure inactif. Par contre, le système d'attachement va s'activer chez l'enfant en présence de menaces (réelles ou symboliques) ou par la perception (réelle ou déformée) que la figure d'attachement est distante, non suffisamment disponible ou attentive à ses besoins. Dans une telle situation, l'enfant ressent un besoin de retrouver une proximité avec sa figure d'attachement et le manifestera par différents comportements, tels que pleurer ou crier. Lorsque la figure d'attachement est disponible et sécurisante, l'enfant est rassuré et le système d'attachement se désactive. Cependant, si les figures d'attachement sont inconsistantes ou incapables de rassurer ou de protéger l'enfant, des dérèglements au niveau de l'attachement peuvent s'ensuivre. Par exemple, l'enfant pourrait devenir encore plus sensible au moindre signe de rejet ou de distance de la figure d'attachement ou encore se désactiver et agir de façon indifférente puisque de toute façon, il ne peut pas se fier à cette figure d'attachement.

Le modèle récent du système d'attachement chez l'adulte proposé par Bartholomew (1990; Bartholomew & Horowitz, 1991) est représenté par deux dimensions : l'évitement de l'intimité qui est associé à la désactivation du système d'attachement, ainsi que l'anxiété d'abandon qui est associée à l'hyperactivation du système d'attachement. Dans cette conception, l'individu ayant un attachement évitant présente un grand inconfort avec l'intimité et le sentiment de dépendre de l'autre. Celui-ci aura tendance à maintenir une distance avec son partenaire, éviter l'interdépendance et à ne compter que sur lui-même (Mikulincer & Shaver, 2007). Les stratégies de désactivation du système d'attachement incluent la suppression de pensées associées aux vulnérabilités personnelles et aux perceptions de soi négatives, ainsi que la minimisation de la détresse liée à l'attachement, tels que le rejet et la séparation (Shaver & Mikulincer, 2005). À l'opposé, l'individu ayant un attachement anxieux est très inquiet que sa figure d'attachement ne soit pas disponible en cas de besoin. Ces individus ont des craintes excessives face à la possibilité que leur partenaire ne les aime plus ou encore, les rejettent (Mikulincer & Shaver, 2007). Les stratégies d'hyperactivation consistent en des efforts importants, soit des demandes excessives de soutien, de soin, d'attention et de réassurance pour maintenir la proximité avec le partenaire amoureux.

Attachement amoureux et satisfaction conjugale

La relation établie entre l'attachement amoureux et la satisfaction conjugale est abondamment supportée et documentée dans la littérature scientifique (voir Feeney, 1999, 2008). En effet, la sécurité de l'attachement serait positivement associée à la

satisfaction conjugale et l'insécurité de l'attachement y serait négativement reliée. Malgré que la grande majorité des études dénotent une association significative entre l'insécurité de l'attachement et la satisfaction conjugale pour les deux dimensions de l'attachement (anxiété et évitement) autant pour l'homme que pour la femme, un examen approfondi des données révèle des différences selon le genre quant à cette association (Mikulincer & Shaver, 2007). Tandis que la détresse conjugale serait liée de façon consistante à l'anxiété et à l'évitement chez la femme, elle serait reliée de façon plus consistante à l'évitement chez l'homme (Mikulincer & Shaver, 2007). D'autre part, des effets de l'attachement du partenaire ont également été trouvés entre l'insécurité de l'attachement (anxieux et évitant) et la satisfaction conjugale (Feeney, 2008). L'effet le plus robuste concerne l'association négative entre l'anxiété de la femme et la satisfaction de l'homme. Malgré le faible niveau de satisfaction que présente les couples composés d'une femme anxieuse et d'un homme évitant, ceux-ci tendent à demeurer stables dans le temps (Kirkpatrick & Davis, 1994).

De plus, pour illustrer la nature complexe de la relation entre l'attachement et la satisfaction conjugale, des études ont découvert des effets d'interactions entre l'attachement des partenaires. Plus spécifiquement, l'effet positif de la sécurité et l'effet négatif de l'insécurité peuvent être amplifiés ou atténués selon certaines configurations dyadiques (Banse, 2004; Feeney, 1994). Ainsi, il semble nécessaire de continuer à utiliser une perspective dyadique pour bien saisir le lien complexe entre l'attachement et la satisfaction conjugale.

Personnalité et satisfaction conjugale

La grande majorité des chercheurs qui ont étudié la personnalité dans les relations de couples l'a fait en utilisant la théorie en cinq facteurs de McCrae (1991). Il est à noter que cette théorie de la personnalité est dite athéorique. Dans cette conception, cinq dimensions principales constituent la personnalité, soit : 1) le névrotisme (p. ex., affectivité négative, instabilité émotionnelle, propension à ressentir détresse et frustration); 2) l'extraversion (p. ex., sociabilité, propension à vivre des émotions positives); 3) l'amabilité (p. ex., sympathique, digne de confiance, altruiste et coopératif); 4) l'ouverture (p. ex., imaginatif, curieux intellectuellement, sensible à l'art et flexible); 5) le consciencieux (p. ex., bien organisé, entreprenant, perfectionniste et constant) (Costa & McCrae, 1992). Le névrotisme est le trait qui a reçu le plus d'attention et de nombreuses études transversales ainsi que certaines études longitudinales ont démontré son lien négatif avec la satisfaction et la stabilité conjugale (p. ex., Barelds, 2005; G. Bouchard, Lussier, & Sabourin, 1999; Donnellan, Conger, & Bryant, 2004; Fisher & McNulty, 2008; Gattis, Berns, Simpson, & Christensen, 2004; Karney & Bradbury, 1995, 1997; Möller, 2004). Cependant, dans une étude récente portant sur 125 couples mariés en moyenne depuis 34 ans, le névrosisme n'était pas associé à la satisfaction conjugale (O'Rourke, Claxton, Chou, Smith, & Hadjistavropoulos, 2011). En fait, les résultats de certaines études récentes portant sur des couples plus âgés révèlent plutôt l'importance des autres traits de personnalité, soit l'extraversion, l'amabilité, l'ouverture à l'expérience et la propension à être consciencieux (Claxton, O'Rourke, Smith, & DeLongis, 2012; O'Rourke, et al., 2011;

Rosowsky, King, Coolidge, Rhoades, & Segal, 2012). Cependant, seulement un nombre restreint de recherches ont étudié ces autres traits de personnalité issus de la théorie en cinq facteurs et les résultats apparaissent inconsistants (voir Verreault, 2010 pour une recension).

Par ailleurs, bien que l'incapacité à développer des relations intimes en profondeur est au cœur du concept de trouble de la personnalité (Krueger, Skodol, Livesley, Shrout, & Huang, 2008), un nombre restreint d'études se sont intéressées aux dimensions pathologiques de la personnalité chez les couples (S. Bouchard, Sabourin, Lussier, & Villeneuve, 2009; Gutman, McDermut, Miller, Chelminski, & Zimmerman, 2006; Knabb, Vogt, Gibbel, & Brickley, 2012; South, Turkheimer, & Oltmanns, 2008; Stroud, Durbin, Saigal, & Knobloch-Fedders, 2010; Whisman, Tolejko, & Chatav, 2007). Ces études dénotent cependant une association négative entre les dimensions pathologiques de la personnalité et la qualité des unions conjugales.

En dépit de la quantité considérable d'études effectuées au sujet de la personnalité des couples, très peu d'entre elles ont abordé la personnalité selon une approche théorique et clinique spécifique. Récemment, Verreault, Sabourin, Lussier, Normandin et Clarkin (2012) ont utilisé la conceptualisation psychodynamique de l'organisation de la personnalité de Kernberg dans le contexte des relations conjugales et ont démontré sa distinction et son interrelation avec le trait de personnalité du névrosisme dans la prédiction de la satisfaction conjugale.

Par ailleurs, l'approche psychodynamique est souvent utilisée auprès des couples et de la famille (Summers & Barber, 2010; Vermote, Lowyck, Vandeneede, Bateman, & Luyten, 2012) et son efficacité tant dans la thérapie individuelle (Shedler, 2010) que la thérapie de couple (Snyder, Wills, & Grady-Fletcher, 1991) a été empiriquement démontrée. Des modèles ancrés dans l'approche psychodynamique ont été développés et empiriquement validés pour traiter les troubles de la personnalité (Clarkin, Fonagy, & Gabbard, 2010). De plus, l'approche psychodynamique présente d'importantes affinités sur le plan théorique avec la théorie de l'attachement (Fonagy, 2001; Fonagy, Gergely, & Target, 2008; Shaver & Mikulincer, 2002, 2005). Ainsi, il apparaît pertinent d'utiliser des construits psychodynamiques pour approfondir notre compréhension de la satisfaction conjugale des couples. Puisque cette approche est encore peu utilisée en recherche, elle fera l'objet d'une présentation détaillée.

Théorie de la personnalité de Kernberg

La théorie psychodynamique de l'organisation de la personnalité et de la pathologie de la personnalité telle que développée par Kernberg et ses collègues (Kernberg & Caligor, 2005) est fondée sur la théorie contemporaine des relations d'objets (Kernberg, 1976) et est associée à la psychothérapie focalisée sur le transfert (Kernberg, Yeomans, Clarkin, & Levy, 2008). Le terme « objet » qui est utilisé dans le courant psychodynamique pour des raisons historiques est synonyme de « personne ». Or en ce sens, « relation d'objet » représente la qualité des relations qu'a un individu avec autrui (Caligor & Clarkin, 2010). Cependant, dans cette conception théorique, les

relations interpersonnelles externes ou observables renvoient aux « relations d'objet interne » de l'individu. Les relations objectales entretiennent des liens complexes avec les expériences développementales, particulièrement les interactions vécues avec les figures d'attachement (Kernberg & Caligor, 2005). Ces expériences relationnelles et affectives sont graduellement encodées en mémoire sous forme « d'unités de mémoire affective » (Clarkin, Yeomans, & Kernberg, 2006). Ainsi, une relation d'objet internalisé fait référence à un état affectif reliant une représentation de soi-même à une représentation de l'autre (p. ex., un affect de peur rattachant la représentation d'un soi faible et vulnérable à une figure d'autorité sévère et menaçante) (Kernberg & Caligor, 2005). La relation d'objet venant d'être décrite est dite « dyadique » puisqu'elle implique deux représentations (soi et autrui). Cependant, à mesure que les relations d'objets deviennent plus évoluées et mieux intégrées, elles peuvent devenir triadiques (c.-à-d., une représentation de soi interagissant avec deux représentations d'autrui) (Kernberg & Caligor, 2005).

Les relations d'objets internes constituent les fondements des structures de personnalité et découlent de l'interaction entre les dispositions constitutionnelles de l'individu (c.-à-d., la propension de l'individu à vivre des affects négatifs ou positifs de façon plus ou moins intense selon son tempérament) et de la relation qu'il a vécue et internalisée ses principales figures d'attachement. Dans l'élaboration de sa théorie du développement de la personnalité (Clarkin, et al., 2006; Kernberg & Caligor, 2005), Kernberg reconnaît également l'importance des processus cognitifs dans la

représentation que se fait l'individu de ses interactions avec l'environnement et de son univers affectif. De plus, il intègre les aspects neurobiologiques et génétiques du tempérament et de ses influences sur la modulation affective. Le terme « structure de personnalité » réfère ici à un mode de fonctionnement mental relativement stable et persistant qui organise les comportements et l'expérience subjective de l'individu (Clarkin, et al., 2006). Malgré que la nature et l'organisation des structures psychologiques tendent à demeurer stables dans le temps, celles-ci peuvent être modifiées et assouplies par la maturation, les expériences de vie ou un traitement psychothérapeutique réussi (Caligor & Clarkin, 2010).

Au cours du développement, les polarités positives (expériences agréables/satisfaisantes) et négatives (expériences désagréables/douloureuses) des affects qui auparavant étaient associés séparément à des représentations d'objets internes « tout bon » ou « tout mauvais » seront graduellement intégrées (Kernberg & Caligor, 2005). Cette intégration des polarités dans un tout permettra à la psyché d'avoir des représentations plus complexes et réalistes de soi et des autres (c.-à-d., qu'une personne peut avoir du bon et du mauvais; être parfois satisfaisante et parfois frustrante). La réalisation de ce processus du développement psychique est intimement liée au parachèvement de l'identité (c.-à-d., l'intégration du concept de soi et des autres). Un système défensif plus ou moins évolué se développera parallèlement pour gérer les tensions et les inconforts pouvant résulter des différents mouvements internes conséquent au niveau d'intégration de l'identité (p. ex., maintenir séparées les

représentations des « mauvais » objets internes pour ne pas contaminer les « bons », ce qui fait référence au mécanisme du clivage). De plus, lorsque l'identité d'un individu n'est pas parachevée et que des défenses plus « primitives » tels que le clivage sont utilisées, celui-ci peut également présenter des lacunes plus ou moins sévères au niveau du contact avec la réalité (c.-à-d., la difficulté à différencier les sources internes des sources externes de stimuli et les frontières de soi de celles des autres). Enfin, un système de valeurs morales (référant au surmoi) reflétant les idéaux de l'individu et l'intériorisation des règles de conduites personnelles et sociétales se développera (Caligor & Clarkin, 2010). Ce système de valeurs morales sera plus ou moins flexible selon son degré d'intégration, soit déficitaire (comportement antisocial) ou rigide (jugement moral sévère et critique de soi excessive). Ainsi, en considérant le concept d'identité, de mécanismes de défense, de contact avec la réalité, de valeurs morales et de qualité des relations objectales, il est possible de déceler la structure de personnalité d'un individu qui s'organise selon trois niveaux, soit l'organisation psychotique¹, limite et névrotique (Caligor & Clarkin, 2010; Clarkin et al., 2006; Kernberg & Caligor, 2005). Kernberg a établi une définition claire de la personnalité normale qui est utilisée comme référence de comparaison et qui sert à guider les thérapeutes dans le traitement de la pathologie de la personnalité.

¹ Étant donné qu'une organisation de personnalité psychotique représente en soi un critère d'exclusion pour le diagnostic d'un trouble de la personnalité, elle ne sera pas abordé pour les fins de l'ouvrage.

Définition de la personnalité normale

La personnalité normale (Clarkin, et al., 2006; Kernberg & Caligor, 2005) se caractérise d'abord par une perception de soi et des autres qui est stable, cohérente et ancrée dans la réalité, ce qui est indicatif d'une identité bien intégrée. La consolidation de l'identité est reflétée par le sentiment intérieur et la manifestation extérieure de cohérence et d'authenticité de soi. Cette cohérence de soi est à la base d'une bonne estime de soi et de la capacité d'éprouver du plaisir dans les différentes sphères de sa vie. Une vision cohérente et intégrée de soi et des autres permet d'évaluer de façon juste les comportements et les intentions d'autrui et ainsi ressentir de l'empathie pour eux. Un équilibre entre la dépendance mature et l'autonomie mature caractérise les relations interpersonnelles d'une personnalité normale. Ainsi, il est possible d'investir affectivement l'autre et d'en prendre soin tout en préservant un sentiment et un désir d'autonomie.

Par ailleurs, découlant d'une identité intégrée, une autre caractéristique de la personnalité normale est la capacité de ressentir et de gérer un large éventail d'affects. En plus d'avoir un monde interne riche et complexe, les affects vont être bien modulés et même les plus intenses n'engendreront pas une perte de contrôle des impulsions. De plus, les mécanismes de défenses utilisés sont généralement matures (p. ex., humour, sublimation, rationalisation) et sont employés de façon adaptée, avec souplesse et flexibilité. La personnalité normale est également caractérisée par un système de valeurs internalisées et matures. Bien que ce système de valeurs se soit internalisé au cours du

développement selon les interdits parentaux et les valeurs du milieu familial, au niveau de la personnalité normale, le système de valeurs matures s'est individualisé au cours du temps. Celui-ci est désormais relativement indépendant de l'influence des autres et s'incarne de façon cohérente et consistante dans le quotidien de l'individu. Un tel système de valeurs internes reflète un sens des responsabilités personnelles, une capacité à se critiquer de façon réaliste, une flexibilité dans l'éthique de la prise de décision et un engagement dans ses valeurs et ses idéaux. Enfin, une personnalité normale est indicative d'une gestion satisfaisante et saine de la sexualité et de l'agressivité. Au niveau de la sexualité, celle-ci est exprimée pleinement et vécue avec tendresse et engagement émotionnel auprès du partenaire amoureux. Concernant l'agressivité, une personnalité normale sera en mesure de canaliser celle-ci dans l'expression de l'affirmation de soi, de tolérer des attaques sans réagir excessivement et d'éviter de retourner l'agressivité contre soi.

Niveaux d'organisation et pathologie de la personnalité

La théorie des troubles de la personnalité tel que développée par Kernberg et ses collègues intègre à la fois la classification catégorielle du DSM et une classification dimensionnelle incluant un continuum de sévérité des troubles et un continuum d'extraversion (Clarkin et al., 2006). Ainsi, dans l'approche de Kernberg (Kernberg & Caligor, 2005), ainsi que dans celle de beaucoup d'autres auteurs d'orientation dynamique, un même comportement manifeste peut servir des fonctions différentes et avoir un sens différent selon la structure de personnalité sous-jacente. Par exemple, des

comportements reliés à la timidité sociale ou à l'inhibition peuvent contribuer à un diagnostic de personnalité schizoïde ou évitant. Cependant, ces mêmes comportements pourraient également représenter la précaution d'un individu foncièrement paranoïaque, ou la peur de l'exposition de la grandiosité d'un narcissique, ou encore une formation réactionnelle contre les tendances exhibitionnistes d'un individu hystérique (Kernberg & Caligor, 2005). Afin d'établir le diagnostic structurel, une entrevue semi-structurée (Structured Interview of Personality Organization (STIPO); Stern et al., 2010) et un questionnaire auto-rapporté (Inventory of Personality Organization, IPO; Lenzenweger, Clarkin, Kernberg, & Foelsch, 2001) ont été développés pour évaluer l'organisation de la personnalité et la qualité des relations objectales. De plus, des traitements ont été développés et empiriquement validés pour le trouble de la personnalité limite (Clarkin et al., 2006; Kernberg, 1989, 2004). Des traitements ont également été développés pour les autres troubles sévères de la personnalité (p. ex., Kernberg, 1992) et pour les troubles de la personnalité de « haut niveau » ou d'organisation névrotique (Caligor, Kernberg, & Clarkin, 2007).

Organisation de la personnalité limite. Ce niveau d'organisation de personnalité est caractérisé par une intégration déficiente de l'identité (diffusion de l'identité), l'utilisation de mécanismes de défenses primitifs et un degré variable de pathologie du système de valeurs morales (Clarkin et al., 2006; Kernberg, 2004; Kernberg & Caligor, 2005). Ainsi, les individus dont la personnalité est organisée à ce niveau sont incapables d'intégrer dans un tout cohérent les différentes parties (bonnes et

mauvaises) de soi et des autres. Le mécanisme du clivage est donc employé de façon prépondérante. Avec l'appui des autres défenses associées au clivage, tels que l'identification projective, le déni, l'idéalisation et la dévalorisation, les « bons » et les « mauvais » objets internes sont maintenus séparés. Ce processus a comme objectif de protéger la partie idéalisée du moi d'une contamination potentielle de sa contrepartie dévalorisée et persécutrice. De cette façon, les représentations contradictoires sont maintenues à l'écart et l'individu peut garder un certain équilibre psychique. Cependant, ce qui est idéalisé (bon) et dévalorisé (mauvais) peut s'altérer rapidement et s'accompagne souvent d'affects intenses chargés d'agressivité, favorisant ainsi des relations instables et chaotiques.

De plus, malgré que le contact avec la réalité est généralement préservé à ce niveau d'organisation de la personnalité, celui-ci peut être plus ou moins altéré dans le contexte des relations interpersonnelles, particulièrement lors de situations stressantes (Kernberg & Caligor, 2005). Cela pourrait se manifester par une difficulté à saisir les nuances et les subtilités des interactions interpersonnelles et occasionner des interprétations erronées de la réalité. Ainsi, contrairement à l'organisation psychotique dont la relation avec la réalité est plus sérieusement atteinte, les atteintes au niveau de la réalité sont généralement transitoires et limitées aux relations interpersonnelles chez l'organisation limite.

La pathologie de la personnalité résultant de ce niveau d'organisation de la personnalité comprend un groupe plus sévèrement atteint (l'organisation limite de « bas niveau ») et un groupe dont la sévérité est plus modérée (l'organisation limite de « haut niveau »). L'organisation limite dont le fonctionnement est de « bas niveau » inclue le trouble de la personnalité limite, schizoïde, schizotypique, paranoïde, hypomaniaque, hypocondriaque, narcissique malin et antisociale. Par ailleurs, le groupe d'organisation limite de « haut niveau » ou dont le fonctionnement général est plus adapté inclue le trouble de la personnalité cyclothymique, sadomasochiste, histrionique, narcissique, évitant et dépendant. Bien que ces deux groupes présentent les mêmes caractéristiques propres à l'organisation limite de la personnalité, les personnalités dont l'organisation est de « haut niveau » ont généralement une meilleure adaptation sociale et un mode de vie moins chaotique au niveau des relations interpersonnelles et du travail (Kernberg, 2004; Kernberg & Caligor, 2005).

Organisation de la personnalité névrotique. Ce niveau d'organisation de la personnalité est caractérisé par une identité consolidée (c.-à-d., une perception stable, cohérente et réaliste de soi et des autres), l'utilisation prépondérante de mécanismes de défense basés sur le refoulement (c.-à-d., élimination de la conscience d'aspects menaçants, douloureux et générateurs d'anxiété qui émergent de l'activité psychique), un contact avec la réalité consistant et un système interne de valeurs bien intégré mais à tendance rigide (Caligor et al., 2007; Kernberg & Caligor, 2005). En raison d'une identité bien intégrée, les individus dont l'organisation de personnalité se situe au niveau

névrotique sont capables d'engagement dans leurs relations et de développer des liens en profondeurs. De plus, ils sont généralement plus capables de tolérer les affects intenses et de contenir leurs impulsions que les individus d'organisation limite. Cependant, la rigidité des traits de caractères est un aspect important qui les distinguent des autres organisations. Cette rigidité est le résultat des opérations du refoulement et d'un système de valeurs internes (ou surmoi) sévère. Les conflits entourant la sexualité sont centraux à la pathologie des personnalités d'organisation névrotique (Kernberg, 1976, 1986, 1995; Kernberg & Caligor, 2005). Ainsi, l'utilisation répétée du refoulement permettrait de maintenir à l'écart de la conscience les aspects entourant la sexualité et l'agressivité jugés répréhensibles. Les troubles de la personnalité les moins sévères et dont le fonctionnement est le moins atteint se retrouvent à ce niveau d'organisation et incluent la personnalité obsessionnelle-compulsive, dépressive-masochiste et hystérique. Étant donné que l'échantillon de couple analysé dans cet ouvrage provient de la communauté et non d'une population clinique, il s'avère logique d'étudier l'organisation de la personnalité de plus haut niveau (c.-à-d., névrotique) dans lequel la pathologie de la personnalité affecte le fonctionnement de manière moins sévère.

Les individus vivant au sein d'un mariage dysfonctionnel rapportent jusqu'à 10 fois plus de symptômes dépressifs que ceux vivant dans un mariage satisfaisant et de nombreuses études démontrent la relation négative entre la dépression et la qualité des unions conjugales (voir Bélanger, El-Baalbaki, Leduc, & Coyne, 2008). De plus, des études ont démontré que le sacrifice de soi excessif pour le partenaire ou le couple serait

relié à des niveaux plus élevés de dépression et de dysfonction conjugale, particulièrement lorsque le sacrifice est perçu comme négatif pour le soi et que le niveau d'engagement dans le couple est faible (Whitton, Stanley, & Markman, 2002, 2007). Selon Kernberg (1992), le fait de se sacrifier entièrement soi-même et ses intérêts pour un conjoint qui ne rend pas la pareille peut suggérer un trouble de la personnalité dépressive-masochiste. Actuellement, aucune recherche n'aurait examiné le concept de sacrifice de soi excessif comme étant relié à des dimensions masochistes de la personnalité. La conception de la personnalité dépressive-masochiste tel qu'élaboré par Kernberg s'avère une avenue intéressante pour aborder le sacrifice de soi excessif sous l'angle du masochisme dans le contexte des relations conjugales.

Trouble de la personnalité dépressive-masochiste. La personnalité dépressive-masochiste (PDM) est généralement désignée dans la littérature psychanalytique par l'expression « masochismes moraux » et son intégration dans le Manuel diagnostique et statistique des troubles mentaux (DSM) est controversée. Dans un premier temps, l'intégration du « trouble de personnalité masochiste » a été discutée dans le DSM-III-R et fût éventuellement rejetée. D'autre part, le « trouble de la personnalité dépressive » est actuellement discuté dans un appendice du DSM-IV-TR. Dans la conception de Kernberg (Kernberg, 1988, 1989, 1992; Kernberg & Caligor, 2005), la PDM est composée de trois traits principaux qui sont intrinsèquement reliés : 1) traits résultant d'une dépendance émotionnelle dans la demande d'aide, d'amour et d'approbation; 2)

traits résultant d'un fonctionnement excessivement sévère du surmoi; et 3) traits résultant d'une difficulté à exprimer l'agressivité.

Traits résultant de l'hyperdépendance : En raison de leur grande ambivalence face aux objets aimés, les individus ayant une PDM ont tendance à se sentir facilement frustrés lorsque leurs besoins affectifs excessifs ne sont pas comblés et à se sentir coupables d'en demander autant. Ces individus présentent une grande sensibilité aux déceptions causées par les autres et feraient tout pour obtenir sympathie, amour et approbation. Lorsque ce trait est hautement pathologique, ils vont réagir excessivement à des manques d'égard relativement bénins par le sentiment d'être rejetés ou maltraités et vont inconsciemment tenter de se venger en adoptant des comportements pour culpabiliser l'autre. Toutefois, contrairement à la personnalité narcissique qui dépend de l'admiration et de l'amour des autres, mais qui est incapable de ressentir de l'amour et de la gratitude en retour, la PDM est capable de répondre par de la gratitude et un amour profond.

Traits résultant des exigences élevées : Les aspects « surmoïques » de la PDM dévoilent un jugement excessivement sévère envers soi-même et une tendance à s'imposer des idéaux personnels extrêmement élevés. Ce trait peut se manifester par une tendance à être hyperconscientieux (c.-à-d., très préoccupé par le sens du devoir et des responsabilités). Lorsque ces individus n'arrivent pas à atteindre les exigences élevées qu'ils se sont imposés, ils vont avoir tendance à manifester les signes cliniques de la

dépression. Dans certains contextes, la sévérité de leurs exigences envers eux-mêmes peut se tourner vers les autres sous forme « d'indignation justifiée ». De plus, ils vont avoir tendance à se placer dans des situations qui les font souffrir, ce qui serait le prix à payer pour les plaisirs qu'ils se sont permis. D'ailleurs, ces individus ont beaucoup de difficultés à vivre des expériences sexuelles satisfaisantes et vont retirer du plaisir uniquement dans les contextes de souffrance symbolique ou réelle.

Traits résultant d'une expression dysfonctionnelle de l'agressivité : Le « métabolisme défectueux » de l'agressivité chez la PDM se manifeste par la tendance à ressentir des sentiments dépressifs dans les situations qui susciteraient normalement de la colère ou de la rage. Autrement dit, la colère dirigée vers l'objet qui en est la source est retournée contre soi en raison d'un sentiment de culpabilité associé aux sentiments agressifs. Chez ces individus, un système cyclique s'établit dans lequel la colère est exprimée « à bon droit » contre ceux par qui ils se sentent rejetés ou maltraités, puis se sentent coupables, dépriment et se confondent en excuses jusqu'à ce qu'ils se mettent de nouveau en colère contre leur propre assujettissement, entraînant une nouvelle bouffée de colère.

Actuellement, une seule étude recensée a examiné de façon empirique la relation entre la pathologie de la personnalité masochiste et le fonctionnement conjugal (Knabb et al., 2012). Les résultats de cette étude démontrent une association négative entre la pathologie de la personnalité masochiste et la satisfaction conjugale. Le construit

psychodynamique de la personnalité dépressive-masochiste tel que développé par Kernberg s'avère une avenue très intéressante pour approfondir notre connaissance de la pathologie de la personnalité masochiste dans le contexte des relations de couple.

Attachement, personnalité et satisfaction conjugale

La majorité des études ayant examiné simultanément la relation entre l'attachement, la personnalité et la qualité des unions conjugales l'on fait en utilisant le modèle de la personnalité en cinq facteur (p. ex., Ben-Ari & Lavee, 2005; Lehnart & Neyer, 2006; Nofle & Shaver, 2006; Shaver & Brennan, 1992). Bien que l'attachement explique de façon consistante une plus grande portion de variance dans le changement de la satisfaction conjugale, la distinction et la complémentarité entre les construits d'attachement et de personnalité selon le modèle en cinq facteurs ont été démontrées. De plus, le névrosisme a été identifié comme une variable partiellement médiatrice de la relation entre l'attachement et la satisfaction conjugale (Davila, Bradbury, & Fincham, 1998).

Malgré que la théorie de l'attachement est intégrée dans les modèles développés pour expliquer la pathologie de la personnalité (p. ex., Fonagy et al., 2010; Meyer, Pilkonis, Lenzenweger, & Clarkin, 2005) et qu'un grand nombre d'études démontrent le lien entre ces deux construits (p. ex., Nakashi-Eisikovits, Dutra, & Westen, 2002; Riggs et al., 2007; Scott, Levy, & Pincus, 2009; Timmerman & Emmelkamp, 2006; Yang et al., 2008), seulement deux études recensées ont examiné simultanément l'attachement et

la pathologie de la personnalité dans le contexte des relations conjugales. Les résultats de celle conduite par Bouchard et al. (2009) dans le contexte où la conjointe présente un trouble de la personnalité limite (TPL) démontrent que dans 67% des cas, les deux partenaires affichent des attachements insécurisés. De plus, près de la moitié des conjoints de femmes ayant un TPL ont également un trouble de la personnalité. Malgré les dysfonctions relationnelles importantes rapportées par ces couples, une proportion importante (51% des femmes et 60% des hommes) ont jugé leur union comme étant satisfaite. Ainsi, il semblerait que l'insécurité de l'attachement et la pathologie de la personnalité aurait une relation plus complexe avec la satisfaction conjugale que ce à quoi les cliniciens pourraient normalement s'attendre. Par ailleurs, une étude récente démontre que les symptômes du TPL a un effet modérateur sur la relation entre l'attachement et la satisfaction conjugale (Hill et al., 2011). Ainsi, l'examen de la relation simultanée entre l'attachement et la pathologie de la personnalité pour prédire la satisfaction conjugale constitue une avenue de recherche intéressante et émergente.

Objectif

L'objectif de cet essai est d'examiner la relation entre l'attachement et la personnalité dépressive-masochiste (PDM) pour prédire la satisfaction conjugale de façon transversale et longitudinale, soit un an et trois ans après la prise de mesure initiale. Plus spécifiquement, il est question d'observer d'une part, les effets directs de l'attachement et de la PDM sur la satisfaction conjugale et, d'autre part, d'explorer leurs interactions. La perspective des hommes et des femmes est analysée à la fois en tenant

compte de leur propre réponse (effet-acteur), ainsi que de celle de leur partenaire (effet-partenaires). Le contenu de l'article empirique qui suivra est exposé tel qu'il a été soumis à la revue *Couple and Family Psychology: Research and Practice*. Enfin, une conclusion générale du présent essai parachèvera l'ouvrage.

Article scientifique

Attachment, depressive-masochistic personality and couple satisfaction : A longitudinal
dyadic perspective

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ATTACHMENT, DEPRESSIVE-MASOCHISTIC PERSONALITY AND COUPLE SATISFACTION

Attachment, depressive-masochistic personality and couple satisfaction: A longitudinal
dyadic perspective

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Abstract

In this longitudinal study, we examined within a dyadic perspective how romantic attachment and depressive-masochistic personality (DMP) predicted initial and long-term relationship satisfaction one year and 3 years after initial testing through direct and interaction effects. A sample of 299 couples completed romantic attachment, personality organization, and relationship satisfaction questionnaires. For both women and men, initial satisfaction was directly predicted by self-reported attachment representations (anxiety and avoidance) and DMP traits. In addition to these actor effects, three direct partner effects were observed: women's couple satisfaction was associated with men's avoidance whereas in men, couple satisfaction was predicted by women's avoidance and DMP traits. On the other hand, only women's DMP was directly related to men's long-term satisfaction. Several interaction effects were found in predicting long-term satisfaction mainly as a function of women's DMP. When women presented elevated depressive-masochistic personality traits, the negative relation between attachment avoidance and long-term satisfaction was eliminated and attachment anxiety became positively related to women's long-term satisfaction. Attachment representations appear to have a different and more complex relation with long-term couple satisfaction when considering its interactions with pathological personality traits.

Keywords: Adult romantic attachment, masochism, personality pathology, couple satisfaction, marital adjustment

Attachment, depressive-masochistic personality and couple satisfaction: A longitudinal
dyadic perspective

Attachment theory and contemporary psychodynamic theory have core conceptual commonalities (Fonagy et al., 2008; Shaver & Mikulincer, 2002, 2005) and a large body of empirical evidence supports the importance of attachment in the study of couple outcomes (Feeney, 2008; Mikulincer & Shaver, 2007). However, most studies examining the relation between attachment representations and couple satisfaction are based on cross-sectional designs (Mikulincer & Shaver, 2007). Moreover, many ambiguities remain in our understanding of how attachment insecurities interact with pathological aspects of personality in predicting long-term relationship satisfaction. In fact, only a few studies have examined personality pathology (S. Bouchard et al., 2009) and detrimental aspects of excessive self-sacrifice (Whitton et al., 2007) in couple relations. Excessive self-sacrifice has been defined as giving up self-interest for the well-being of a partner or relationship even when consequences are harmful for the self (Whitton et al., 2007).

Until now, to our knowledge, there has been only one study assessing the relation between extreme forms of self-sacrifice in couple relationships as related to pathological masochistic aspects of personality (Knabb et al., 2012). Kernberg's (Kernberg, 1992; Kernberg & Caligor, 2005) psychodynamic construct of depressive-masochistic personality (DMP) offers an appealing way to deepen our comprehension of how pathological aspects of personality and excessive self-sacrifice affect couple satisfaction. Empirical studies of depressive-masochistic traits may eventually have important

clinical implications. For example, misunderstood intimate dynamics characterized by submissive behaviors, tolerance of partner's violence, sexual coercion, and extradyadic involvement are frequently reported problems in psychotherapy and represent complex challenges to the efficacy of couple therapy. In this perspective, it was considered relevant to examine within a longitudinal study how attachment insecurities and DMP traits predicted couple satisfaction.

Although psychodynamic oriented therapeutic treatments are implemented with families and couples (Vermote et al., 2012) and have proven to be effective in the treatment of individuals diagnosed with personality disorders (Leichsenring, 2010), very few studies have used psychodynamic constructs of personality in the study of couple relationships. The vast majority of past investigations have studied personality as conceived in the five-factor model and neuroticism, agreeableness and conscientiousness have been identified as important variables (Donnellan et al., 2004; Heller, Watson, & Ilies, 2004). The relation between attachment and personality in the study of relationship quality has also mainly been studied through the five-factor model (Nofle & Shaver, 2006). However, recent research has demonstrated the distinctions and interrelations between Kernberg's personality organization model and neuroticism in the context of couple relationships (Verreault et al., 2012). Furthermore, the empirical foundations of the Inventory of Personality Organization (IPO), which has been used in this study to measure depressive-masochistic personality traits, has growing empirical support (Ellison & Levy, 2011; Lezenweger et al., 2001; Normandin et al., 2002; Smits,

Vermote, Claes, & Vertommen, 2009) and has proven to be a useful diagnostic instrument in assessing personality pathology severity (Caligor & Clarkin, 2010).

The inclusion of depressive personality disorder (DPD) and self-defeating (masochistic) personality (SDPD) disorder in the diagnostic and statistical manual of mental disorder (DSM) is a subject of debate (Huprich, Zimmerman, & Chelminski, 2006). SDPD was described in an appendix of the DSM-III-R while DPD is currently included in Appendix B of DSM-IV-TR as worthy of further study and its integration in DSM-V is discussed by some authors (Huprich, 2009). Results of a recent study suggest that DPD and SDPD are distinct components of the same personality pathology (Huprich, Schmitt, Zimmerman, & Chelminski, 2011), a finding that is consistent with Kernberg's conception of depressive-masochistic personality disorder.

Because of the ongoing popularity of psychodynamic approaches in clinical practice (Nelson & Steele, 2007), its effectiveness in individual (Shedler, 2010) and couple therapy (Snyder et al., 1991) and its conceptual commonalities with attachment theory (Shaver & Mikulincer, 2002, 2005), the present study aimed to deepen our understanding of long-term relationship satisfaction through psychodynamic constructs of personality. The main purpose of this investigation was to examine how romantic attachment and DMP traits predicted initial (time 1) and long-term relationship satisfaction at time 2 (after 1 year) and at time 3 (after 3 years) through direct (i.e. the effect of attachment and personality on satisfaction) and interaction (i.e. the effect of attachment on satisfaction when considering DMP traits) effects. Actor (i.e. the effect of one's own attachment and personality on his or her satisfaction) and partner (i.e. the

effect of the partner's attachment and personality on one's own satisfaction) effects for women and men will also be scrutinized.

Adult romantic attachment

Romantic attachment is an extension of Bowlby's (1969/1982) theory which relies on the assumption that human beings are born with an innate "attachment behavioral system" that motivates proximity seeking with "attachment figures" or significant others for protection and support in time of need. According to Bowlby (1969/1982) and his successors (Mikulincer & Shaver, 2007), the attachment system remains active in adulthood and is transposed to the relationship partner who becomes the main attachment figure. Hazan and Shaver (1987) were the first to assess attachment representations in the field of adult romantic relationships; they were initially conceptualized in three distinctive styles: secure, avoidant and anxious. Bartholomew and Horowitz (1991) have extended this typology and distinguished two types of avoidant styles (dismissing and fearful). However, subsequent studies (Brennan, Clark, & Shaver, 1998) revealed that attachment styles are better represented on a continuum of two dimensions, typically represented by attachment anxiety and attachment avoidance. In more recent conceptualizations of romantic attachment (Mikulincer & Shaver, 2007), attachment anxiety is associated to the hyperactivation of the attachment system and attachment avoidance is equated with a deactivation of the attachment system.

Attachment system hyperactivation involves strong desires to maintain proximity with the partner through important and persistent fears of being abandoned and worries about the partners support, commitment and availability in times of need (Mikulincer &

Shaver, 2007). The hypervigilant, anxious attention that is focused on the relationship partner also indicates hyperactivation of negative emotions and thoughts, and failure to detach from psychological pain (Shaver & Mikulincer, 2002). Hyperactivation strategies consist of strong efforts to maintain proximity with the partner through excessive demands of reassurance, care, comfort and attention. Hence, hyperactivating strategies would reflect a compromise between conflicting tendencies of aggressive feelings toward an unavailable partner and strong wishes for proximity with this frustrating partner (Shaver & Mikulincer, 2005).

On the other hand, attachment system deactivation reflects an individual's discomfort with intimacy and willingness to maintain self-reliance and emotional distance from the partner, which Bowlby (1969/1982) called "compulsive self-reliance". Deactivating strategies include the inhibition of negative self-traits appraisals, suppressing thoughts about personal weaknesses and vulnerabilities and maneuvers directed to minimize distress from attachment-related threats such as rejection, separation, loss and painful memories (Shaver & Mikulincer, 2005). Thus, deactivating strategies reflect conflicting tendencies at different levels of awareness, with an absence of negative emotions and a detached attitude at a conscious level, while unresolved related distress exists at an unconscious level (Shaver & Mikulincer, 2005).

Attachment and contemporary psychodynamics

Mikulincer and Shaver (2007) assert that attachment theorists and researchers agree with the five core postulates of contemporary psychodynamic theory (Westen, 1998). First, an important portion of mental life, including thoughts, feelings and

motives, is unconscious. Second, mental processes, which include affective, cognitive and motivational processes, operate in parallel so that individuals can have conflicting motives, thoughts, and feelings towards the same person or situation, which often leads to the use of psychological defences to deal with these conflicts. Third, stable personality patterns begin to form in early life and childhood experiences play a fundamental role in the development of adult personality, particularly in shaping the ways people form later social relationships. Fourth, mental representations of self, others, and relationships are major components of personality and often guide an individual's behavior in interpersonal or social settings and influence the way they become psychologically symptomatic. Fifth, healthy personality development implies a move from an immature, socially dependent state to a mature, autonomous, and interdependent one. Other contemporary theoreticians such as Fonagy et al., (2008) have illustrated the commonalities between attachment theory and psychoanalytic approaches.

Depressive-masochistic personality

Kernberg's theory of personality disorders is based on contemporary psychodynamic object relations theory (Caligor & Clarkin, 2010; Kernberg & Caligor, 2005) and is linked to a specific model of treatment which has been developed for the treatment of neurotic personality pathology (Caligor et al., 2007) and has also been extended to couple relationships (Kernberg, 1995). In Kernberg's theory, personality is organized into a relatively stable configuration of mental functions called psychological structures. Specific object relations and personality disorders are associated with each level of personality organization (i.e., psychotic, borderline and neurotic). For the

purpose of this study, we will focus our attention on the depressive-masochistic personality structure which is organized on a higher-level or neurotic personality organization (Caligor & Clarkin, 2010).

Neurotic personality organization is characterized by a consolidated identity (stable and realistic sense of self and others), the predominance of defenses based on repression (capacity to eliminate threatening, painful or anxiety-provoking aspect of mental experience from consciousness) and good reality testing (capacity to differentiate self from non-self, to distinguish internal from external source of stimuli). This level of personality organization is related to a capacity for deep and caring relationships with others and a well integrated system of internal values (referring to moral and ethical aspects of personality or superego functions). Moreover, the character rigidity of neurotic personality organization is an important aspect that distinguishes them from other personality organizations. Character rigidity is the result of repression-based defenses that remove from consciousness threatening internal object relations associated with conflicting manifestations of sexual and aggressive impulses, wishes and fears.

The depressive-masochistic personality (DMP) composes one of the most common constellation of pathological character traits of the neurotic spectrum (Kernberg, 1992; Kernberg & Caligor, 2005) and is characterized by three main features: 1) high emotional dependency through needs of support, approval and assurance; 2) a highly severe and punitive set of internal values (i.e., judge themselves harshly through their high standards and become excessively frustrated and ultimately depressed if their expectations are not attained); and 3) a “faulty metabolism” of

aggression (i.e., become depressed under conditions that would normally produce anger). Put together, the clinical picture of the depressive-masochistic personality is related to excessive aggressive reactions to the frustration of their dependency needs which often rapidly turns into depressive responses, excessive apologies and/or submissive behaviors. The spiral to depressive feelings is often sustained by a second wave of anger towards their own submissiveness, producing a vicious cycle. This difficulty in expressing aggression is the result of unconscious guilt feelings over aggression and ambivalent feelings towards loved and needed objects. Their extremely punitive superego predisposes them to self-defeating behaviors as expiation for their guilt feelings. At times, the harsh judgment and severe standards they burden on themselves is directed towards others in the form of “justified indignation”. This supports their propensity to feel mistreated and disappointed by others and “justifies” their excessively aggressive response towards those they need and feel rejected by. This sense of being rejected and mistreated may lead them to unconscious behaviors intended to making others feel guilty. Depressive-masochistic character traits may result in the following typical chain reaction: inordinate demands and expectations concerning emotional needs, excessive frustration (eventually turned to depressed feelings because of guilt over aggression) when their expectations are not met, followed by feelings of rejection and mistreatment and unconscious behaviors to make the partner feel guilty. Although clinical aspects of DMP can be found in women and men (Kernberg, 1992), according to Kernberg’s (1995) clinical observations, masochistic love relations are more frequent in women.

Despite its theoretical and clinical appeal, Kernberg's conception of depressive-masochistic traits in couple relationships has not been scrutinized in many empirical studies. In an interesting study conducted by Knabb et al. (2012), MCMI personality patterns were examined in a sample of 270 couples in treatment and pervasive masochistic traits ($BR > 75$) were found in 19% of men and 16% of women. This gender difference in the proportion of individuals with a clinically significant masochistic personality pattern was not significant. However, using the actor-partner interdependence model (APIM), masochistic traits were negatively associated with dyadic adjustment in women, but not in men. This gender-actor interaction effect is consistent with Kernberg's position. However, they need to be replicated.

Attachment, self-sacrifice, depressive-masochistic personality and couple satisfaction

Parallels can be drawn between Kernberg's clinical description of DMP and extreme forms of self-sacrifice in couple relations. Individuals with DMP traits can do practically anything to obtain love and approval from loved ones because of their high emotional dependency needs (Kernberg, 1992). Combined with their compliant and/or submissive behaviors as a result of guilt feelings over anger expression, individuals with DMP's have a propensity to excessively sacrifice themselves in order to appease their inner conflicts and satisfy their relationship needs. In fact, Kernberg (1992, p. 41) suggest that "to sacrifice oneself and all one's interests for someone who does no reciprocate may suggest depressive-masochistic personality disorder". Impett, Gable, and Peplau (2005) have demonstrated that underlying intentions in self-sacrifice such as

to avoid conflict or guilt feelings have a negative influence on personal well-being and relationship quality. Although some authors argue that self-sacrifice is positively related to relationship quality, particularly when high levels of commitment are manifested (Van Lange et al., 1997), others have demonstrated that when sacrifice is perceived as harmful for the self, it increases depression levels and negatively influences relationship satisfaction (Whitton et al., 2007). Furthermore, differences in attachment are associated to excessive self-sacrifice (Whitton et al., 2002) and underlying intentions to self-sacrifice (Impett & Gordon, 2010). Individuals with high attachment anxiety tend to use self-sacrifice in an excessive way even in situations where sacrifice is harmful for the self to feel secure in the relationship. On the other hand, individuals with high attachment avoidance tend to rely on independence and employ self-sacrifice much less frequently (Whitton et al., 2002).

Objectives and hypotheses

The purpose of this study was to examine within a dyadic perspective how romantic attachment and DMP traits explain initial and long-term relationship satisfaction through direct and interaction effects. Three main hypotheses were tested. First, women will present higher levels of DMP traits than men. Second, attachment insecurities (anxiety and avoidance) and DMP traits will negatively predict initial couple satisfaction and significantly contribute to the explained variance. Third, attachment insecurities and DMP traits will negatively contribute to long-term couple satisfaction. Interaction effects between attachment and DMP traits in predicting initial and long-term

satisfaction were examined on an exploratory basis and no specific hypotheses were formulated.

Method

Participants and procedure

The initial sample consisted of 299 married or cohabiting heterosexual French-Canadian couples residing in Québec. They were recruited by a survey firm using random-digit dialing to locate people who met two criteria: being aged between 18 and 35 years old and having been married or cohabiting for at least 6 months. Questionnaire packages were mailed to 600 couples. To ensure confidentiality, two separate envelopes containing a questionnaire packet and a prepaid return envelope were sent for each partner. Of these couples, 274 (30.4 % married; 69.6% cohabitating) completed and returned both questionnaires. In addition, 20 women returned their questionnaires without their partner doing so, and five men returned their questionnaires without their partner doing so (response rate = 48 %). Mean age was 28 ($SD = 3.8$) for women and 30 ($SD = 5.5$) for men. Couples had been living together for approximately 6 years ($SD = 3.8$) and 60% of them had children ($M = 1.08$, $SD = 1.10$). The majority of women (76%) and men (91%) were employed, with an annual income of 28,536 CAN\$ ($SD = \$15,981$) for employed women and 39,685 CAN\$ ($SD = \$18,879$) for employed men. On average, women had received 14 years of education and men 15.

A year later, couples were asked to fill out the questionnaires again, and both partners of 178 couples completed and returned questionnaires. In addition, 37 women returned their questionnaires without their partner doing so, and two men returned theirs

without their partner doing so (response rate = 55.3%). Three years after initial testing, couples were asked to fill out the questionnaires again. Both partners of 70 couples completed and returned questionnaires. Also, 37 women returned their questionnaires without their partner doing so, and five men returned theirs without their partner doing so (response rate = 57.4%). To check for possible differences between individuals who participated at T1 only ($n = 124$), those who participated at T1 and T2 but not T3 ($n = 74$) and those who participated at all three times of the study ($n = 85$), three groups were compared using ANOVA, within genders, to see whether they differed on the attachment variables or the depressive-masochistic personality variable. No significant differences were obtained.

Measures

Attachment. Attachment anxiety and avoidance were assessed using the French version of the Experiences in Close Relationship questionnaire (ECR; Brennan et al., 1998; Lafontaine & Lussier, 2003). The questionnaire is composed of 18 items measuring attachment anxiety (e.g., “I often worry that my partner doesn’t really love me”) and 18 items measuring attachment avoidance (e.g., I try to avoid getting too close to my partner) and are rated on a 7-point Likert-type scale (1 = “Strongly disagree” and 7 = “Strongly agree”). Items were computed to create average scores so that higher scores indicated higher levels of attachment anxiety or avoidance. Reliability and validity for both scales was reported in previous studies (Fraley, Waller, & Brennan, 2000; Lafontaine & Lussier, 2003). In the current sample, alpha coefficients for the

anxiety scale were .86 for women and .89 for men. For the avoidance scale, alphas were .89 for women and .85 for men.

Depressive-masochistic personality traits. The Inventory of Personality Organization (IPO; Lezenweger et al., 2001) is a 155-item self-report questionnaire designed to assess structural criteria of personality pathology (i.e., identity integration, primitive defenses, and reality testing) as well as the quality of object relationships, including depressive-masochistic personality traits. The French-Canadian brief version of the IPO was constructed using a combination of exploratory and confirmatory factor analyses (Normandin et al., 2002). The depressive-masochistic scale used in this study was composed of 9 items (e.g., When my partner has unjustified attacks on me, I end up feeling depressed rather than angry; I am ready to completely engage myself in the relationship, but my partner is incapable of full engagement; I don't know why but I always end up being much more concerned for my partner than he/she is concerned for me; I react much too strongly when my partner criticizes me; Since I judge myself harshly, I am surprised when my partner has a good opinion of me). Items were rated on a 5-point scale (1 = "never true" and 5 = "always true"). Items were summed to assess a continuum of DMP pathology. In the present study, alpha coefficients were .79 for women and .82 for men. Confirmatory factor analyses (CFA) were performed to determine if the DMP items fitted a one factor model, in which items of DMP were allowed to load onto one latent factor. All items significantly loaded onto the latent DMP factor (standardized coefficients and squared multiple correlations are displayed in Figure 1). According to traditional fit indexes provided by Hu and Bentler, (1999), our

first model barely reached an acceptable fit ($\chi^2/df = 5.13$, $p < 0.001$, CFI = .90, TLI = .87, RMSEA = .09, SRMR = .05). However, modification indices suggested freeing the covariances between three error terms. The subsequent model displayed adequate fit ($\chi^2/df = 2.23$, $p < .001$, CFI = .97, TLI = .96, RMSEA = .05, SRMR = .03).

Relationship satisfaction. A short 7-item French version of the Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to assess couple satisfaction. Studies have demonstrated that a 7-item version of the DAS (Hunsley, Best, Lefebvre, & Vito, 2001; Sharpley & Rogers, 1984) has similar reliability and validity as the traditional full-scale DAS. The French version of DAS-7 has also showed good reliability and validity (Sabourin, Valois, & Lussier, 2005). Items were summed to provide a global evaluation of the couple's relationship satisfaction and ranged from 0 to 36. In this study, alpha coefficients were .86 for women and .81 for men.

Analytic strategy

Hierarchical multiple regression analyses were used to examine the association of attachment insecurities (anxiety and avoidance), depressive-masochistic personality traits and their interactions in predicting initial and long-term relationship satisfaction. First, as recommended by Cohen et al. (2003), predicting variables were centered according to their respective means. Three regression analyses were then conducted separately for both women and men on initial (time 1) and long-term satisfaction (time 2 and 3). When examining long-term satisfaction, initial satisfaction was entered at the first step of each regression to statistically control for it. The actor's attachment dimensions and DMP traits were entered respectively in the second and fourth step. To

assess partner effects, the partner's attachment dimensions and DMP scores were entered respectively at the third and fifth step. Finally, the product of attachment and DMP scores was entered in the final sixth step to assess possible actor (i.e. actor's attachment by actor's DMP traits) and partner interaction effects (i.e. actor's attachment by partner's DMP traits; partner's attachment by actor's DMP traits and partner's attachment by partner's DMP traits). Significant interaction effects were then analyzed according to the procedure proposed by Aiken and West (1991); i.e., they were plotted for "high" DMP traits (1 *SD* above the mean) and "low" DMP traits (1 *SD* below the mean). For each of the two levels of DMP traits, we computed the regression equation at two levels (1 *SD* above the mean and 1 *SD* below the mean) of the attachment dimensions (i.e. high and low attachment anxiety and avoidance).

Results

Means, standard deviations, paired *t*-tests and their effect size for attachment, DMP traits and relationship satisfaction are presented in Table 1. As expected, women reported higher attachment anxiety than men and men reported higher attachment avoidance than women. Furthermore, women reported higher levels of DMP traits than men, which confirm our first hypothesis. However, the effect size for the gender differences were all relatively small ($< .30$, Cohen, 1992).

Correlations among women's and men's variables are presented in Table 2. DMP traits had moderate-high correlations with attachment avoidance and high correlations with attachment anxiety for both partners¹. Men's attachment anxiety was not significantly correlated to women or men's time 3 satisfaction and men's DMP traits

were not correlated to women's time 3 satisfaction. Apart from these three exceptions, attachment insecurities (anxiety and avoidance) and DMP traits were negatively correlated to satisfaction at all three times of the study (from $-.19$ to $-.67$), both within and between partners.

Predicting initial relationship satisfaction

Direct effects. For women, attachment anxiety and avoidance were both negatively related to her initial relationship satisfaction and explained a significant 43% of the variance (see Table 3). DMP traits were also negatively related to her initial satisfaction and explained an additional 5% of the variance. Only men's attachment avoidance was negatively related to her initial relationship satisfaction and explained an additional 5% of the variance. The second hypothesis was confirmed for her attachment insecurities and DMP traits, but was only supported for her partner's attachment avoidance.

For men, attachment anxiety and avoidance were both negatively related to his initial relationship satisfaction and explained together a significant 27% of the variance (see Table 4). DMP traits were also negatively related to his initial satisfaction and explained an additional 2% of the variance. Both women's attachment avoidance and DMP traits were negatively related to his initial relationship satisfaction and explained respectively an additional 5% and 2% of the variance. The second hypothesis was confirmed for direct actor effects but only partially supported for partner effects. Three direct partner effects were observed: women's couple satisfaction was associated with

men's avoidance whereas in men, couple satisfaction was predicted by women's avoidance and DMP traits.

Interaction effects. In both women and men, no significant interaction effects between attachment and depressive-masochistic traits were found in predicting initial satisfaction.

Predicting long-term relationship satisfaction

Direct effects. For women, attachment dimensions and DMP traits did not significantly contribute to explain the changes in her long-term relationship satisfaction (see Table 3). Only men's attachment avoidance was negatively related to her long-term satisfaction at time 2 and explained a significant 2% change in the variance. The third hypothesis was only supported for her partner's attachment avoidance.

For men, attachment insecurities and DMP traits did not significantly contribute to changes in his long-term relationship satisfaction (see Table 4). However, women's DMP was negatively related to men's relationship satisfaction at time 2 (added 2% to the variance) and almost reached significance for time 3 ($p = .06$). The fourth hypothesis was only supported for his partner's DMP.

Interaction effects. For women, two actor interaction effects were found in predicting her long-term satisfaction at time 3 (see Table 3). As shown in Figure 2a, when women had a low level of DMP traits, her attachment anxiety was non-significantly related to her time 3 satisfaction ($\beta = -.20$, $p = .128$), but the relation became positive when she had a high level of DMP traits ($\beta = .30$, $p = .044$). Furthermore, as illustrated in Figure 2b, when women had a high level of DMP traits,

the negative relation between her attachment avoidance and her time 3 satisfaction became non-significant ($\beta = -.14, p = .241$) and was significantly negative when she had a low level of DMP traits ($\beta = -.52, p < .001$). These two interaction effects explained respectively a significant 11% and 5% of the variance in women's time 3 satisfaction. In addition, two partner interaction effects were found for women's long-term satisfaction at time 3 (see Table 3). As shown in Figure 3a, when women had a low level of DMP traits, the relation between men's attachment anxiety and her relationship satisfaction after three years was significantly negative ($\beta = -.30, p = .05$), but the relation almost became significantly positive when she had a high level of DMP traits ($\beta = .24, p = .078$). As illustrated in Figure 3b, when men had a low level of DMP traits, the relation between his attachment anxiety and women's long-term satisfaction at time 3 was significantly negative ($\beta = -.38, p = .046$), but the relation lost its significance when he had a high level of DMP traits ($\beta = .07, p = .697$). These two interaction effects explained respectively a significant 12% and 9% of the variance in women's time 3 satisfaction.

For men, four longitudinal partner interaction effects were detected. Figure 4a and 4b show that when women had a low level of DMP traits, men's attachment avoidance had a significant negative relation with his long-term satisfaction at time 2 ($\beta = -.46, p < .001$) and at time 3 ($\beta = -.54, p = .005$). However, when women had a high level of DMP traits, the negative relation between men's attachment avoidance and his long-term satisfaction was no longer significant at time 2 ($\beta = -.18, p = .103$) and at time 3 ($\beta = .02, p = .92$). These two interaction effects respectively explained 2% and 4% of

the variance in men's time 2 and time 3 satisfaction. Moreover, as shown in Figure 4c and 4d, when women had a low level of DMP traits, her attachment avoidance had a significant negative relation to men's long-term satisfaction at time 2 ($\beta = -.56, p < .001$) and at time 3 ($\beta = -.54, p = .005$). However, when women were presented elevated levels of DMP traits, the negative relation between her avoidance and men's long-term satisfaction was no longer significant at time 2 ($\beta = .03, p = .770$) or at time 3 ($\beta = .07, p = .558$). These two interaction effects respectively explained 5% of the variance in men's time 2 and time 3 satisfaction.

Discussion

Many ambiguities remain in our understanding of how pathological aspects of personality interact with attachment in predicting long-term relationship satisfaction and until now, no studies have approached extreme forms of self-sacrifice in couple relationships as related to pathological masochistic aspects of personality. The aim of this study was to examine through a longitudinal and dyadic design how attachment insecurities (anxiety and avoidance) and Kernberg's psychodynamic construct of depressive-masochistic personality predicted initial (time 1) and long-term couple satisfaction through direct and interaction effects.

In contrast to what Knabb et al. (2012) observed, in the present sample, women presented significantly higher levels of DMP than men. However, the small effect size associated to this gender difference suggests that DMP isn't uniquely found in women. These results seem consistent with Kernberg's (1992) clinical observations that DMP can be found in women and men, although masochistic love relations appear to be more

frequent in women (Kernberg, 1995). Knabb et al. (2012) also showed that wives, but not husbands, who display these traits tend to report lower marital functioning. Our cross-sectional results are at variance with this finding as we demonstrated that the negative effects of self-defeating features on couple satisfaction are significant for both women and men. From a longitudinal perspective, the effects of women's DMP on couple satisfaction appeared stronger than what was observed in men. Whether women are more prone than men to develop masochist love relations because of cultural stereotypes or difference in perception of love and commitment remain unclear and would need to be examined in future investigations.

Our findings illustrated that initial couple satisfaction was directly predicted by the actor's attachment insecurities (anxiety and avoidance) and explained an important portion of the variance (43% for women and 27% for men). These results are congruent with past investigations on romantic attachment in couple relationships (see Mikulincer & Shaver, 2007). However, only the partner's attachment avoidance directly contributed in predicting initial satisfaction for both women and men. This is somewhat surprising for men, since previous research have demonstrated that the strongest partner effect was the negative relation between women's anxiety and men's satisfaction (Feeney, 2008). Furthermore, the actor's depressive-masochistic personality had a direct negative relation with relationship satisfaction and significantly added to the explained variance after controlling for attachment insecurities, thus, pointing out the importance of considering, in both women and men, depressive-masochistic personality traits when examining factors detrimental to self-reported couple satisfaction.

Only women's DMP directly contributed to predict men's initial and long-term satisfaction at time 2 and almost reached significance for time 3 ($p = .06$). Thus, women's DMP explained men's initial and long-term satisfaction, but men's DMP was not significantly related to women's initial or long term satisfaction. As Huston and Vangelisti (1991) pointed out in their longitudinal study, women are reportedly more sensible than men to couple negative behaviors. This increased sensitivity had a negative impact on her relationship satisfaction and when women were less satisfied, men became less satisfied and emitted more negative behaviors than they initially did. It may be that women's sensibility to negativity in couple interaction acts as the starting point of a cycle of dissatisfaction in the relationship. This may help shed light on our results that only women's DMP pathology affected their partner's initial and long-term satisfaction. Depressive-masochistic character traits may increase women' sensibility to relatively minor slights which confirm their sense of being rejected and mistreated. It may well be that women's sensibility to negative couple behaviors is exacerbated when she presents depressive-masochistic traits, thus, amplifying their partner's negative behaviors and creating a cycle of dissatisfaction. This hypothesis should be tested in future studies.

Furthermore, many interaction effects between attachment representations and DMP were associated with long-term couple satisfaction. Seven of the eight significant interactions implicated women's DMP, suggesting that attachment insecurities better explained long-term satisfaction through its interactions with women's DMP traits. We will discuss our findings more specifically according to each attachment dimension.

Our results revealed that when women had elevated depressive-masochistic personality traits, the negative effect of her attachment avoidance, i.e. distance maintenance and excessive self-reliance, was no longer related to her long-term satisfaction at time 3 and to her partner's long-term satisfaction at time 2 and 3. In addition, when women had high depressive-masochistic personality traits, the negative relation between men's attachment avoidance and his long-term satisfaction at time 2 and time 3 disappeared. Interaction effects concerning attachment avoidance can be interpreted in a number of ways. A possible explanation for these results would be that maintaining affective and/or physical distance no longer affects long-term satisfaction because of the intrapersonal and/or interpersonal tensions that may emerge from relationship proximity with a woman presenting depressive-masochistic traits. Perhaps attachment deactivating strategies are rescinded by the intensity of certain DMP trait patterns such as their excessive frustration (eventually turned to depressed feelings because of guilt over aggression) when their high expectations are not met, followed by a sense of being rejected and mistreated and unconscious behaviors to make the partner feel guilty.

Interaction effects concerning attachment anxiety, for their part, were somewhat surprising and counterintuitive. Our results revealed that when women had elevated depressive-masochistic personality traits, the negative effect of her attachment anxiety such as fears of being abandoned and worries about the partner's availability became positive for her long-term satisfaction at time 3. Moreover, her partner's attachment anxiety also tended to become positive for her long-term satisfaction at time 3, but did

not reach significance. As described by Kernberg (1992), the dramatic self-sacrifice for unavailable love partners typically seen in depressive-masochistic personality disorders often result in a sense of gratification and pride in being “the greatest sufferer on earth”. The pride and emotional intensity that individuals with depressive-masochistic personalities derive from painful love experiences may explain our results. In this perspective, the excessive preoccupation for the relationship partner and the hyperactivation of emotions and thoughts over the partner’s love and commitment often seen in anxiously attached individuals may be perceived as a sign of love for women with high DMP traits. The present findings could also be linked to Whitton, Stanley, and Markman’s (2002, 2007) view on the importance of the individuals’ perception of sacrifice in predicting its impact on relationship satisfaction and on depression. Consequently, for depressive-masochistic women, sacrificing their selves for the relationship could be perceived as a supreme act of devotion and love, thus, gratifying for their selves and consistent with their vision that “love should hurt”. However, it will be necessary for future research to test these assumptions and clarify the impact that DMP’s excessive self-sacrifice may have on their own well-being and mental health, such as depression levels.

Finally, there was only one interaction effect for men’s DMP. The negative relation between his attachment anxiety and women’s long-term satisfaction at time 3 became non-significant when he presented elevated depressive-masochistic personality traits. Men’s attachment activation strategies such as fear of losing his partner combined with a depressive-masochistic personality may generate behaviors such as greater self-

sacrifice for the relationship which could be positively perceived by the partner. Consequently, the expected negative effect of men's attachment anxiety on women's long-term satisfaction could be rescinded. However, this interaction effect must be interpreted with caution for two reasons. First, it is the only interaction found according to men's DMP and second, men's attachment anxiety and DMP were not significantly correlated to women's long-term satisfaction.

Clinical implications

The present results are consistent with recent research suggesting that attachment insecurity may have a more complex relation with couple satisfaction when considering its interactions with pathological personality traits (S. Bouchard & Sabourin, 2009; S. Bouchard et al., 2009). Although studies have demonstrated that personality pathology is related to poorer marital satisfaction (Gutman, et al., 2006; South, et al., 2008), some studies on couples where women were diagnosed with borderline personality disorder revealed higher than expected levels of relationship satisfaction (S. Bouchard et al., 2009). Although couples in our sample where the women was highly depressive-masochistic had lower levels of satisfaction, our findings indicated that attachment insecurities had different and more complex relations with long-term relationship satisfaction (e.g., attachment anxiety became positive for highly depressive-masochistic women's long-term satisfaction) than what clinicians could normally expect. Consequently, clinicians may assess more systematically pathological aspects of personality when working on attachment and proximity issues in couple therapy. Moreover, therapist should keep in mind the complex dyadic interactions attachment

insecurities may have with couple satisfaction in couples where partners present personality pathology. Finally, psychodynamic models of personality should continue to be used in order to deepen our comprehension of couples with dysfunctional personality traits. Hence, clinicians could better help couples develop their individual and mutual self-awareness and thus, improve therapeutic outcomes.

Strengths, limitations and future directions

Since most studies have examined attachment in cross-sectional designs, an important strength of our study is that we used longitudinal data within a time span of three years. Another strength of our research is that we studied attachment insecurities and depressive-masochistic personality in both members of community couples in an actor and partner perspective. This dyadic perspective helped us grasp the complex dynamics involved between attachment and masochistic personality pathology in committed long-term relationships. Moreover, very few studies have used psychodynamic personality constructs in the study of couple satisfaction and our study testifies its importance in deepening our comprehension of the interplay of personality pathology and attachment in predicting couple satisfaction outcomes.

However, our findings present a number of limitations. First, although all instruments had good psychometric properties, our study relied strictly on self-report measures. Future studies could include clinician-administered instruments such as The Structured Interview of Personality Organization (STIPO) (Stern et al., 2010) to assess underlying personality structure and quality of object relations. Second, our sample size was smaller in the longitudinal part of the study, a fact that may have reduced statistical

power for the long-term effects. Third, since interaction effects between attachment and DMP were examined on an exploratory basis, a fair amount of analyses were conducted to reduce the risk of finding false negative results (i.e. type-II errors). However, this was attained at the expense of increasing the risk of finding false positives (i.e. type-I errors).

Although it is recognized that one of the core element in personality pathology is the difficulty in developing close and meaningful intimate relationships (Krueger et al., 2008), very few studies have examined its relation to marital quality. Thus, additional attention should be given to this area of research in order to clarify the complex links between attachment insecurities and different aspects of personality pathology in couple relations. In addition, although it seems theoretically coherent that individuals with depressive-masochistic personalities, particularly women, would be more inclined to adopt excessive self-sacrifice behaviors in their couple relationships, it would be necessary for future research to scrutinize this hypothesis. Furthermore, according to Kernberg's (1992) clinical description, sexuality seems to be a problematic sphere for women with DMP. It would therefore be interesting to empirically validate this assumption and examine the interplay between DMP, attachment, sexual behaviors and couple satisfaction. Finally, it would be necessary to replicate the present results with couples from a clinical sample.

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Footnotes

¹Although attachment anxiety and DMP were highly correlated, a factor analysis demonstrated that they formed distinct factors. Attachment anxiety items all loaded under .35 on the DMP component and vice versa, while their respective items all loaded higher than .50 on their own component.

ATTACHMENT, DEPRESSIVE-MASOCHISTIC PERSONALITY AND COUPLE SATISFACTION

Table 1

Means, standard deviations(SD), paired t-tests and effect sizes for attachment insecurities, depressive-masochistic personality (DMP) and relationship satisfaction (DAS)

	Women		Men		<i>t</i> paired	Effect size (cohen's <i>d</i>)
	Mean	SD	Mean	SD		
Anxiety	3.02	1.23	2.75	1.31	3.38***	.21
Avoidance	1.73	0.95	1.85	0.89	2.02*	.13
DMP	16.29	5.02	15.07	4.90	3.47***	.25
T1 DAS	28.11	5.19	27.94	4.79	0.24	-
T2 DAS	27.37	5.60	27.19	5.26	0.84	-
T3 DAS	26.38	6.17	27.54	5.34	0.41	-

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2

Correlations between attachment anxiety and avoidance, depressive-masochistic personality (DMP) and relationship satisfaction (DAS) among women and men

	1	2	3	4	5	6	7	8	9	10	11	12
1. Anxiety W												
2. Anxiety M	.34***											
3. Avoidance W	.40***	.33***										
4. Avoidance M	.29***	.44***	.31***									
5. DMP W	.55***	.34***	.42***	.36***								
6. DMP M	.27***	.59***	.28***	.44***	.36***							
7. T1 DAS W	-.37***	-.35***	-.67***	-.41***	-.50***	-.29***						
8. T1 DAS M	-.29***	-.33***	-.39***	-.52***	-.38***	-.39***	.60***					
9. T2 DAS W	-.34***	-.30***	-.47***	-.40***	-.41***	-.24**	.72***	.49***				
10. T2 DAS M	-.19*	-.25**	-.30***	-.41***	-.41***	-.34***	.49***	.70***	.60***			
11. T3 DAS W	-.27**	-.20	-.41***	-.31**	-.47***	-.17	.60***	.51***	.75***	.62***		
12. T3 DAS M	-.31**	-.17	-.29**	-.33**	-.50***	-.26*	.48***	.73***	.50***	.76***	.63***	

* $p < .05$. ** $p < .01$. *** $p < .001$. W = Women. M = Men.

Table 3

Women's hierarchical regression results for direct and interaction effects of attachment insecurities and depressive-masochistic personality (DMP) in predicting initial and long-term relationship satisfaction

Predictors	Women's time 1 relationship satisfaction (initially)				Women's time 2 relationship satisfaction (after 1 year)				Women's time 3 relationship satisfaction (after 3 years)			
	<i>B (SE B)</i>	β	ΔR^2	ΔF	<i>B (SE B)</i>	β	ΔR^2	ΔF	<i>B (SE B)</i>	β	ΔR^2	ΔF
Step 1 - Control	-	-	-	-			.48	118.15***			.31	32.09***
Women's initial satisfaction	-	-	-	-	.76 (.07)	.70***			.63 (.11)	.55***		
Step 2 - Women's attachment			.43	87.35***								
Women's anxiety	-.55 (.23)	-.13*										
Women's avoidance	-3.28 (.30)	-.59***										
Step 3 - Men's attachment			.05	10.61***			.05	3.01*				
Men's anxiety	-.31 (.22)	-.08			-.27 (.23)	-.07						
Men's avoidance	-1.14 (.32)	-.19***			-1.23 (.59)	-.14*						
Step 4 - Women's personality			.03	13.82***								
Women's DMP	-.24 (.06)	-.22***										
Step 5 - Men's personality												
Men's DMP												
Step 6 - Interactions												
Actor interaction effects												
(Women's anxiety $\times$ Women's DMP)									.32 (.09)	.39***	.11	14.06***
(Women's avoidance $\times$ Women's DMP)									.42(.17)	.27*	.05	6.18*
Partner interaction effects												
(Men's anxiety $\times$ Women's DMP)									.35 (.09)	.37***	.12	14.82***
(Men's anxiety $\times$ Men's DMP)									.35 (.11)	.32**	.09	10.65**

Note. Only significant results are displayed to facilitate the reading; ΔR^2 = change in *R* square; ΔF = *F* change in *R* square

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4

Men's hierarchical regression results for direct and interaction effects of attachment insecurities and depressive-masochistic personality (DMP) in predicting initial and long-term relationship satisfaction

Predictors	Men's time 1 relationship satisfaction (initially)				Men's time 2 relationship satisfaction (after 1 year)				Men's time 3 relationship satisfaction (after 3 years)			
	<i>B</i> (<i>SE B</i>)	β	ΔR^2	ΔF	<i>B</i> (<i>SE B</i>)	β	ΔR^2	ΔF	<i>B</i> (<i>SE B</i>)	β	ΔR^2	ΔF
Step 1 - Control	-	-	-	-			.55	146.76***			.57	80.01***
Men's initial satisfaction	-	-	-	-	.82 (.07)	.74***			.88 (.10)	.76***		
Step 2 - Men's attachment			.27	42.73***								
Men's anxiety	-.44 (.23)	-.12*										
Men's avoidance	-2.42 (.34)	-.45***										
Step 3 - Women's attachment			.05	7.65***								
Women's anxiety	-.27 (.23)	-.07										
Women's avoidance	-.10 (.32)	-.20**										
Step 4 - Men's personality			.02	6.72**								
Men's DMP	-.18 (.07)	-.18**										
Step 5 - Women's personality			.02	5.18*			.02	5.90*			.03	3.72†
Women's DMP	-.15 (.07)	-.16*			-.25 (.10)	-.20*			-.28 (.14)	-.24†		
Step 6 - Interactions												
Partner interaction effects												
(Men's avoidance × Women's DMP)					.24 (.10)	.15*	.02	5.44 *	.40 (.15)	.25**	.04	7.18**
(Women's avoidance × Women's DMP)					.30 (.08)	.24***	.05	13.54***	.29 (.11)	.25**	.05	7.43**

Note. Only significant results are displayed to facilitate the reading; ΔR^2 = change in *R* square; ΔF = *F* change in *R* square

†*p* = .06. **p* < .05. ***p* < .01. ****p* < .001.

ATTACHMENT, DEPRESSIVE-MASOCHISTIC PERSONALITY AND COUPLE SATISFACTION

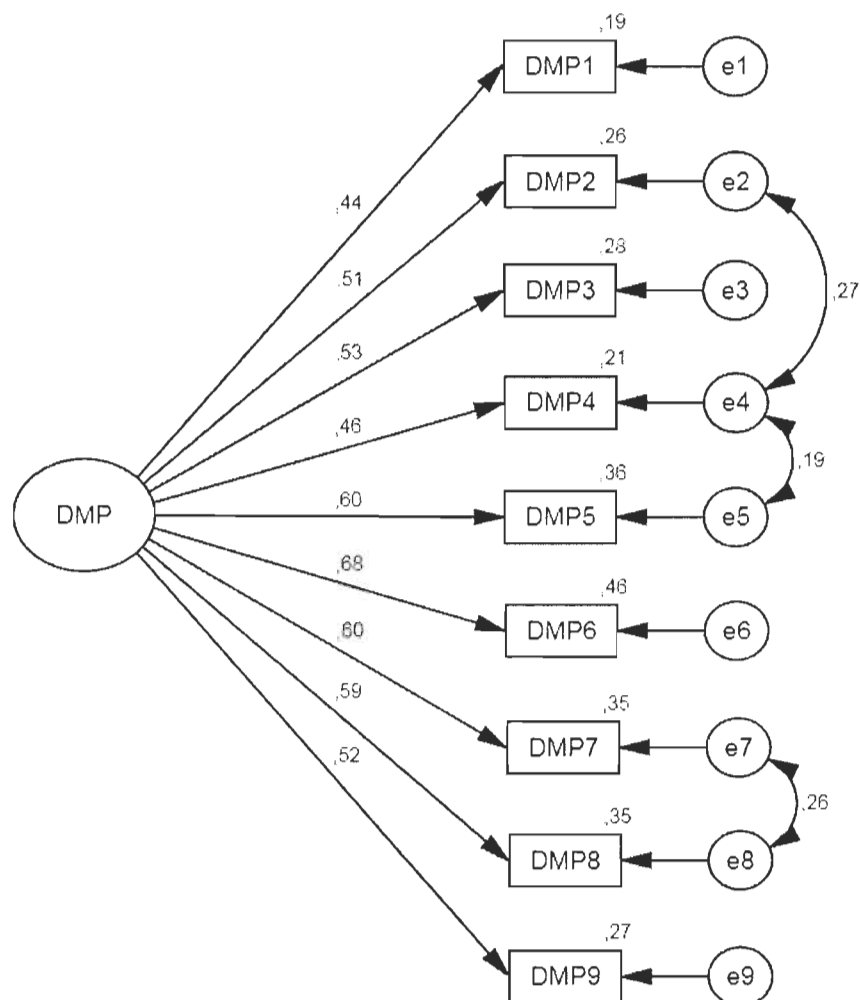


Figure 1. Standardized factor loadings and squared multiple correlations for confirmatory factor analysis of depressive-masochistic personality (DMP)

Note. DMP1 = Quand mon/ma conjoint(e) m'attaque injustement, je me sens déprimé(e) plutôt que fâché(e); DMP2 = Je suis insatisfait(e) de ma relation amoureuse, mais en général, je suis malchanceuse(eux) en amour; DMP3 = J'ai tendance à m'engager dans des situations avec mon/ma conjoint(e) desquelles je sors perdant(e) ou dans lesquelles je me fais exploiter, et cela me prend beaucoup de temps à m'en apercevoir; DMP4 = Je suis prêt(e) à m'engager totalement dans ma relation amoureuse mais, malheureusement, mon/ma conjoint(e) n'est pas capable de répondre par un engagement total; DMP5 = Je ne sais pas pourquoi j'en arrive toujours à me préoccuper beaucoup plus de mon/ma conjoint(e) qu'il/elle ne semble se préoccuper de moi; DMP6 = Comme j'essaie constamment de ne pas paraître trop exigeant(e) avec mon/ma conjoint(e), je me prive d'expériences interpersonnelles qui pourraient être satisfaisantes; DMP7 = Je suis surpris quand mon/ma conjoint(e) pense du bien de moi, parce que je suis très critique envers moi-même; DMP8 = Je réagis beaucoup trop fortement à la critique de mon/ma conjoint(e); DMP9 = Je fais beaucoup d'efforts pour ne pas être trop exigeant envers mon/ma conjoint(e).

ATTACHMENT, DEPRESSIVE-MASOCHISTIC PERSONALITY AND COUPLE SATISFACTION

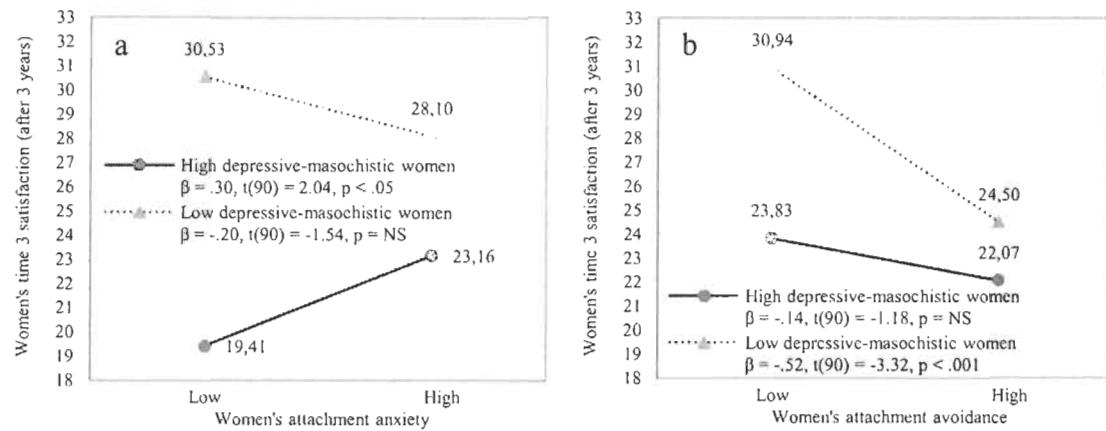


Figure 2. Women's actor interaction effects for attachment (anxiety and avoidance) and depressive-masochistic personality in predicting long-term relationship satisfaction at time 3

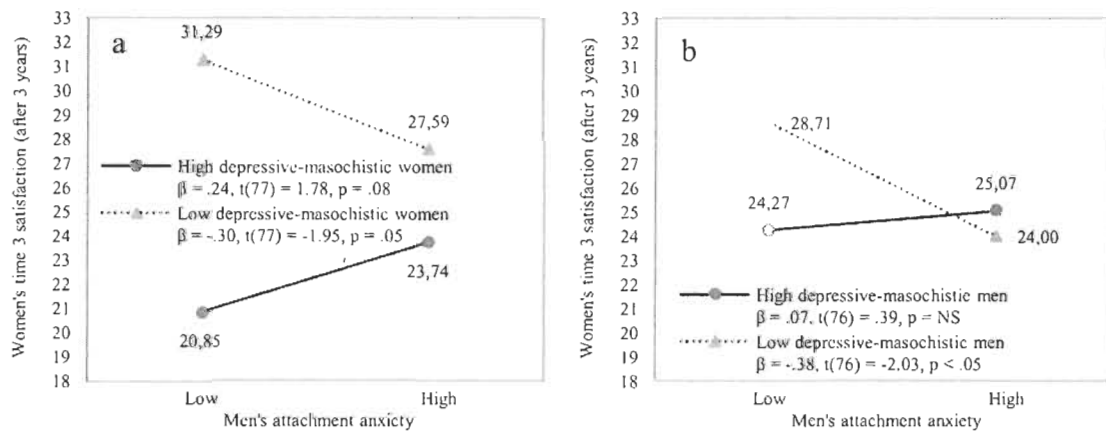


Figure 3. Women's partner interaction effects for attachment anxiety and depressive-masochistic personality in predicting long-term relationship satisfaction at time 3

ATTACHMENT, DEPRESSIVE-MASOCHISTIC PERSONALITY AND COUPLE SATISFACTION

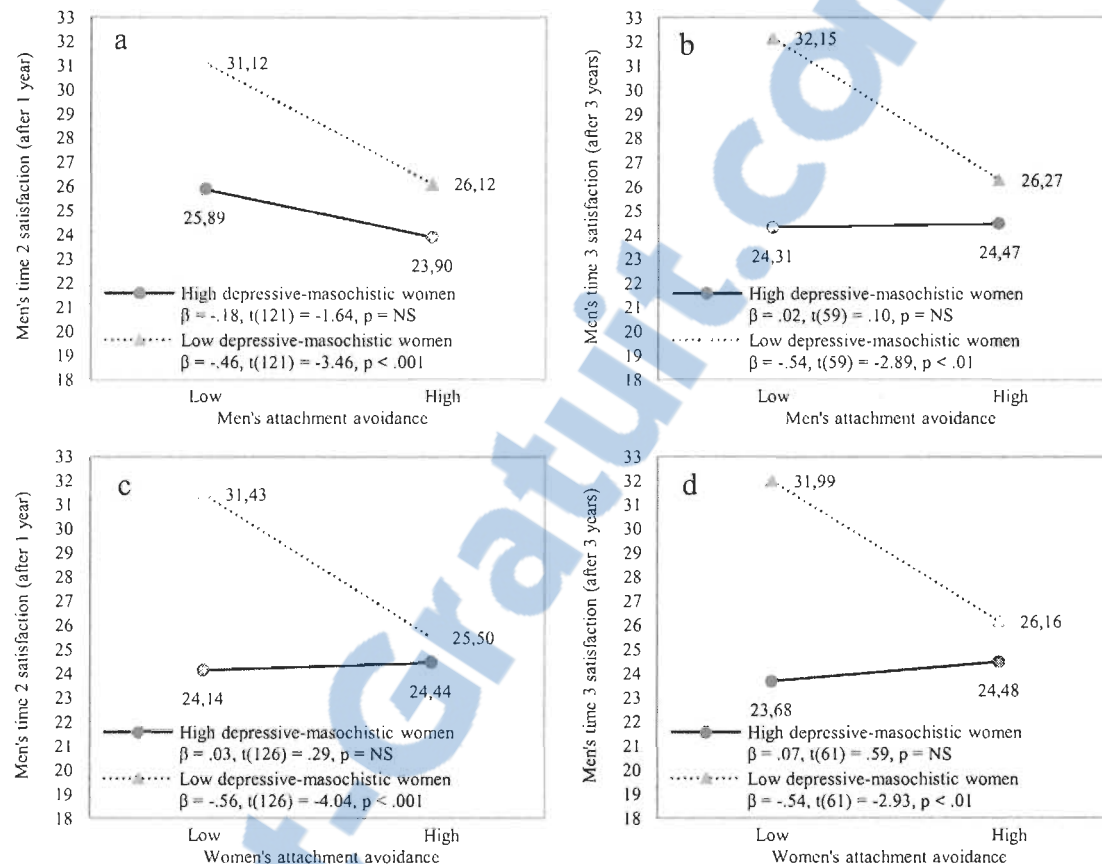


Figure 4. Men's partner interaction effects for attachment avoidance and depressive-masochistic personality in predicting long-term relationship satisfaction at time 2 and time 3

Conclusion

L'article réalisé dans cet essai doctoral représente l'une des rares études ayant examiné simultanément la relation entre l'attachement, la pathologie de la personnalité et la satisfaction conjugale. En fait, selon la recension effectuée, elle serait la seule ayant étudié ensemble l'attachement amoureux et la pathologie de la personnalité masochiste dans le contexte des relations conjugales. De plus, cette étude est novatrice dans le fait qu'elle utilise de façon empirique une approche psychodynamique de la personnalité masochiste. D'une part, les résultats contribuent à la documentation scientifique croissante portant sur le lien établi entre l'insécurité de l'attachement amoureux et la satisfaction conjugale. D'autre part, elle défriche le terrain encore peu connu des dimensions pathologiques de la personnalité masochiste et de leurs impacts sur le fonctionnement conjugal. Selon les constats de l'étude, la personnalité dépressive-masochiste, telle que conceptualisée dans l'approche psychodynamique de Kernberg, contribue de façon importante à la satisfaction conjugale des couples étudiés. Par ailleurs, les données de cette étude soutiennent l'idée récemment avancée que l'attachement aurait une relation différente et plus complexe avec la satisfaction conjugale en présence de pathologie de la personnalité. Sur le plan clinique, cet essai démontre l'importance de considérer la personnalité des membres du couple et d'évaluer s'il y a présence de traits pathologiques afin de mieux orienter le processus thérapeutique, particulièrement dans l'exploration des enjeux d'attachement.

Enfin, il serait nécessaire de continuer à approfondir la relation entre l'attachement et d'autres dimensions pathologiques de la personnalité (p. ex., paranoïaque, narcissique, antisociale, dépendante, évitante, obsessionnelle-compulsive) des couples en difficulté afin d'améliorer notre compréhension de leur dynamique conjugale et ultimement, de mieux les aider.

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