

## Cluster A Symptoms and Couple Satisfaction: The Mediating Role of Attachment Insecurity

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### Abstract

**Background:** Previous studies have found that higher Cluster A (i.e., paranoid, schizoid, and schizotypal) personality disorder symptoms were negatively associated with lower couple satisfaction in non-clinical samples of couples (South, 2014; South et al., 2008; Stroud et al., 2010). However, little is known about the process underlying these associations. The current study aimed to test the mediating role of attachment anxiety and avoidance in the associations between Cluster A symptoms and couple satisfaction using an actor-partner interdependence mediation model (APIMeM). **Method:** A sample of 138 non-clinical heterosexual couples completed self-report measures of personality disorders (Millon Clinical Multiaxial Inventory- III), attachment (Experiences in Close Relationships), and couple satisfaction (Dyadic Adjustment Scale). **Results:** Attachment anxiety and avoidance significantly mediated the associations between Cluster A symptoms and couple satisfaction through actor (paranoid, schizoid, and schizotypal) and partner (paranoid) effects. Moreover, differentiated patterns of associations were found regarding the types of Cluster A symptoms and the two attachment dimensions. **Clinical Implications:** Treating attachment insecurity in therapy to develop more adaptive emotional reactions in close relationships may contribute to attenuating the disabling interpersonal deficits related to Cluster A symptoms, and thus, enhance couple satisfaction of both partners.

**Keywords:** Personality disorder symptoms; Cluster A; Couple satisfaction; Attachment; Path analysis; APIMeM

### 1. Introduction

Personality disorders are often associated with deficits in interpersonal functioning (APA, 2013) and may consequently hinder establishing and maintaining a satisfying romantic relationship. Despite the fact that Cluster A (i.e., paranoid, schizoid, and schizotypal) have often been neglected in empirical research (Triebwasser et al., 2012), especially in the interpersonal functioning sphere (South, 2014), some studies have revealed that Cluster A symptoms in nonclinical samples significantly predicted divorce frequency (Disney et al., 2012) and were more consistently associated with negative daily romantic interactions (South, 2014) and couple dissatisfaction (Stroud et al., 2010) than other clusters of personality disorders (i.e., Cluster B and C). Given that couple dissatisfaction and divorce may lead to harmful consequences, such as poorer mental and physical health, self-esteem, and happiness (Hawkins & Booth, 2005; Wu & Hart, 2002; Zella, 2017), investigating Cluster A personality disorder symptoms (PDS) in a romantic relationship context is therefore essential for a better understanding of the prejudicial underlying dynamics threatening couple functioning.

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### 1.1 Cluster a Personality Disorders

Well known for their odd and eccentric characteristics, Cluster A personality disorders<sup>1</sup> (APA, 2013) regroup individuals with interpersonal impairments, such as a pervasive distrust and suspiciousness of others (i.e., paranoid personality disorder), detachment from social relationships and restricted range of emotional expression (i.e., schizoid personality disorder), and interpersonal deficits, cognitive or perceptual distortions and behavioral eccentricities (i.e., schizotypal personality disorder). These disorders are commonly conceived as manifestations of schizotypy, even if a debate exists regarding the presence of schizoid personality disorder in this cluster (see Bernstein et al., 2015; Triebwasser et al., 2012; Winarick & Bornstein, 2015). The term schizotypy refers to a generic descriptor of attenuated schizophrenia-like phenomenology, without psychotic diagnostic (Lenzenweger, 2010; 2018). Clinically, the interpersonal experience of schizotypic individuals is generally accompanied by anxiety, paranoia, and discomfort; many of them live with profound levels of worry, apprehension, and fear, which result typically from withdrawing from interactions with other people (Lenzenweger, 2010). Thus, they structure their lives to minimize interpersonal contact with others (Lenzenweger, 2010), and this necessarily hampers them establishing and maintaining close and satisfying romantic relationships.

### 1.2 Cluster A Symptoms and Couple Satisfaction

Previous studies have examined the associations between the three types of Cluster A symptoms and couple satisfaction in non-clinical couples, using an actor-partner interdependence model (APIM; Kenny et al., 2006). This model allows to examine actor effects (effect of an individual's predictor on his or her dependent variable) and partner effects (effect of an individual's predictor on his or her partner's dependent variable), while controlling for the nonindependence of both members of the dyad (Kenny et al., 2006). Overall, the results revealed that higher Cluster A symptoms significantly predicted lower couple satisfaction, but inconsistencies emerged regarding the actor and partner effects. Stroud et al. (2010) found that higher schizoid and schizotypal symptoms in romantic partners predicted lower couple satisfaction through significant actor and partner effects. However, higher paranoid symptoms predicted lower couple satisfaction through significant actor effect only. In contrast, a study by South (2008) revealed only two significant actor effects (schizoid and schizotypal), the partner effects being not significant. Contrary to the Stroud et al.'s study, South found a positive actor effect of schizotypal symptoms on couple satisfaction, which can potentially be explained by the use of different measures of PDS and couple satisfaction, and the different severity levels of schizotypal symptoms in the two studies. Using a daily diary methodology, a study by South et al. (2014) found significant negative actor (paranoid) and partner (schizoid) effects in the prediction of relationship satisfaction. No other significant actor or partner effects were found in this study. Notwithstanding the inconsistencies regarding the actor and partner effects, these results suggest that higher Cluster A symptoms significantly contribute to lower couple satisfaction in an individual and his or her romantic partner. However, further investigation is needed to clarify their role in couple functioning through actor and partner effects, as well as the process explaining these effects.

### 1.3 A Potential Mediating Variable: Attachment Insecurity

The associations between Cluster A symptoms and couple satisfaction may potentially be explained by the attachment insecurity experienced by schizotypic individuals. Attachment is conceptualized as the proclivity to create intimate emotional bonds with significant people (Bowlby, 1988). According to Brennan et al. (1998), two dimensions appear to capture individual differences in romantic attachment. More specifically, attachment anxiety is defined by a vigilance against rejection and abandonment, which results from a hyperactivation of the attachment system that emphasizes the signals threatening the viability of the relationship (Mikulincer & Shaver, 2007). On the other hand, attachment avoidance corresponds to discomfort with closeness and dependency, which reflects a deactivation of the attachment system in order to reduce the negative emotional charge that may result from rejection, lack of availability or support of the partner (Mikulincer & Shaver, 2007). The two attachment dimensions may potentially mediate the associations between Cluster A symptoms and couple satisfaction because the attachment theory is concerned with the psychological mechanisms underlying the regulation of affects in close relationships, which may also underlie some aspects of symptomatology in personality disorders (Bartholomew et al., 2001). This assumption is partially supported by the Beeney et al.'s (2019) study that found a significant indirect effect of personality disorder severity on couple satisfaction through attachment anxiety, but not through attachment avoidance.

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<sup>1</sup> Personality disorder symptoms constitute personality disorders when they are inflexible, maladaptive, and cause significant functional impairment or subjective distress (APA, 2013).

However, considering that their clinical sample is characterized by high mean levels of Cluster B (i.e., antisocial, borderline, narcissistic, and histrionic) and Cluster C (i.e., avoidant, dependent, and obsessive-compulsive) personality disorders, but low mean levels of Cluster A,

and that a global score of severity was used instead of a distinct score for each personality disorder, the generalization of the results to specific Cluster A personality disorders is limited. Therefore, the mediating role of attachment dimensions in the relation between distinct types of Cluster A symptoms and couple satisfaction still needs to be tested.

### **1.3.1 Cluster A Symptoms and Attachment Insecurity**

Previous studies have found that schizotypal symptoms in non-clinical samples were positively associated with attachment anxiety and avoidance (Berry et al., 2007; Meins et al., 2008; Tiliopoulos & Goodall, 2009). Moreover, a study conducted on a sample of almost 2,000 individuals showed that schizotypal symptoms were negatively associated with attachment security but positively related to attachment insecurity (Sheinbaum et al., 2013). Another study found that individuals with higher schizoid symptoms were characterized by disorganized-impoverished attachment, referring to a disorganized version of dismissive attachment defined by avoidance, low affect, impoverished identity and poor mentalization (Beeney et al., 2017). On the whole, these results converge with the clinical observations reported above (i.e., Lezenweger, 2010) and suggest that schizotypic individuals may avoid closeness to minimize eventual disappointment.

### **1.3.2 Attachment and Couple Satisfaction**

Attachment dimensions have been found to be significantly and negatively associated with couple satisfaction. Specifically, two meta-analyses revealed moderate correlations between attachment dimensions and couple satisfaction, and that the strength of associations was significantly stronger with avoidance than with anxiety (Hadden et al., 2014; Li & Chan, 2012). Another meta-analysis examined actor and partner effects of attachment anxiety and avoidance on couple satisfaction and showed that both effects were generally small, with significant stronger actor effects than partner effects (Candel & Turluc, 2019). Therefore, insecurely attached people may experience difficulty establishing and maintaining close and satisfying romantic relationships because of the hyperactivation or deactivation of their attachment system, leading them to overinvestment or disengagement in their relationships (Mikulincer & Shaver, 2007).

## **1.4 Current Study**

The current study aimed to examine the direct and indirect effects of Cluster A symptoms (i.e., paranoid, schizoid, and schizotypal) on couple satisfaction through attachment anxiety and avoidance, taking into account actor and partner effects. It was hypothesized that:

1. Higher Cluster A symptoms will significantly predict lower couple satisfaction through actor and partner effects.
2. Higher Cluster A symptoms will also indirectly predict lower couple satisfaction through actor and partner effects of attachment anxiety and avoidance.

## **2. Method**

### **2.1 Participants and Procedure**

The data in this study were collected as part of a larger project on couple relationships in emerging adults. A sample of 138 non-clinical heterosexual couples was recruited through publicity and direct solicitation based on the following criteria: (a) being between 18 and 30 years of age and (b) cohabiting with a romantic partner. Participants had been living together from 11 days to 12 years ( $M = 2.5$  years;  $SD = 2.4$ ) and few of them were married (12%) and had children (19%). Women were aged between 19 and 32 ( $M = 24.2$  years;  $SD = 2.7$ ) and men ranged from 20 to 32 years of age ( $M = 25.4$  years;  $SD = 2.8$ ). Participants were mostly employed (87%) and had an individual average annual income of \$CAN 30,587\$ ( $SD = 17,210$ ).

### **2.2 Measures**

#### **2.2.1 Cluster A Symptoms**

The Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon et al., 2009) was used to assess paranoid (17 items), schizotypal (16 items), and schizoid (16 items) symptoms in participants.

The MCMI-III is composed of true-false items transposed in a 3-point scale ranging from 0 to 2, where higher scores indicate higher levels of PDS. Raw scores were transformed into weighted base rate scores corresponding to the probability of having certain personality traits or disorders in specific psychiatric populations (Millon et al., 2009). Each personality disorder scale has demonstrated adequate internal consistency (paranoid = .84; schizotypal = .85; schizoid = .81), test-retest reliability, and validity (Millon et al., 2009).

### **2.2.2 Attachment**

An abridged 12-item French version (ECR-12; Lafontaine et al., 2016) of the Experiences in Close Relationships questionnaire (Brennan et al., 1998) was used to measure attachment to romantic partners. The ECR-12 assesses two dimensions of attachment in romantic relationships: avoidance (6 items) and anxiety (6 items). Items are scored on a 7-point Likert-type scale, where higher scores indicate greater attachment avoidance and anxiety. The ECR-12 has demonstrated good validity and reliability (Lafontaine et al., 2016; Tasca et al., 2018), with alpha coefficients ranging from .74 to .83 for avoidance and from .78 to .87 for anxiety (Lafontaine et al., 2016). In this study, alpha coefficients were .86 (men) and .82 (women) for avoidance and .84 (men) and .86 (women) for anxiety.

### **2.2.3 Couple Satisfaction**

An abridged 7-item French version (DAS-7; Sabourin et al., 2005) of the Dyadic Adjustment Scale (Spanier, 1976) was used to assess couple satisfaction. The DAS-7 is empirically known to maximally discriminate couple distress (Sabourin et al., 2005). This short version retained two of the four scales from the full-scale version: satisfaction (3 items) and cohesion (4 items). Items 1 to 6 comprise a 6-point Likert-type scale (0 = always, 5 = never), while item 7 includes a 7-point Likert-type scale (0 = extremely unhappy, 6 = perfectly happy). Ranging from 0 to 36, the items' sum provides a global evaluation of couple satisfaction, with a score less than 21 indicating couple distress. The DAS-7 presents adequate validity since all items were extracted from the well-validated full version (Spanier, 1976). Moreover, Naud et al. (2013) found a good reliability related to this shorter version ( $\alpha = .86$  for women and  $\alpha = .81$  for men). In this study, alpha coefficients were .79 for women and .81 for men.

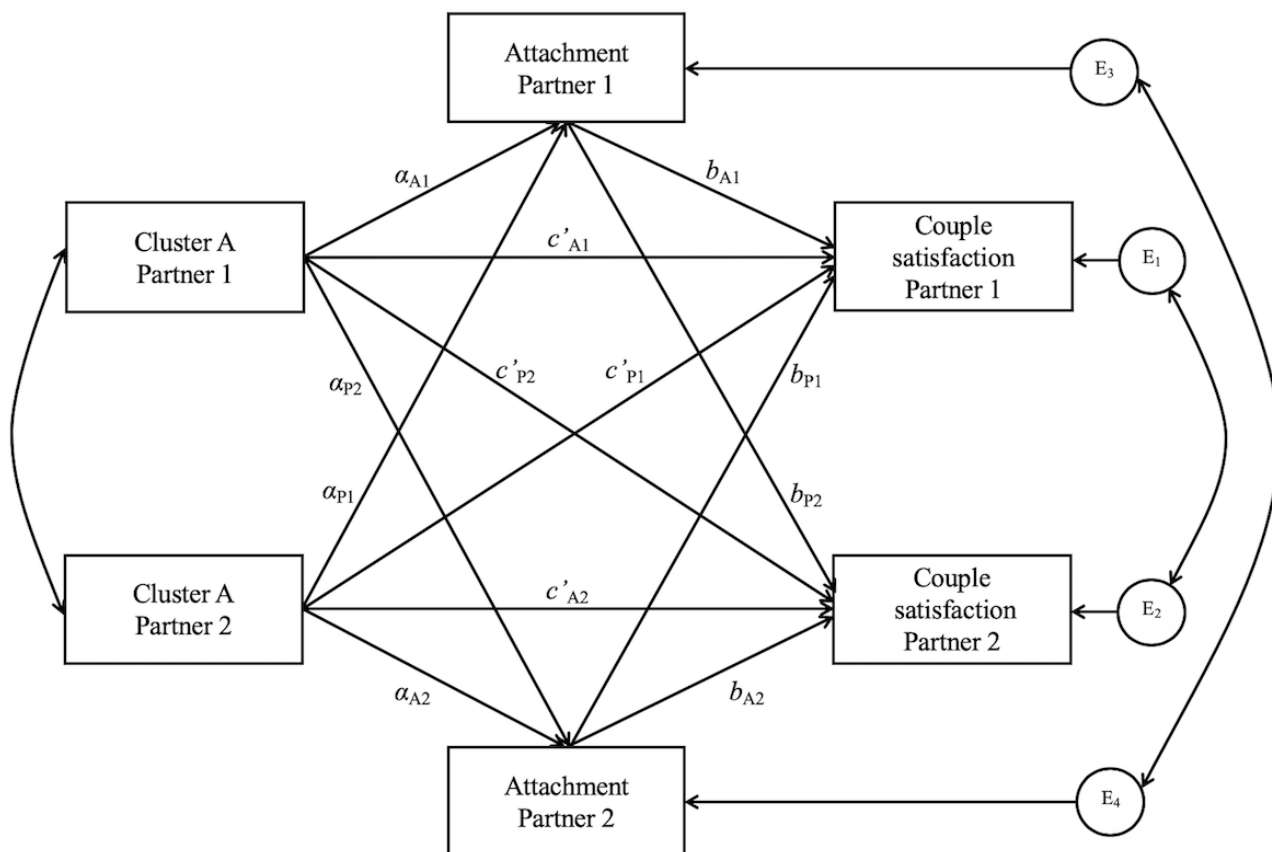
## **2.3 Analyses**

As shown in Figure 1, an actor-partner interdependence mediation model (APIMeM; Ledermann et al., 2011) was tested with Mplus, version 8.6 (Muthen & Muthen, 2017). Taking into account the non-independent nature of the data, APIM analysis (Kenny et al., 2006) was used to examine actor effects (i.e., effects of an individual's Cluster A symptoms on his or her attachment and couple satisfaction) and partner effects (i.e., effects of an individual's Cluster A symptoms and attachment on his or her partner's couple satisfaction), controlling for each partner effect. With respect to Kenny et al.'s (2006) recommendations, we first conducted an omnibus test assessing the dyad distinguishability according to the participant's gender. Concretely, we constrained variances and covariances to equality between women and men in order to test whether this constrained model fits the data well. A statistically indistinguishable dyad requires adding equality constraints between partners' variances and covariances in the final models, whereas no constraints are added between partners in statistically distinguishable dyad. This omnibus test was performed for each model tested.

To assess the fit of each model, five fit indices were reported and compared to cutoff criteria. More specifically, a non-significant  $\chi^2$ , a ratio of the  $\chi^2$  to the degrees of freedom less than two, a root mean square error of approximation (RMSEA) of .06 or less, a comparative fit index (CFI) of .95 or more, and a standardized root square residual (SRMR) of .08 or less indicate a good fitting model (Hu & Bentler, 1999; Tabachnick & Fidell, 2019). To determine whether indirect effects were statistically significant, a bias-corrected bootstrap analysis, based on 10,000 bootstrap samples, was used to compute a 95% confidence interval.

### **Figure 1**

| *Actor-Partner Interdependence Mediation Model (APIMeM) Testing the Effects of Cluster A Symptoms on Couple Satisfaction Through Attachment Dimensions for an Indistinguishable Dyad*



Note. A = actor; P = partner. For distinguishable dyad, Partner 1 and Partner 2 are replaced by women and men.

### 3. Results

#### 3.1 Preliminary Analysis

Table 1 presents means, standard deviations, and correlations related to Cluster A symptoms, attachment dimensions, and couple satisfaction for women and men. Correlational analysis revealed that almost all types of Cluster A symptoms were significantly associated with avoidance and anxiety in women and men. In addition, schizotypal and schizoid symptoms were significantly associated with couple satisfaction in men, but only schizoid symptoms were in women. In regard to preliminary partner effects, all Cluster A symptoms in men were significantly associated with couple satisfaction in women, except schizotypal symptoms. In contrast, none of the Cluster A symptoms in women were significantly correlated with couple satisfaction in men.

#### 3.2 Dyadic Direct and Indirect Effects of Cluster A Symptoms on Couple Satisfaction Through Attachment Avoidance and Anxiety

An examination of possible control variables such as age of partners and cohabitation duration showed that these latter were not significantly associated with couple satisfaction in this study. Therefore, it was not statistically required to control for these variables.

**Table 1** Descriptive Statistics and Correlations Between Cluster A Personality Disorder Symptoms, Attachment Dimensions, and Couple Satisfaction

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Paranoid W	-											
2. Schizotypal W	.58***	-										
3. Schizoid W	.44***	.44***	-									
4. Avoidance W	.21**	.08	.17*	-								
5. Anxiety W	.38***	.40***	.19*	.17*	-							
6. Couple satisfaction W	-.11	-.08	-.18*	-.51***	-.14	-						
7. Paranoid M	.18*	.05	.13	.14	.08	-.21*	-					
8. Schizotypal M	.06	.13	.14	.05	.02	.15	.60***	-				
9. Schizoid M	.10	.09	.16	.09	-.02	.23**	.43***	.48***	-			
10. Avoidance M	.12	-.02	.12	.18*	.11	.22**	.20*	.04	.33***	-		
11. Anxiety M	.15	.17*	.12	.03	.15	.09	.40***	.35***	.22**	.10	-	
12. Couple satisfaction M	.11	.02	-.05	-.22**	-.18*	-.46***	-.15	-.18*	-.33***	-.42***	-.24**	-
<i>M</i>	43.79	28.64	40.95	1.98	4.27	29.36	42.80	29.23	47.71	2.40	3.46	29.67
<i>SD</i>	25.10	28.09	24.22	.95	1.35	4.09	26.02	27.68	20.91	1.11	1.30	4.35

Note. W = women; M = men.

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

APIMeM analysis was conducted on six separate models including a combination of Cluster A PDS (i.e., paranoid, schizotypal, and schizoid) and attachment dimensions (i.e., avoidance and anxiety). In order to test the statistic distinguishability of the dyad, an omnibus test was performed beforehand on each model. The results revealed that one of them was distinguishable (i.e., Paranoid/Anxiety model), which means that women and men differed significantly according to the variables in this model. Therefore, the Paranoid/Anxiety model was conducted without any equality constraint between both members of the dyad, whereas the other models were tested with equality constraints between partners on variances and paths.

Overall, all models adequately fit the data (Table 2). However, no significant direct or indirect effects were found in the Schizotypal/Avoidance model. Consequently, the Schizotypal/Avoidance model is not presented in the current study. The other models explained up to 25% of variance in couple satisfaction.

**Table 2**

Model	$\chi^2$	<i>df</i>	<i>p</i>	$\chi^2/df$	RMSEA	CFI	SRMR
Paranoid/Avoidance	16.66	9	.054	1.85	.08	.93	.10
Paranoid/Anxiety	1.32	1	.251	1.32	.05	1.00	.02
Schizotypal/Anxiety	10.29	9	.328	1.14	.03	.99	.08
Schizoid/Avoidance	16.83	9	.052	1.87	.08	.93	.11
Schizoid/Anxiety	13.35	9	.148	1.48	.06	.93	.10

Note. RMSEA = root mean square error of approximation; CFI = comparative fit index; SRMR = standardized root mean square residual.

### **Paranoid**

As presented in Figure 2A and 2B, actor effects of paranoid symptoms on couple satisfaction were not significant in the avoidance and anxiety models, as well as the partner effects in the avoidance model. However, two significant partner effects were found in the anxiety model. Specifically, higher paranoid symptoms in men significantly predicted lower couple satisfaction in women, whereas higher paranoid symptoms in women significantly predicted higher couple satisfaction in men. These opposite effects were not found in the avoidance model because of the indistinguishable dyad constraining variances and covariances to equality between partners and, consequently, attenuating these inverse partner effects.



As shown in Table 3, significant indirect actor and partner effects of paranoid symptoms on couple satisfaction through avoidance were found. In the anxiety model, a significant indirect actor effect was found for men, whereas a significant indirect partner effect emerged for women.

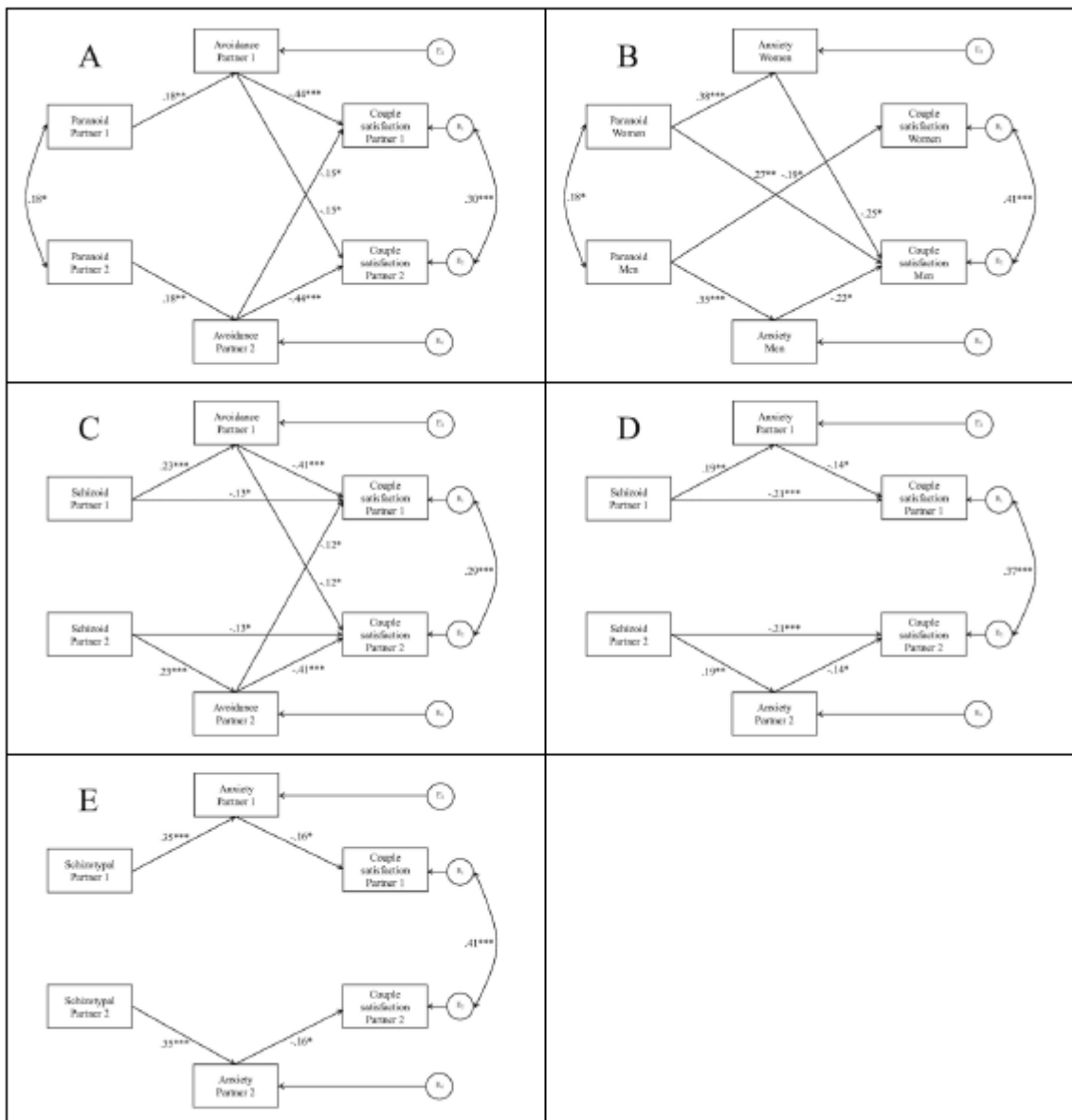
**Schizoid**

Figure 2C and 2D show that higher schizoid symptoms predicted lower couple satisfaction through actor effects only, the partner effects being not significant. As presented in Table 3, significant indirect actor effects of schizoid symptoms on couple satisfaction through avoidance were observed. However, no significant indirect partner effects were found in the avoidance model. No significant indirect effects emerged in the anxiety model.

**Schizotypal**

As displayed in Figure 2E, actor and partner effects of schizotypal symptoms on couple satisfaction were not significant. Significant indirect actor effects of schizotypal symptoms on couple satisfaction through anxiety were found, whereas no significant indirect partner effect was observed (see Table 3).

**Figure 2** APIMeM Testing the Effects of Cluster A Symptoms on Couple Satisfaction Through Attachment Avoidance and Anxiety as Mediators



Note. Only standardized significant coefficients are shown.  
 \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 3** *Dyadic Indirect Estimates of Attachment Avoidance and Anxiety in the Prediction of Cluster A Symptoms on Couple Satisfaction*

Indirect effect	<i>b</i>	<i>SE</i>	95% CI
Paranoid - Avoidance <sub>A</sub> - CS <sub>A</sub>	<b>-.013</b>	.005	[-.024, -.005]
Paranoid - Avoidance <sub>A</sub> - CS <sub>P</sub>	<b>-.004</b>	.003	[-.011, -.001]
Paranoid <sub>W</sub> - Anxiety <sub>W</sub> - CS <sub>W</sub>	-.007	.006	[-.021, .003]
Paranoid <sub>M</sub> - Anxiety <sub>M</sub> - CS <sub>M</sub>	<b>-.013</b>	.007	[-.029, -.002]
Paranoid <sub>M</sub> - Anxiety <sub>M</sub> - CS <sub>W</sub>	.000	.991	[-.012, .012]
Paranoid <sub>W</sub> - Anxiety <sub>W</sub> - CS <sub>M</sub>	<b>-.016</b>	.007	[-.033, -.004]
Schizoid - Avoidance <sub>A</sub> - CS <sub>A</sub>	<b>-.017</b>	.005	[-.029, -.009]
Schizoid - Avoidance <sub>A</sub> - CS <sub>P</sub>	-.005	.003	[-.012, .000]
Schizoid - Anxiety <sub>A</sub> - CS <sub>A</sub>	-.005	.003	[-.012, .000]
Schizoid - Anxiety <sub>A</sub> - CS <sub>P</sub>	-.003	.003	[-.010, .001]
Schizotypal - Anxiety <sub>A</sub> - CS <sub>A</sub>	<b>-.008</b>	.004	[-.018, -.001]
Schizotypal - Anxiety <sub>A</sub> - CS <sub>P</sub>	-.006	.004	[-.016, .001]

#### 4. Discussion

This study examined the direct and indirect effects of Cluster A symptoms on couple satisfaction through attachment dimensions in a non-clinical sample of couples. A model combining intrapersonal (actor), interpersonal (partner), and mediation (indirect) effects was used to examine the dyadic process relating Cluster A symptoms to couple satisfaction through attachment avoidance and anxiety.

##### 4.1 Dyadic Direct Effects of Cluster A Symptoms on Couple Satisfaction

Negative actor effects of schizoid symptoms on couple satisfaction were found, supporting previous findings (South et al., 2008; Stroud et al., 2010). In contrast, paranoid and schizotypal actor effects on couple satisfaction were not significant. These results suggest that, when attachment dimensions are controlled, only schizoid symptoms remain significant. Considering their lack of interest in intimate relationships and sex with other people (APA, 2013), individuals with schizoid symptoms may experience a perpetual discomfort in presence of their partner, not knowing how to deal with their partner's requests of intimacy and affection, and this can lessen their couple satisfaction.

Otherwise, only partner effects of paranoid symptoms on couple satisfaction were still significant when controlling for attachment dimensions. Specifically, paranoid symptoms in men negatively predicted women's couple satisfaction in the anxiety model, while, on the contrary, paranoid symptoms in women were positively associated with men's couple satisfaction in this model. These effects are marginal since previous studies failed to find significant partner effects of paranoid symptoms on couple satisfaction (South, 2014; South et al., 2008; Stroud et al., 2010). Two hypotheses may explain these latter contrasting effects through gender. The first may be related to women's and men's differentiated social roles and the typical expectations linked to these roles. Indeed, excessive distrust characterizing paranoid symptoms may lead to suspicion of infidelity, jealousy, and apprehensions of romantic betrayal, even if there is no real concrete sign of infidelity (APA, 2013; Blaney, 2015). As found in the current study and previously (Crawford et al., 2007), paranoid symptoms are moderately associated with attachment anxiety, which may well lead to apprehensions of infidelity and jealousy (Marshall et al., 2013).



If attachment anxiety is generally known as an insecurity behavior related more to women than to men (see the meta-analysis by Del Giudice, 2011), it could be hypothesized that men's suspicion of infidelity would be less likely to encounter gender-related expectations linked to social roles typically found in romantic relationships (for evolutionary explanations; see Del Giudice, 2011), and thus interferes more negatively with women's couple satisfaction than the reverse. However, the fact that attachment anxiety in women was negatively associated with men's couple satisfaction, while paranoid symptoms in women positively predicted men's couple satisfaction, suggests that the levels of paranoid symptoms would be less pervasive than attachment anxiety in this study. Thus, low levels of apprehensions of infidelity and jealousy in women may be interpreted as evidence of love by men, whereas higher levels may be seen as control and dependency, that in turn undermine men's couple satisfaction. The second hypothesis explaining gender differences in the association between paranoid symptoms and couple satisfaction proposes that anxiously attached people with paranoid ideations of infidelity seek more sexual proximity when they feel insecure (Stefanou & McCabe, 2012), and this sexual proximity-seeking from a romantic partner is likely to be more positively linked to men's couple satisfaction than women's. These differentiated effects of paranoid symptoms on couple satisfaction through gender need to be validated in future studies.

#### **4.2 Dyadic Indirect Effects of Cluster A Symptoms on Couple Satisfaction Through Attachment Anxiety and Avoidance**

A detailed examination of each type of Cluster A symptoms reveals that actor and partner effects of avoidance significantly explained the relation between paranoid symptoms and couple satisfaction. These results mean that distrust and suspiciousness of others may create and maintain an emotional distance between partners, weakening an individual's and his or her partner's couple satisfaction. Moreover, men with higher paranoid symptoms were more likely to present higher attachment anxiety, which in turn undermined their couple satisfaction. As discussed earlier, paranoid ideations of infidelity may be accompanied by a fear of abandonment and an excessive need of reassurance, which can negatively affect men's perception of their couple relationship. In women, however, their own excessive fear of abandonment, related to paranoid ideations of infidelity, is likely to negatively affect their partners' couple satisfaction.

An examination of the indirect effects of attachment dimensions also revealed that women and men with higher schizoid symptoms were more likely to present higher attachment avoidance, which in turn negatively predicted couple satisfaction. On the other hand, higher schizotypal symptoms in women and men were associated with higher attachment anxiety, which in turn negatively predicted couple satisfaction. Thus, the emotional detachment from social relationships characterizing individuals with schizoid symptoms, and the interpersonal deficits experienced by those with schizotypal symptoms lead, respectively, to avoidance of closeness and anxiety of abandonment, which in turn negatively affect their perception of their own couple relationship, but do not significantly affect their partner's couple satisfaction. As shown in a meta-analysis examining actor and partner effects of attachment dimensions on couple satisfaction (Candel & Turliuc, 2019), actor effects are likely to be significantly stronger than partner effects, which could explain the discrepancy regarding those indirect effects.

Overall, this study points out the detrimental role of Cluster A symptoms on couple functioning and highlighted a mechanism by which higher Cluster A symptoms contribute to lower couple satisfaction, complementing previous findings (i.e., South, 2014; South et al., 2008; Stroud et al., 2010). From a clinical point of view, the results stress the importance of considering attachment insecurity in couple impairments experienced by individuals with higher Cluster A symptoms. Treating attachment insecurity in couple or individual therapy to develop more adaptive emotional reactions in close relationships may contribute to attenuating the disabling interpersonal deficits related to higher Cluster A symptoms and, thus, enhance couple satisfaction of both partners.

#### **4.3 Limitations**

The results of the present study may not, however, be generalizable to older and clinical couples. Examining the current theoretical model in couples including one or both partners presenting a diagnosis of Cluster A personality disorder would help to extend the current findings in a clinical context. Moreover, the correlational and cross-sectional nature of the design limited the conclusions on causal or longitudinal effects of Cluster

A symptoms on couple satisfaction through attachment dimensions. Thus, given that PDS are less associated with couple dissatisfaction in longer relationships (Stroud et al., 2010), a longitudinal study examining the mediating and enduring effects of attachment dimensions on couple functioning in a dyadic perspective would be clinically profitable to adequately adapt therapy and clinical services to individuals struggling with interpersonal deficits and poor couple satisfaction.

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