

## HANDOUTS

# *Emotionally Focused Therapy* *Love as an Attachment Bond*

Presented By

## **Sue Johnson, Ed.D.**

### AGENDA

#### Thursday

##### **9:00 The Need for a Theory of Love**

- Couple therapy – the New Era

10:20 Break (coffee and tea)

##### **10:35 Introduction to EFT**

- Basic content
- The story of attachment theory
- The basic ideas of attachment
- Clinical examples

12:00 Lunch (on your own)

##### **1:30 The Steps and Stages of EFT**

- The 3 Stages
- The 9 Steps

2:45 Break (coffee, tea, soda, snack)

##### **3:00 Video Viewing and Exercises**

##### **4:30 Adjournment**

(pick up one-day certificates)

#### Friday

##### **8:30 EFT Interventions**

- Overview
- Change events
- Application to different populations

9:50 Break (coffee and tea)

##### **10:05 Video Viewing and Exercises**

11:30 Lunch (on your own)

##### **12:45 EFT and Trauma**

- EFT and Forgiveness
- Working with depressed and traumatized couples
- Working with different culture couples

2:00 Break (coffee, tea, soda, snack)

##### **2:15 Video Viewing and Exercises**

##### **3:45 Adjournment**

(pick up certificates)

Sponsored by

**J&K Seminars, LLC**

1861 Wickersham Lane  
Lancaster, PA 17603-2327  
(800) 801-5415

jk@jkseminars.com

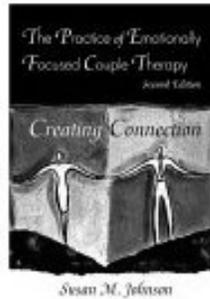
[www.jkseminars.com](http://www.jkseminars.com)

**Susan M. Johnson, Ed.D.**

Ottawa Couple & Family Institute  
1869 Carling Ave #201  
Ottawa ON K2A1E6  
CANADA  
613-722-5122

[ocfi@magma.ca](mailto:ocfi@magma.ca)

*Emotionally Focused Therapy for Individuals,  
Couples and Families*



Dr. Susan Johnson  
The Center for Emotionally Focused  
Therapy

1

*Couples Therapy – New Era*

**New Knowledge:**

- Power of relationships (health/mental-physical)
- Nature of Relationships (positive/negative – the problem in CT. Emotions)
- Powerful Proven Interventions (EFT – other attachment focused interventions)
- In Session Change Process (eg. Heightened emotion – alliance crucial)
- Nature of Love (focus – goal of CT – adult attachment)
- New Targets – Individual Problems (depression anxiety)

For the first time Confluence – Convergence. The integration of  
theory/research/practice

2

*EFT – Couples Therapy*

**FOR THE FIRST TIME:**

The couple therapist is in territory of the:

- Understandable
- Predictable
- Explainable
- Changeable

**We Know:**

The Territory – The Problem

The Destination – Goal

The Map – Key Moves/Moments

With the “White Heat of Relevance” -- “Just the Beginning”

3

*EFT ([www.eft.ca](http://www.eft.ca))*

All knowledge is experience. Everything else  
is just information.

Einstein

Change occurs in therapy though a  
“Corrective emotional experience”.

Frank

4

## *Empathic Responsiveness is the essence of Emotionally Focused Therapy –*

*“Empathy is a leap of imagination” (Guernsey)*

Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving and tolerant with the weak and the wrong.

Sometime in your life you will have been all of these.

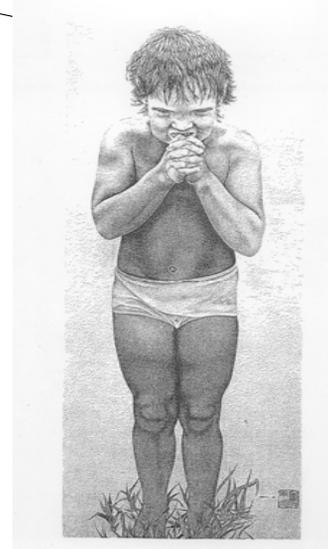
*(Lloyd Shearer)*

### ***Empathic Reflection***

- Validates – creates alliance – safety
- Focuses a session – Repetition is key
- Slows processing – encourages engagement
- Better organizes – distills – creates coherence

*“Grasp the moment as it flies.”*

5



6

## *The Problem:*

W: Do you love me? (Accusing tone)

H: Of course I do. How many times have I told you?

W: Well it doesn't feel like it (tears, looks down, turns away)

H: (Sighs-exasperated) Well, maybe you have a problem then. I can't help it if you don't feel loved. (Set mouth, lecturing tone.)

W: Right. So it's my problem is it? Nothing to do with you, right?

Nothing to do with your ten feet thick walls. You're an emotional cripple. You've never felt a real emotion in your life.

H: I refuse to talk to you when you get like this. So irrational. There is no point.

W: Right. This is what always happens. You put up your wall. You go icy. Till I get tired and give up. Then, after a while, when you want sex you decide that I am not quite so bad after all.

H: There is no point in talking to you. This is a shooting gallery. You're so aggressive.

7

## *Emotionally Focused Couples Therapy*

***Looks within at how partners construct their emotional experience of relatedness.***

- (Using Rogerian Interventions)

***Looks between at how partners engage each other***

- (using Systemic Interventions and tasks)

### **IN ORDER TO:**

- Reprocess / expand emotional responses
- Create new kinds of interactions / change the dance
- Foster secure bonding between partners

WEBSITE: [www.eft.ca](http://www.eft.ca)

8

## *Emotionally Focused Therapy*

- 70 – 75% recovery rate in 10 – 12 sessions
- Effect size of 1.3 (0.95 is norm for psychotherapy)
- Results are stable – even under high stress
- Depression significantly reduced
- Variety of populations and settings
- Best predictor of success: female faith in partner's caring – not initial distress level.

9

## *The Focus of EFT (The 4 P's)*

### EXPERIENTIAL

PRESENT

PRIMARY AFFECT – Focus on / Validate

### SYSTEMIC

PROCESS (time)

POSITIONS / PATTERNS (structure)

Positions = control and closeness

THE THERAPIST IS A PROCESS CONSULTANT!

10

## *EMOTIONS*

Appraisal of environment – body arousal – reappraisal – action tendency  
(Arnold)

- Source of information – fit between environment cues and needs / goals
- Vital element in meaning
- Primes action response
- Communicates – organizes social interactions
- Six core emotions (facial expressions) and adaptive actions.

**ANGER** -----Assert, defend self

**SADNESS** -----Seek support, withdraw

**SURPRISE / EXCITEMENT**-----Attend, explore

**DISGUST / SHAME**-----Hide, expel, avoid

**FEAR**-----Flee, freeze, give up goal

**JOY**-----Contact, engaging

11

## *HURT – What is it?*

*Love is the kiss of porcupines (Fincham 2000 in Personal Relationships, 7.)*

Two porcupines huddle together on a winters night – closeness is necessary for survival and normal – but in getting close risk getting hurt.

Freud – “We are never so vulnerable as when we love.”

Conceptualized as:

- Disregard (Vangelisti. “You don’t matter.”)
- Relationship Devaluation (Leary)
- Rejection (Fitness)
- Exclusion (Feeney)

Research (Feeney) tells us that the spines of the porcupine are:

- Active dissociation – rejection, abandonment
- Implicit rejection – ignored, dismissed
- Criticism – (the EE research as well)
- Sexual infidelity
- Deception – other betrayals

Devaluation of self and others connection with self – loss – threat (people report being sad, angry, afraid.) Loss of trust (respect for other). Loss of control – helplessness. Withdrawal is unusual response. For anxiously attached confirms self as unworthy.

12

## *Science 2003 – study by Eisenberger (University of California)*

The shock and distress of rejection and exclusion register in the same part of the brain as physical pain – the anterior cingulate.

QUOTE: you can imagine that this part of the brain is active any time we are separated from our close companions

BROKEN HEART is a reality.

QUOTE: This is a defensive mechanism – to make sure we stay close – don't stray too far – if we do – we are not going to survive.  
It hurts to be separated from other people.

13

## *EFT Assumptions*

1. Rigid interactions reflect / create emotional states.
2. Absorbing emotional states reflect / create rigid interactions.
3. Partners are not sick / developmentally delayed ... they are stuck. (most needs and desires are adaptive)
4. Emotion is seen as target and agent of change. Emotion organizes interactions / orients and primes responses accesses need and desires / colors events, has control precedence.
5. Change involves new experience and new relationship events.
6. Effective marital therapy addresses the security of the bond, mutual accessibility and responsiveness.

14

*Life is a daring adventure or nothing. Security is a superstition. It does not exist in nature.*

Helen Keller

*Life is like getting in a boat that is just about to sail out to sea and sink,*

Pema Chrodon

15

## SECTION B

Attachment Theory



John Bowlby  
1907-1990

16

## *An attachment bond...*

Piglet sidled up to Pooh from behind.

“Pooh,” he whispered.

“Yes, Piglet?”

“Nothing,” said Piglet, taking Pooh’s paw.

“I just wanted to be sure of you.”



17

## *Attachment Theory: A Map to the Landscape of Love*

1. Seeking and maintaining contact is a prime motivation.
  - Isolation is traumatizing
2. A secure connection offers a safe haven and a secure base.
  - Needs for connection, comfort and caring are key.  
(parallel findings re: soothing responses)
3. Accessibility and Responsiveness builds bonds  
(parallel findings re: emotional engagement)

18

## *Attachment Theory: A Map To The Landscape of Love*

4. Separation Distress – A predictable process.
  - Protest
  - Cling and Seek
  - Depression and Despair
  - Detachment
  - (Parallel findings re: 4 horsemen)
5. Emotion is the music of attachment dance.
  - Gives salience
  - Colors events
  - Cues organizes the dance
  - Has control precedence

19

## *Key Features of Secure Attachment in Strange Situations*

1. Child can regulate distress – trusts relationship with mother.
2. When attachment figure returns, child gives clear unambiguous cues.  
Re: Needs asks without defensiveness
3. When attachment figure responds child trusts and takes in comfort – reassurance – is calmed and soothed.
4. Child then turns attention to environment, climbs down from mother’s lap – plays with toys – takes risks – engages in tasks/activities with confidence.  
Same process occurs in adult couple:  
Eg. After a bad day at work  
Eg. After an argument

20

*Attachment Theory:  
A Map To the Landscape of Love*

6. Finite set of predictable attachment strategies in drama of distress.
  - Anxious – up the anti – “I’ll make you respond to me”
  - Avoidant – Cool your jets – “I will care less”
  - Fearful – Chaos – “Come here – don’t touch”

21

*Attachment Theory:  
A Map To the Landscape of Love*

7. Position in the dance – attachment strategies define sense of Self and Other – Working Models
8. Defines pivotal moments of healing / of injury

Adult attachment is reciprocal, representational, sexual.

22

*A sense of “Felt Security” in a relationship is linked to:*

1. **Better Affect Regulation**
  - Less reactivity
  - Less hyperarousal
  - Less underarousal
  - More acknowledgement or support seeking
2. **Better Information Processing**
  - More flexibility, curiosity, openness
  - Toleration of ambiguity and uncertainty

23

*A sense of “Felt Security” in a relationship is linked to:*

3. **Better Communication**
  - More ability to collaborate, to metacommunicate, to be disclosing, assertive and empathic.
4. **Sense of Self is More:**
  - Coherent
  - Elaborated
  - Articulated
  - Positive

24

## *Couples Therapy Based on Attachment Theory:*

1. Focuses on attachment needs and forms of engagement and disengagement.
2. Privileges emotion – The music of the attachment dance.
3. Creates the therapy session as a secure base.
4. Shapes new bonding responses – events.
5. Addresses impasses – attachment injuries.

25

## *Attachment Theory and Couples Therapy*

This perspective:

Offers the therapist a way of seeing/making sense of the drama of love – a language – explanatory frame.

Tells us what the goal of therapy – a “true” love bond looks like

Focuses the therapist on pivotal targets and processes – affect and patterns of connection and disconnection

Outlines antidote experiences – the moves and moments that transform relationships (or create stuck impasses)

-----  
*A map to the territory of distress and relationship*

*A focus – A compass in internal emotional moments and interpersonal dramas.*

*A picture of transforming moves and moments in the process of the shaping of a secure bond.*

26

*If you don't know where you are going – you will end up somewhere else.*

Yogi Berra

27

## *EFT – Stages and Steps*

### STAGE ONE: DE-ESCALATION

- **Assessment**
- Identify negative cycle / Attachment issues
- Access underlying attachment emotions
- Frame problem – cycle, attachment needs/fears

(Steps 1-4)

28

## *EFT – Stages and Steps*

### STAGE TWO – RESTRUCTURING THE BOND

- Access implicit needs, fears, models of self
- Promote acceptance of other – expand dance
- Structure emotional engagement – express attachment needs.

(Steps 5-7)

*Antidote/Bonding Events*

29

## *EFT – Stages and Steps*

### STAGE THREE: CONSOLIDATION

- New positions / cycles – enact new stories – of problems and repair
- New Solutions to pragmatic issues

(Steps 8-9)

30

## *EFT ASSESSMENT*

### **Therapist Tasks**

- Create a collaborative therapeutic alliance
- Explore agenda for: 1) the relationship 2) therapy Are they compatible and appropriate?
- Present therapy contract e.g. number of sessions
- Assess relationship status: 1) Perceptions of problems and strengths 2) Cycles – negative and positive 3) Relationship history/key events 4) Brief attachment history 5) Observe interaction 6) check for violence/abuse
- Assess prognostic indicators: 1) Degree of reactivity 2) Strength of attachment 3) Openness – response to therapist – engagement
- Note trust/faith of female partner

31

## *EFT – PREDICTORS OF SUCCESS*

- Alliance – especially task aspects
- Distress at beginning of treatment only predicted 4% of variance in distress
- Traditionality was not predictive
- EFT worked well for older and “inexpressive” men.
- Best predictor: Females had faith that partner “cared”

32

## *Interventions in EFT*

### TASKS

#### Access, expand, reprocess emotional experience

1. Empathic Reflection
2. Validation of client realities and emotional responses
3. Evocative responding – process enquiries and replays
4. Heighten, expand awareness – repeat, re-enact, refocus and use imagery.
5. Empathic interpretation and inferences, disquisition

#### Create choreography new interaction patterns.

1. Track and reflect process of interaction, make positions and cycles explicit.
2. Reframe the experience/interaction in terms of attachment context and cycles.
3. Restructuring and shaping interactions.

33

## *R I S S S C*

REPEAT  
IMAGES – USE  
SIMPLE WORDS  
SLOW PACE  
SOFT VOICE  
CLIENT'S WORDS

34

## *The Problem with Enactments*

1. They make clients anxious  
Various ways out: Already did it. No point. Do but in very different manner.  
(So validate difficulty and slice it thinner. So insist)
2. They make therapists anxious  
Lose control of session. (The run away train)  
Exacerbate negativity (Catching bullets)
3. Therapists are unsure how to USE them.  
Integrate into the therapy process – follow up

#### ENACTMENTS ARE USED TO:

Crystallize present positions – so they can be seen, owned  
Turn new emotional experience into a new response to the partner  
Heighten new responses – to solidify or to reach/challenge  
Choreograph specific change events in Stage 2 of EFT

35

***In Stage 2 – Restructuring of Attachment Interactions there are two key change events – the first is Withdrawer Re-engagement. It is followed by Blamer Softening.***

Withdrawer Re-engagement is when a previous distant, inhibited, defended, stonewalling partner emerges and engages with their emotions and then with the other partner in a series of compelling enactments in session.

#### In Attachment Terms:

*The withdrawer now becomes accessible and able to stay emotionally engaged with self and the other.*

*He can coherently express his hurts, fears, the models of self and other cued by these emotions.*

*He can reach for – ask for the response he needs from his partner and begin to actively shape the relationship.*

*Example: “I have been so afraid, So afraid of not meeting your standards. I have shut you out. I have numbed you out. I didn’t know what else to do. So I got paralysed. But I do want us to be close and I don’t want you to hurt – to be lonely. I am not going to walk on eggshells anymore. I want to dance with you – but not with you keeping score. I think we can do this now. I want us to try.*

*(Also the last chapter in The Practice of EFT – 2004)36*

34

## A KEY CHANGE EVENT IN EFT: A SOFTENING

Prerequisites: De-escalation of negative cycle (Stage 1)  
Withdrawer re-engagement (Stage 2 change event)

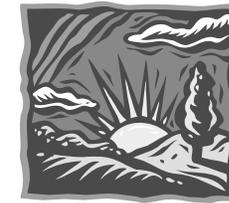
A previous hostile, critical spouse accesses “softer” emotions and risks reaching out to his/her partner who is engaged and responsive. In this vulnerable state, the previously hostile partner asks for attachment needs to be met.

At this point, both spouses are attuned, engaged and responsive. A bonding event then occurs which redefines the relationship as a safe haven and a secure base.

37

- Anais Nin

“And the day came when the risk to remain tight in the bud was more painful than the risk to blossom.”



38

## LEVELS OF CHANGE IN A SOFTENING IN EFT.

1. She expands her experience and accesses attachment fears, shame and the longing for contact and comfort. Emotion tells us what we need.
2. She engages her partner in a different way. Fear organizes a less angry more affiliative stance. She puts words to her emotional needs and changes her part of the dance. New emotions prime new responses/actions.
3. He sees her differently, as afraid rather than dangerous, and is pulled towards her by her expressions of vulnerability.
4. She reaches and he comforts. A new compelling cycle is initiated. This new connection offers an antidote to negative interactions and redefines the relationship in a secure bond.
5. This bond then allows for open communication, flexible problem solving and resilient coping with everyday issues. The couple resolve issues and problems and consolidate their ability to manage their life and their relationship. (Stage 3 of EFT)
6. There are shifts in both partners sense of self. Both can comfort and be comforted. Both are lovable rather than “unlovable, worthless and inadequate”.

39

### Entry into a change event: softening the more blaming spouse

- Th: What happens to you, Claire, when Peter tells you he wants to come closer now, and he wants you to lean on him more?
- Claire: (She folds her arms across her chest and looks down and speaks very softly) I don't know.
- Th: (Leans towards her) As he says, “Lean on me, Claire, I'm here”, what happens? You curl up –(Heightening, reflection of body response, evocative question)
- Claire: I hear him. I feel confused. What did he say?
- Th: It's hard for you to hear what he is saying, to believe he is really here for you?
- Claire: (Looks at therapist and straightens her body. Her voice is colder.) That's an illusion, a delusion. I should give up on that. I should take care of myself (She tears.)
- Th: (In soft slow voice) Some part of you says, don't even hope for that, that's too risky to hope. Am I hearing you right? (She nods) No – one has ever been there to take care of you? (Heightening, interpretation, reflection)
- Claire: Right, it's not worth it.
- Th: It feels better just to give up on getting that caring, hum? Not to even let yourself hope, risk. Feels safer (she agrees). But then there is the tear, the tear on your cheek? Some part of you still longs, still feels the loss (Claire weeps). To hope is scary and not to hope is terrible and lonely, is that it?
- Claire: I can't risk it. I don't believe in magic.
- Th: What do you think Peter, do you hear your wife's fear and hopelessness? (he nods). Can you tell her please?
- Peter: I want you to let yourself hope for us. We were magic once, a long time ago. I think we were.
- Th: What is happening Claire, as you hear him say that?
- Claire: It's like he's a long way off. I can hardly hear him.

40

Th: Can you tell him, please, "It's so hard to hear your voice, all the fear and despair gets in the way. (Interpretation, Restructure interaction around wife's fear – create attachment)

Claire: (She raises her head and looks at Peter. Long pause) If I let myself hope... then you'll be there for a day, maybe two and then... I can't be hurt again like that, I'll drown in it.

Th: It's so hard to risk, to reach for the magic, it might disappear, like before? Feels like you'd die if that happened, hum? (She nods and weeps.) So can you tell him, it's so dangerous, like swimming in deep water to risk letting you in, to hope you'll come close, can you tell him? (Heightening, reflection, validation, restructuring task – enactment)

Claire: (She sighs deeply) Yes, it's so risky. I'm not sure I can do it.

Th: How could he help, right now how could he help with that fear, Claire? (Frame him as helper) – Can you tell him how he can help?

Claire: I need to know he understands, that he sees me...

Th: That he sees how scared you are? (Turns to Peter) Peter can you reassure your wife, can you help her with her fear? You look very sad right now, is that right?

Peter: Yes, (leans towards his wife) I know I disappeared, just when you needed me, after the baby was born. I know I let you down. I want you to try to hope for us, to give me a chance? I want to hold you, to take away the fear. (She bursts into tears) Can I hold you? (She nods) He stands up and pulls her to her feet and holds her.

The session ends there. In the next session, Claire recounts and reprocesses a key incident where she felt her hopes for a safe attachment with Peter were dashed. She also touches her fear that others have been uncaring because she was defective in some way. Peter reassures her all through the session and all through the next week. When the couple come in again, they talk of new moments of trust and closeness and move on to talk about the future of the relationship. They have moved into Stage 3.

41

## ATTACHMENT INJURY

- A betrayal of trust / abandonment at crucial moment of need.
- A form of relationship trauma – defines relationship as insecure.
- An impasse in repair process.

### NOTE:

- Attachment significance is key – not content.
- Indelible imprint – only way out is through

42

## RESOLUTION OF ATTACHMENT INJURIES

- Articulate injury and impact. "NEVER AGAIN!"
- The other acknowledges hurt partner's pain and elaborates on the evolution of the event.
- The hurt partner integrates narrative and emotion. He/She accesses attachment fears and longings.
- The other owns responsibility – expresses regret – while staying attuned / engaged.
- The hurt partner asks for comfort / reassurance
- The other responds – antidote bonding event
- Relationship is redefined as safe haven.
- New narrative is constructed.

43

**EMOTION:** Appraisal (initial perceptions) – Body arousal – Reappraisal (models – self and other – cycles, identity, attachment) – Action, tendency == = = emotion.

W: You are so difficult – I can't tolerate your attitude.

H: (Throws up his hands and turns to look out the window).

Th: What happens to you as your wife says "...?"

H: Nothing – I am used to this. She says this stuff all the time.

Th: You feel nothing as she says "...?" (Repeat cue)

H: This happens lots – I just try to roll with it – forget it – (Shifts to coping)

Th: You try to forget these times when she tells you that you are too difficult for her to tolerate? (he nods) But in that split second before you try to push it aside and "forget" her words – what happens to you? When she tells you, you are too difficult?

H: Don't know. I just move away.

Th: There is something here that is hard? – upsetting? – you can't take it in – that is too hard? (he nods) What do you hear her say?

H: (Appraisal – threat). She's saying that I'm hopeless – this relationship is doomed – down the tubes.

Th: (Body arousal) You threw up your hands – like this – that is the hopelessness – the defeat?

H: I guess so – yes –

Th: It's like you throw up your hands and you give up – it's hopeless –

H: Yeah – (looks down at shoes – quiet voice) There is nothing I can do.

Th: (Reappraisal) You hear her say – you are too difficult – you feel hopeless – try to push it aside – but your body expresses the hopelessness and you say to yourself – what? – I have blown it – already lost her?

44

H: yep, I have totally blown it. I'll never make it with her. She has her standards and I can't ....I'll never....(tears)

Th: (Action tendency) So you withdraw to protect yourself. And then you (the wife) get even angrier (she nods) and that is the cycle that has taken over the relationship and leaves you both alone (attachment significance) And that brings tears for you?

H: No – my eyes are just watering...

Th: You say to yourself – “I have blown it – lost her – I'll never make it with her? Some part of you wants to throw up your hands – like “I'll never please her – have her love” – is that it?

H: right – my brother said – there is a time you get married and he told me I was too young – but you do what you do – all my family got married young (exit)

Th: I'd like to go back – So when you hear your wife's anger you move away – try to forget it – and she sees – what did she say? She sees “coldness” and “indifference” (she nods). But in fact, you are trying to deal with a huge sense of defeat and hopelessness – a sense of failure – a fear that you can never please her –

H: Yes – that's it – I think that's it –

Th: (Enactment) Can you tell her please –

W: I do get critical – I do. Well anyone would. He just acts like he is a house guest – a visitor. He goes off to his room – on his computer and he works. And it's been that way for ever. Like last night – you just disappeared!!! (Points at him – then crosses her arms across her chest and looks as if she could cry) – the invisible man – my husband.

Unfold this statement focusing on the elements outline above. Request an enactment with the “new” or “reprocessed” emotion.

45

## USING CONJECTURE TO HEIGHTEN EMOTION

1. A partner says, “Are you joking? – You want me to open up to you at those times – that is wild. I don't think so. Even if I could it wouldn't go anywhere. I'd get hammered. (Very quietly) I couldn't do it.”

Which of the six emotions, joy, surprise, sadness/loss/anguish, rage/anger, fear, and shame, do you think the client is feeling?

Write out how you would phrase a conjecture to bring this emotion into the session.

2. Shelly says to her spouse, “You said – in this angry voice – for God's sake don't even think about getting pregnant” (She weeps) – And I feel hurt then – you know we can't have another baby and that I did want another one. You know that.” The therapist says – “Did you tell him about the hurt feelings?” She replies – “No – I shut down – I just went away – until now – (this is four weeks later). Therapist – “You couldn't tell him about the hurt feelings?” The client says, “I can't – (She then launches into a long blaming list of his flaws). The therapist says, “what will happen if you had just turned to him and told him you were hurt?” The client gasps and weeps and says, “I don't know – it will be worse – it will be much worse then.”

Write out a conjecture that you could make now using of the core emotions.

46

*David Mace,  
Journal of Marital and Family Therapy,  
April 1987*

THE HOPE FOR A BETTER HUMAN FUTURE LIES NOT IN AN ENDLESS SUCCESSION OF TECHNOLOGICAL DEVELOPMENTS BUT IN A REALISTIC GRAPPLING WITH THE FUNDAMENTAL ISSUE OF THE QUALITY OF HUMAN RELATIONSHIPS; AND CENTRAL TO THAT FUNDAMENTAL TASK I SEE THE URGENT NEED TO MAKE THE ACHIEVEMENT OF A DEEPLY SATISFYING AND REWARDING RELATIONSHIP POSSIBLE FOR AN EMERGING NUMBER OF MARRIED COUPLES.

47

# 1

---

## **Introduction to Attachment**

### *A Therapist's Guide to Primary Relationships and Their Renewal*

SUSAN M. JOHNSON

Reprinted from *Attachment Processes in Couple and Family Therapy*, edited by Susan M. Johnson and Valerie E. Whiffen, Copyright 2003 by The Guilford Press., 72 Spring Street, New York, NY 10012.

Couple and family therapists spend their professional lives helping people change the nature of their primary attachment relationships. Our clients come to us wanting to put an end to difficult recurring conflicts, to learn how to persuade their child or their spouse to cooperate with them, to deal with the depression and anxiety that arise when the relationships they count on become ambiguous or painful, or, even worse, begin to disintegrate. This is a challenging task. There are many different facets and levels in these relationships and many different lenses through which we can view them. How do we decide what goals are worth pursuing, what to target in therapy, and what in-session events have the potential to redefine a relationship? How do we make sense of the complex patterns of interaction that constitute a close relationship and the sometimes extreme responses that partners and family members display in such relationships?

This book is built on the premise that couple and family therapists need a broad integrative theory of relationships, one that captures the essence of the nature of our bonds of love, if we are to understand, predict, and explain such relationships and so know how to change them for the better. We need to know what really matters, so we can help clients articulate goals and make more than peripheral, transient changes. In other words, we need to know what to focus on so we can change the landscape of intimate relationships, not just the weather. We need a theory that helps

the couple and family therapist stay focused and agentic in the baffling, multilayered, and intricate drama called love and belonging.

The contributors to this book believe that one of the most primary human needs is to have a secure emotional connection—an *attachment*—with those who are closest to us: our parents, children, lovers, and partners. It is this need, and the fears of loss and isolation that accompany this need, that provide the script for the oldest and most universal of human dramas that couple and family therapists see played out in their offices every day.

Our focus on attachment does not fit in many ways with the dominant culture in Western societies, which has also influenced the culture of couple and family therapy. This culture has pathologized dependency and exalted the concepts of separateness and self-sufficiency. As Mackay (1996) noted, family therapy has generally neglected the dimension of nurturance in favor of a focus on issues of power, control, and autonomy. John Bowlby, the originator of attachment theory (1969, 1973, 1980), and arguably the first family therapist, questioned this pathologizing view of dependency. As early as 1944 Bowlby wrote what is perhaps the first family therapy professional article, called “Forty-Four Juvenile Thieves: Their Characters and Home Life.” He also studied institutionalized children for the World Health Organization and was struck by how they developed into individuals who lacked feeling, had superficial relationships, and were hostile to others. He was struck too by the effects of separation from parents on young children who were hospitalized; in those days parents were allowed to visit their children for just 1 hour a week. When he put all his insights on these phenomena into a theory, developmentalists grasped it and began to use it to examine mother and infant interactions. However, until the late 1980s when the first articles on adult attachment emerged (Hazan & Shaver, 1987; Johnson, 1986), the nature of the love between family members and partners was essentially the purview of literature and the popular press. Bowlby’s emphasis on emotional accessibility and responsiveness and the necessity for soothing interactions in all attachment relationships, once so unfashionable, is now supported by empirical work such as studies on the nature of distress in marital relationships (Gottman, 1994). In the last decade, attachment research, including an extensive body of research on adult attachment, has become, “one of the broadest, most profound, and most creative lines of research in 20th-century psychology” (Cassidy & Shaver, 1999, p. x). Each author in this text will offer his or her perspective on this theory and focus on different aspects of the body of work associated with it.

### **THE TENETS OF ATTACHMENT THEORY**

It seems appropriate at the beginning of such a book to briefly outline the central tenets of the theory, offering the reader an overview of the at-

achment perspective. The 10 central tenets of attachment theory are as follows:

### **Attachment Is an Innate Motivating Force**

Seeking and maintaining contact with significant others is an innate, primary motivating principle in human beings across the lifespan. Dependency, which has been pathologized in our culture (Bowlby, 1988), is an innate part of being human rather than a childhood trait that we outgrow. This perspective has also now been articulated by feminist writers (Miller & Stiver, 1997).

### **Secure Dependence Complements Autonomy**

According to attachment theory, there is no such thing as complete independence from others or overdependency (Bretherton & Munholland, 1999). There is only effective or ineffective dependency. Secure dependence fosters autonomy and self-confidence. Secure dependence and autonomy are thus two sides of the same coin, rather than dichotomies. Research tells us that secure attachment is associated with a more coherent, articulated, and positive sense of self (Mikulincer, 1995). The more securely connected we are, the more separate and different we can be. Health in this model means maintaining a felt sense of interdependency, rather than being self-sufficient and separate from others.

### **Attachment Offers a Safe Haven**

The presence of attachment figures, which usually means parents, children, spouses, and lovers, provides comfort and security, while the perceived inaccessibility of such figures creates distress. Proximity to a loved one tranquillizes the nervous system (Schor, 1994). It is the natural antidote to feelings of anxiety and vulnerability. Positive attachments create a *safe haven* that offers a buffer against the effects of stress and uncertainty (Mikulincer, Florian, & Weller, 1993) and an optimal context for the continuing development of the personality.

### **Attachment Offers a Secure Base**

Secure attachment also provides a *secure base* from which individuals can explore their universe and most adaptively respond to their environment. The presence of such a base encourages exploration and a cognitive openness to new information (Mikulincer, 1997). It promotes the confidence necessary to risk, learn, and continually update models of self, others, and the world so that adjustment to new contexts is facilitated. Secure attachment strengthens the ability to stand back and reflect on oneself, one's

behavior, and one's mental states (Fonagy & Target, 1997). When relationships offer a sense of felt security, individuals are better able to reach out to and provide support for others and deal with conflict and stress positively. These relationships tend then to be happier, more stable, and more satisfying.

### **Accessibility and Responsiveness Build Bonds**

The building blocks of secure bonds are emotional accessibility and responsiveness. An attachment figure can be physically present but emotionally absent. Separation distress results from the appraisal that an attachment figure is inaccessible. Emotional engagement and the trust that this engagement will be there when needed are crucial. In attachment terms, any response (even anger) is better than none. If there is no engagement, no emotional responsiveness, the message from the attachment figure reads as "Your signals do not matter to me, and there is no connection between us." Emotion is central to attachment. This theory provides a guide for understanding and normalizing many of the extreme emotions that accompany distressed relationships. Attachment relationships are where our strongest emotions arise and where they seem to have most impact. Emotions tell us and communicate to others what our motivations and needs are; they are the music of the attachment dance (Johnson, 1996). As Bowlby suggests, "The psychology and psychopathology of emotion is . . . in large part the psychology and psychopathology of affectional bonds" (1979, p. 130).

### **Fear and Uncertainty Activate Attachment Needs**

When the individual is threatened, whether by traumatic events, by the negative aspects of everyday life such as illness, or by an assault on the security of the attachment bond itself, powerful affect arises, attachment needs for comfort and connection become particularly salient and compelling, and attachment behaviors, such as proximity seeking, are activated. A sense of connection with a loved one is a primary inbuilt emotional regulation device. Attachment to key others is our "primary protection against feelings of helplessness and meaninglessness" (McFarlane & van der Kolk, 1996, p. 24).

### **The Process of Separation Distress Is Predictable**

If attachment behaviors fail to evoke comforting responsiveness and contact from attachment figures, a prototypical process of angry protest, clinging, depression, and despair occurs, culminating eventually in detachment. Depression is a natural response to loss of connection. Bowlby (1969, 1973, 1980) viewed anger in close relationships as often being an attempt

to make contact with an inaccessible attachment figure, and distinguished between the anger of hope and the anger of despair which becomes desperate and coercive. In secure relationships, protest at inaccessibility is recognized and accepted (Holmes, 1996).

### **A Finite Number of Insecure Forms of Engagement Can Be Identified**

The number of ways that human beings have to deal with the unresponsiveness of attachment figures is limited. There are only so many ways of coping with a negative response to the question “Can I depend on you when I need you?” Attachment responses seem to be organized along two dimensions, anxiety and avoidance (Fraley & Waller, 1998). When the connection with an irreplaceable other is threatened but not yet severed, the attachment system may become hyperactivated or go into overdrive. Attachment behaviors become heightened and intense as anxious clinging, pursuit, and even aggressive attempts to obtain a response from the loved one escalate. The second strategy for dealing with the lack of safe emotional engagement, especially when hope for responsiveness has been lost, is to deactivate the attachment system and suppress attachment needs, focusing on tasks, and limiting or avoiding distressing attempts at emotional engagement with attachment figures. These two basic strategies, anxious preoccupied clinging and detached avoidance, can develop into habitual styles of engagement with intimate others. A third insecure strategy has been identified that is essentially a combination of seeking closeness and then responding with fearful avoidance of closeness when it is offered. This strategy is usually referred to as *disorganized* in the child literature and *fearful-avoidant* in the adult literature (Bartholomew & Horowitz, 1991). This strategy is associated with chaotic and traumatic attachments where others are, at the same time, the source of and the solution to fear (Johnson, 2002; Alexander, 1993).

The anxious and avoidant strategies were first identified in experimental separations and reunions with mothers and infants (Ainsworth, Blehar, Waters & Wall, 1978). Some infants were able to modulate their distress on separation, to give clear signals, and so make reassuring contact with the mother when she returned, and then, confident of her responsiveness if she was needed, to return to exploration and play. They were viewed as *securely attached*. Others became extremely distressed on separation and clung to or expressed anger at the mother on reunion. They were difficult to soothe and were viewed as preoccupied with making contact with the mother and *anxiously attached*. Another group showed signs of physiological distress but showed little emotion at separation or reunion. They focused on tasks and activities and were seen as *avoidantly attached*. These styles are “self-maintaining patterns of social interaction and emotion regu-

lation strategies” (Shaver & Clarke, 1994, p. 119). They echo the display rules for emotion that Ekman and Friesen identified (1975), namely, exaggerating; substituting one feeling for another, as when we focus on anger rather than fear; and minimizing.

While these habitual forms of engagement can be modified by new relationships, they can also mold current relationships and so become self-perpetuating. They involve specific behavioral responses to regulate emotions and protect the self from rejection and abandonment, and cognitive schemas, or working models, of self and other. In the attachment literature the term *styles*, which implies an individual characteristic, is often used interchangeably with the term *strategies*, which implies behavior that is more context-specific. The use of a third term, *forms of engagement*, a term coined by Sroufe (1996), further stresses the interpersonal nature of this concept. These forms of engagement can and do change when relationships change and are best thought of as continuous, not absolute (one can be more secure or less secure). People also seem to use more than one strategy; someone can be habitually secure but move into a more preoccupied anxious mode when threatened. Attachment strategies will also play out differently depending on the attachment characteristics of a partner. Thus attachment style affects marital satisfaction. Individuals with insecurely attached spouses report lower satisfaction; couples where both are securely attached report better adjustment than couples in which either or both partners are insecurely attached (Feeney, 1994; Lussier, Sabourin, & Turgeon, 1997). When we consider these habitual responses and self-perpetuating patterns of interaction, it is easy to see that attachment is a systemic theory (Johnson & Best, 2002), and is concerned with “a reality-regulating and reality-creating not just a reality-reflecting system” (Bretherton & Munholland, 1999, p. 98).

### **Attachment Involves Working Models of Self and Other**

As stated above, attachment strategies reflect ways of processing and dealing with emotion. Some spouses catastrophize and complain when they feel rejected, some become silent for days. Bowlby (1969, 1973, 1980) outlined the cognitive content of the representations of self and other that are inherent in these responses. Secure attachment is characterized by a working model of self that is worthy of love and care and is confident and competent, and indeed research has found secure attachment to be associated with greater self-efficacy (Mikulincer, 1995). Securely attached people, who believe others will be responsive when needed, also tend to have working models of others as dependable and worthy of trust. These models of self and other, distilled out of a thousand interactions, become expectations and biases that are carried forward into new relationships. They are not one-dimensional cognitive schemas; rather, they are procedural scripts for how

to create relatedness. A person may have more than one model but one may be more accessible and dominant in a given context. These models involve goals, beliefs, and strategies, and they are heavily infused with emotion. *Working models are formed, elaborated, maintained, and, most important for the couple and family therapist, changed through emotional communication.*

### **Isolation and Loss Are Inherently Traumatizing**

Lastly, it is important to recognize that attachment is essentially a theory of trauma (Atkinson, 1997; Johnson, 2002). Bowlby began his career as a health professional by studying maternal deprivation and separation and its effects on children. Attachment theory describes and explains the trauma of deprivation, loss, rejection, and abandonment by those we need the most and the enormous impact it has on us. Bowlby viewed these traumatic stressors, and the isolation that ensued, as having tremendous impact on personality formation and on a person's ability to deal with other stresses in life. He believed that when someone is confident that a loved one will be there when needed, "a person will be much less prone to either intense or chronic fear than will an individual who has no such confidence" (1973, p. 406). The couple and family therapist knows about the stress of deprivation and separation well. It is an essential part of the ongoing drama of "ordinary" marital distress. Clients often speak of such distress in terms of trauma, that is, in life-and-death terms, and it is clearly related to individual symptoms such as depression and anxious hypervigilance.

## **ATTACHMENT AS AN INTEGRATIVE PERSPECTIVE**

Attachment theory is an integrative perspective. It is a systemic theory that focuses on behavior in context and patterns of communication (Kobak & Duemmler, 1994; Erdman & Caffery, 2002). This theory takes an evolutionary perspective and sets out a control system designed to maintain proximity and care between primary caregivers and children (Bowlby, 1988). It can also be seen as an individual dynamic theory, one that focuses on internal models and ways of perceiving others (Holmes, 1996). Even when attachment is considered as a state of mind associated with key attachment relationships with parents, it is still able to be connected to interpersonal patterns. In a fascinating piece of research Fonagy and his colleagues (Fonagy, Steele, & Steele, 1991) found that women's state of mind about attachment when pregnant predicted their child's attachment behaviors at 12 months. It is important to note, then, that the chapters in this book focus on attachment from different points of view. For example, couple and family therapists tend to see attachment and attachment styles from

---

a transactional perspective, that is, as being continually constructed and re-constructed in interactions with loved ones. An infant may have qualitatively different relationships with different caregivers. Adult attachment styles can and do change as people learn and grow in relationships (Davila, Burge, & Hammen, 1997; Davila, Karney, & Bradbury, 1999). However, other authors may emphasize the relative stability of attachment styles across time and across relationships and focus more on intrapsychic realities and states of mind about relationships. The foci and the words particular authors use may also differ. Some will talk about “attachment styles,” some about “attachment strategies,” and others about “habitual forms of engagement with attachment figures.” Some may focus on how attachment is continually constructed and can be confirmed or modified in present interactions with others. Others tend to focus on how past attachment relationships help to organize perceptions and responses with present attachment figures. Some focus on the universal aspects of attachment and how they help us understand the reality of relationships, others focus more on individual differences predicted by this theory. All, however, struggle with how inner realities and outer interactional patterns intersect and reflect each other. All struggle with how the nature of our relationships shape our inner world, our ways of viewing and responding to others, and also how our inner world plays a part in creating our most important interactions.

Attachment is such a rich theory that the reader may be confused sometimes by the different labels authors place on attachment strategies or forms of engagement. These differences often reflect the fact that authors are dealing with people of different ages or using different measures of attachment. Social psychologists who study current adult attachment relationships by means of questionnaires, for example, will use slightly different language from that used by developmental researchers, who attempt to access how people think about attachment by interviewing people about their own parents (Shaver, Belsky, & Brennen, 2000). All authors refer to “secure attachment” and the “hyperactivation” or “deactivation” of the attachment system as ways to deal with insecurity. All are attempting to capture individual differences across two dimensions that can be described as expressing anxiety over relationships and the avoidance of or discomfort with closeness (Brennen, Clark, & Shaver, 1998). When Ainsworth first identified different patterns in children’s responses to separation from their mothers, she identified these patterns as *secure*, *avoidant*, and *ambivalent* (Ainsworth et al., 1978). To help the reader, there follows a list of the different but equivalent terms used to characterize attachment responses by the different authors in this book and in the literature in general:

- *Secure*: A secure state of mind or free to evaluate as assessed by the Adult Attachment Interview (George, Kaplan, & Main, 1996).

- *Anxious*: Hyperactivated attachment, anxious–ambivalent attachment, preoccupied attachment. The “ambivalent” aspect refers to the angry responses that are part of this pattern.
- *Avoidant*: Deactivated attachment, dismissing attachment, dismissing–avoidant attachment.
- *Both Anxious and Avoidant*: Alternately hyperactivated and deactivated attachment, fearful avoidant attachment, disorganized attachment, unresolved attachment (with respect to trauma and loss).

In the secure strategy, we see appropriate, context-sensitive attachment system activation and deactivation. In fearful avoidant or disorganized attachment, we see the collapse of any coherent strategy as a result of opposing tendencies to seek and avoid connection.

Although authors have attempted to integrate the work on attachment across the lifespan, attachment theory has not been investigated equally across all age levels. Investigations into attachment in infancy and childhood, and more recently, into adult partnerships have taken precedence. Less is known about adolescence and old age. However, some seminal work has been completed. For example, in a study of adolescents dealing with conflict with their mothers Kobak and colleagues (Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993) found that secure adolescents expressed less dysfunctional anger and avoidance and maintained more assertiveness than dismissing adolescents. The basis tenet of attachment theory is that the accessibility and responsiveness of a trusted other leads to greater social and emotional adjustment at any age. Important new work is also being done on key transitions in family relationships, such as the transition to parenthood (Feeney, Hohaus, Noller, & Alexander, 2001), and on the specific implications of different attachment relationships, such as attachment to mother and to father in childhood. Attachment to father, in some studies, has been found to be more consistently related to children’s peer relationships than attachment to mother (Kerns & Barth, 1995).

## CHANGES IN ATTACHMENT

Changes in attachment can be considered on the level of changes in behavioral responses—for example, becoming more open and empathic, modifying ways of regulating emotion, or changes in relationship-specific and more general cognitive models of self and of other. These cognitive models contain not just specific contents but also rules for the organization of information in attachment relationships. Changes can occur, then, on different levels, in specific contexts with particular partners or on more global, general levels. In his writings, Bowlby focused on how a therapist might help to create insight for an individual client, and so help

to change that client's general negative models of attachment. These general models are considered to be the main source of continuity between earlier and later relationships and are seen as consisting of memories, beliefs, expectations, and goals regarding attachment, as well as the strategies discussed above. However, many more recent interventions that seek to change attachment, such as those presented in this book, focus on the processing of emotion and emotional experience. Many of the authors in this volume suggest that creating compelling emotional experiences in ongoing attachment relationships that are inconsistent with existing models is the main route to change in attachment responses and models. These new emotional experiences can then disconfirm past fears and biases (Collins & Read, 1994), allow models to be elaborated and expanded, and enable new behaviors to be constructed and integrated (Johnson & Whiffen, 1999). Presumably, this process may be orchestrated by a therapist or may occur naturally over time as a result of relationship experiences. Indeed spouses' models of their partners, specifically their beliefs about trust, have been found to predict changes in their own attachment models over 2 years (Fuller & Fincham, 1995). Relationship breakups can also shift people from security to insecurity (Kirkpatrick & Hazan, 1994).

From a systemic perspective, it seems useful to think of changes in attachment in terms of constriction and flexibility. Health in systemic terms is about flexibility and the ability to adapt inner models of the world and behavioral responses to new contexts. Bowlby (1969) stressed that to be useful, working models of attachment had to be open to revision and kept up to date, and that restricted or defensive processing of experience could interfere with this process. The attachment-oriented therapist will focus on expanding a client's attachment behaviors and exploring how new experiences and responses are understood and dealt with and whether they revise basic views of self and other. He or she will also focus on how clients internally make sense of their relationships and relationship events and how this then cues specific behaviors. For example, does a mother interpret her child's behavior in a way that promotes an empathic response? If not, can she make new interpretations when aided by the therapist, and can these new ways of seeing translate into new responses and new dyadic interactions? Change happens in the head and in the heart, but also in interactions. For an anxiously attached spouse to become more secure she may have to look at her propensity to be vigilant and easily disappointed and will also have to have new experiences of being able to ask for and achieve secure connection. Many models of couple and family therapy have tended to focus on behavior or on inner realities. An attachment perspective on change argues for integrating both of these foci. Attachment realities are created by how individuals interact and how they grasp and internally attune to that interaction style.

### **THE SIGNIFICANCE OF ATTACHMENT THEORY FOR COUPLE AND FAMILY THERAPY**

Attachment theory is still growing and developing. There are many unanswered questions. For example, how exactly does attachment fit with the other two key aspects of love that have been identified in the literature, sexuality and caregiving (Fraley & Shaver, 2000)? Some specific answers are emerging to such questions. For example, avoidant attachment seems to be related to promiscuous sexuality (Brennen & Shaver, 1995), whereas secure individuals are less likely to have sex outside their primary relationship (Hazan, Zeifman, & Middleton, 1994). However, the great promise of attachment theory is that it offers answers to some of the most, as Karen (1998, p. 7) puts it, “fundamental questions of human emotional life.” Questions such as: How do we learn what to expect from others? How do patterns of behavior get transmitted across generations? How does the marital relationship specifically have an impact on the emotional life of children? (Benoit & Parker, 1994; Cowan, Cowan, Cohn, & Pearson, 1996). How do we become caught in futile strategies that rob us of the love we desire from our partners and family members? Why do we become most angry and violent with the people we love the most at times when we need them the most? Why does distancing fail to cool down difficult emotions or transform conflictual interactions with attachment figures? Why do certain events define the nature of relationships more than others? How does the self get constructed in interactions with significant others, and how can we best repair the bonds with those we love?

Couple and family therapy, having emerged from many different theoretical points of view and clinical trends, is now coming of age. It is developing the coherence and sophistication of a mature discipline (Johnson & Lebow, 2000). There appears, at last, to be a convergence of theory, research, and practice. For example, the data on the nature of distress in couple partnerships, the nature of love as outlined by attachment theory and research, and the writing of feminist scholars (Millar & Stiver, 1997; Fishbane, 2001), as well as the research on outcomes in therapy for models such as emotionally focused therapy, all point in the same direction. The emotional bond between parents and children and between adult lovers is the heart of the matter—the frame that defines these key relationships. Attachment theory offers clinicians a way to grasp and so to help clients shape this bond, transforming their marriages and their families. As there is more and more emphasis on relatively short, efficient, and verifiably effective interventions in the field of psychotherapy, attachment theory also addresses the urgent need for a framework or lens that allows the therapist to hone in on and bring into focus the leading, organizing elements in the drama of relationships and the definition of self. As David Mace (1987, p. 180) suggests, the hope for the future would seem to lie not in an endless

---

succession of technological developments, but in a “grappling with the fundamental quality of human relationships” so that deeply satisfying relationships become not a romantic dream or an ideal but an everyday possibility for more and more individuals and families.

## REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Alexander, P. C. (1993). Application of attachment theory to the study of sexual abuse. *Journal of Consulting and Clinical Psychology, 60*, 185–195.
- Atkinson, L. (1997). Attachment and psychopathology: From laboratory to clinic. In L. Atkinson & K. J. Zucker (Eds.), *Attachment and psychopathology* (pp. 3–16). New York: Guilford Press.
- Bartholomew, K., & Horowitz, L. (1991). Attachment styles among young adults. *Journal of Personality and Social Psychology, 61*, 226–244.
- Benoit, D., & Parker, K. C. (1994). Stability and transmission of attachment across three generations. *Child Development, 65*, 1444–1456.
- Bowlby, J. (1944). Forty-two juvenile thieves: Their character and home life. *International Journal of Psychoanalysis, 25*, 19–52, 107–127.
- Bowlby, J. (1969). *Attachment and loss: Vol I. Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol II. Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock.
- Bowlby, J. (1980). *Attachment and loss: Vol III. Loss: Sadness and depression*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Brennen, K. A., Clarke, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.
- Brennen, K. A., & Shaver, P. R. (1995). Dimensions of adult attachment, affect regulation, and romantic relationship functioning. *Personality and Social Psychology Bulletin, 21*, 267–283.
- Bretherton, I., & Munholland, K. A. (1999). Internal working models in attachment relationships: A construct revisited. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 89–111). New York: Guilford Press.
- Cassidy, J., & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Press.
- Collins, N., & Read, S. (1994). Cognitive representations of attachment: The structure and function of working models. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 53–92). London: Jessica Kingsley.
- Cowan, P. A., Cowan, C. P., Cohn, D. A., & Pearson, J. L. (1996). Parent’s attachment histories and children’s externalizing and internalizing behaviors: Exploring

- family systems models of linkage. *Journal of Consulting and Clinical Psychology*, 64, 53–63.
- Davila, J., Burge, D., & Hammen, C. (1997). Why does attachment style change? *Journal of Personality and Social Psychology*, 73, 826–838.
- Davila, J., Karney, B. R., & Bradbury, T. N. (1999). Attachment change processes in the early years of marriage. *Journal of Personality and Social Psychology*, 76, 783–802.
- Ekman, P., & Friesen, W. (1975). *Unmasking the face*. Englewood Cliffs, NJ: Prentice-Hall.
- Erdman, P., & Caffery, T. (Eds.). (2002). *Attachment and family systems: Conceptual, empirical and therapeutic relatedness*. New York: Springer.
- Feeney, J. A. (1994). Attachment style, communication patterns and satisfaction across the life cycle of marriage. *Personal Relationships*, 4, 333–348.
- Feeney, J. A., Hohaus, L., Noller, P., & Alexander, R. P. (2001). *Becoming parents: Exploring the bonds between mothers, fathers and their infants*. Cambridge, UK: Cambridge University Press.
- Fishbane, M. D. (2001). Relational narratives of self. *Family Process*, 40, 273–291.
- Fonagy, P., Steele, H., & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant mother attachment at one year of age. *Child Development*, 62, 891–905.
- Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, 9, 679–700.
- Fraley, C. R., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies and unanswered questions. *Review of General Psychology*, 4, 132–154.
- Fraley, R. C., & Waller, N. G. (1998). Adult attachment patterns: A test of the typological model. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 77–114). New York: Guilford Press.
- Fuller, T. L., & Fincham, F. D. (1995). Attachment style in married couples: Relation to current marital functioning stability over time and method of assessment. *Personal Relationships*, 2, 17–34.
- George, C., Kaplan, N., & Main, M. (1996). *The Adult Attachment Interview*. Unpublished manuscript, University of California at Berkeley.
- Gottman, J. (1994). *What predicts divorce?* Hillsdale, NJ: Erlbaum.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511–524.
- Hazan, C., Zeifman, D., & Middelton, K. (1994). *Adult romantic attachment, affection and sex*. Paper presented at seventh International Conference on Personal Relationships, Groningen, The Netherlands.
- Holmes, J. (1996). *Attachment, intimacy and autonomy: Using attachment theory in adult psychotherapy*. Northdale, NJ: Jason Aronson.
- Johnson, S. M. (1986). Bonds as bargains: Relationship paradigms and their significance for marital therapy. *Journal of Marital and Family Therapy*, 12, 259–267.
- Johnson, S. M. (1996). *The practice of emotionally focused marital therapy: Creating connection*. New York: Brunner/Mazel.
- Johnson, S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York: Guilford Press.

- Johnson, S. M., & Best, M. (2002). A systemic approach to restructuring attachment: The EFT model of couple therapy. In P. Erdman & T. Caffery (Eds.), *Attachment and family systems: Conceptual, empirical and therapeutic relatedness* (pp. 165–192). New York: Brunner/Routledge.
- Johnson, S. M., & Lebow, J. (2000). The coming of age of couple therapy: A decade review. *Journal of Marital and Family Therapy*, 26, 23–38.
- Johnson, S. M., & Whiffen, V. (1999). Made to measure: Adapting emotionally focused couple therapy to partner's attachment styles. *Clinical Psychology: Science and Practice*, 6, 366–381.
- Karen, R. (1998). *Becoming attached: First relationships and how they shape our capacity to love*. New York: Oxford University Press.
- Kerns, K. A., & Barth, J. M. (1995). Attachment and play: Convergence across components of parent-child relationships and their relations to peer relations. *Journal of Social and Personal Relationships*, 60, 861–869.
- Kirkpatrick, L. A., & Hazan, C. (1994). Attachment styles and close relationships: A four year prospective study. *Personal Relationships*, 1, 123–142.
- Kobak, R., Cole, H. E., Ferenz-Gillies, R., Fleming, W. S., & Gamble, W. (1993). Attachment and emotion regulation during mother-teen problem solving: A control theory analysis. *Child Development*, 64, 231–245.
- Kobak, R., & Duemmler, S. (1994). Attachment and conversation: Towards a discourse analysis of adolescent and adult security. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 121–150). London: Jessica Kingsley.
- Lussier, Y., Sabourin, S., & Turgeon, C. (1997). Coping strategies as moderators of the relationship between attachment and marital adjustment. *Journal of Social and Personal Relationships*, 14, 777–791.
- Mace, D. (1987). Three ways of helping married couples. *Journal of Marital and Family Therapy*, 13, 179–185.
- Mackay, S. K. (1996). Nurturance: A neglected dimension in family therapy with adolescents. *Journal of Marital and Family Therapy*, 22, 489–508.
- McFarlane, A. C., & van der Kolk, B. A. (1996). Trauma and its challenge to society. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress* (pp. 211–215). New York: Guilford Press.
- Mikulincer, M. (1995). Attachment style and the mental representation of self. *Journal of Personality and Social Psychology*, 69, 1203–1215.
- Mikulincer, M. (1997). Adult attachment style and information processing: Individual differences in curiosity and cognitive closure. *Journal of Personality and Social Psychology*, 72, 1217–1230.
- Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies and post-traumatic psychological distress. *Journal of Personality and Social Psychology*, 64, 817–826.
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston: Beacon Press.
- Schore, A. (1994). *Affect regulation and the organization of self*. Hillsdale, NJ: Erlbaum.
- Shaver, P. R., Belsky, J., & Brennan, K. A. (2000). The Adult Attachment Interview and self-reports of romantic attachment: Associations across domains and methods. *Personal Relationships*, 7, 25–43.

- Shaver, P., & Clark, C. L. (1994). The psychodynamics of adult romantic attachment. In J. Masling & R. Bornstein (Eds.), *Empirical perspectives on object relations theory* (pp. 105–156). Washington, DC: American Psychological Association.
- Sroufe, L. A. (1996). *Emotional development: The organization of emotional life in the early years*. Cambridge, UK: Cambridge University Press.