An Exploration of the Role of Attachment Theory in Emotionally Focused Therapy for Couples

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This thesis is submitted to the Higher Education and Training Awards Council (HETAC)
for the award of Higher Diploma in Counselling and Psychotherapy
from Dublin Business School, School of Arts

May 2014

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“Out of your vulnerabilities will come your strength.”

— Sigmund Freud

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

— Anaïs Nin

Abstract

Advocates of Emotionally Focused Therapy (EFT) for couples present it as a clearly-defined, effective approach to resolving couple distress. Grounded in attachment theory, a nine-step process is used to facilitate corrective emotional experiences within the couple and foster secure attachment. By going beyond the surface of everyday problems and addressing the core disowned and unmet attachment needs that are causing relationship distress, EFT has been shown to achieve a lasting shift in the interactional patterns between partners and reframe the relationship as a secure base. EFT theorists demonstrate rigour in seeking to identify the weaknesses and shortcomings of the approach in order to bolster the evidence base for its efficacy and clinical applicability to diverse cases. However, the process focus on withdrawer-pursuer dynamics is arguably an over-simplification: the case is made for including interventions designed to address specific behaviours and needs of the three different insecure adult attachment styles, and elaborating more on gender-based tendencies. Contemporary developments in attachment theory and neurobiology also shed light on gaps in EFT that could be addressed to enhance clinical practice. These include the need to work with individual partners on their own self and affect regulation through practices such as mindfulness and relaxation techniques, and addressing the nervous-system and other biological deregulations resulting from attachment trauma through somatic-focused interventions.

Introduction

This paper explores the role of attachment theory within Emotionally Focused Therapy (EFT) for adult couples. It identifies how attachment theory is used within EFT for couples to address problems arising out of insecure attachment styles, and how it informs the specific therapeutic interventions used to create more secure adult attachments. It aims to critically assess the value of using attachment theory in this way. The study first outlines how attachment theory underpins and informs the therapeutic process in EFT, before examining in greater detail how different insecure adult attachment styles are addressed and worked with in the clinical strategies and interventions of the EFT process to help develop new, secure attachments within the couple.

With the ongoing increase in couples seeking therapy in Ireland (Irish Catholic, 2013), as distinct from pre-marriage guidance courses required by the Catholic church, there has been an increased number of therapists in Ireland training in the Emotionally Focused Therapy (EFT) approach to working with couples (Spectrum Health, 2013). Developed in the late 1980s, EFT has emerged as a form of couples therapy receiving considerable recognition for its efficacy (Byrne, Carr, & Clark, 2004). Given the success of EFT in working with couples, it is of interest to the field of psychotherapy to make explicit the role and use of attachment theory at the core of this approach, particularly in terms of how it is used to facilitate 'corrective emotional experiences' and foster new behavioural responses in the couple through a clearly-defined process.

Attachment theory

Attachment theory was developed by John Bowlby in the 1960s (Bowlby, 1969), and further elaborated by Mary Ainsworth (Ainsworth, 1970). It has 'stood the test of empirical scrutiny' (Prior & Glaser, 2006, p. 9), and continues to inform psychotherapeutic practices (Young, Klosko, & Weishaar, 2003). Bowlby and Ainsworth outlined the central role of attachment figures, i.e. primary care-givers, in shaping the individual's working model of the world (Bretherton, 1992, p. 767). With her 'strange situation' experiment, Ainsworth identified four distinct attachment styles in infants, depending on their experience of attachment with their primary carer. These are: secure, anxious-avoidant (insecure), anxious-ambivalent (insecure), and resistant (insecure) (Ainsworth & Bell, 1970.) These behaviours relate directly to how the child needs to experience their primary care-giver as a 'secure base' which they can return to when needed, while beginning to test out the experience of separation and exploring the world around them (Holmes, 2001, p.7). The parent provides the necessary safe

haven for the child, ensuring its survival: however if they fail to do this, or do it inconsistently, an anxious attachment develops. The different styles of attachment described above have been identified as creating internal working models or representational schemas within the child's individual psyche, and this can create problems in adult couple relationships when perceived threats to secure attachment are present (Shaver and Hazan (1988). In applying attachment theory to adult romantic relationships, Shaver and Hazan redefined four main, corresponding attachment styles in adults: secure; anxious-preoccupied; dismissive-avoidant; fearful-avoidant (Hazan & Shaver, 1987). Adult love relationships are thus also conceptualised as an attachment process, and relationship problems are seen as related to attachment insecurity and distress.

Emotionally Focused Therapy (EFT) for couples

As a form of therapy practised for over thirty years, much has been written on the approach and efficacy of EFT, in particular by its founders Sue Johnson and Leslie Greenberg (Greenberg & Johnson, 1988). EFT is informed and underpinned by a number of theories and approaches, including: Fritz Perls's experiential focus (Berdondini, Elliott, & Shearer, 2012); Carl Rogers' person-centred therapy (Rogers, 1951); Minuchin's systemic approach (Minuchin, 2002); and attachment theory as described above, which forms the central theoretical framework for this therapeutic approach. Indeed, EFT is based on an explicit conceptualisation of marital distress and adult intimacy as related to attachment insecurity. It assumes that negative emotions and patterns of interaction in couples stem from a struggle for attachment security, which is influenced by the 'schemas' or working models as outlined above, which each person develops from in their own early attachment experiences (Johnson & Whiffen 1999). These working models can lead to strong emotional responses where the partner or adult attachment figure is perceived to be inaccessible or unresponsive.

Therapeutic treatment involves a sequence of nine steps which the partners are led through by the therapist, to support the couple to access their own disowned or unacknowledged emotions. The process facilitates corrective emotional experiences during the sessions, which challenge past fears and biases and enable partners to revise their models of self and other and to develop new patterns of communication (Greenberg, 1987). EFT recognises the three insecure attachment styles identified in the literature on adult attachment (Johnson, 2004, pp28-30), however it distils these into two basic strategies or dynamics: anxious clinging or 'pursuing', and detached avoidance or 'withdrawal'. These pursue-withdraw behaviours constitute the central focus of the therapeutic intervention in EFT.

In their first treatment manual on Emotionally Focused Therapy for Couples (1988), Greenberg and Johnson outline in detail the nine process steps of this approach (see Appendix I), illustrating these with interwoven case studies (see Appendix II). They describe various therapist interactions and strategies to help the clients work through the process, taking into account the different attachment-related needs of each partner. Susan Johnson's later treatment manual on the clinical practice of Emotionally Focused Couple Therapy (2004) goes into greater detail on some specific clinical issues that can arise, with suggested solutions. It provides more clinical research, showing the efficacy of EFT and how it differs from other approaches. These core texts, as well as research articles, are used to outline the role of attachment theory in the EFT process in the first two chapters of this study. Specific presenting issues and related clinical interventions are also outlined in journal and research articles, many written by EFT theorists and practitioners, and these are discussed in more detail in Chapter 3. More recent research on attachment theory and psychotherapy is also used as a framework for the critical discussion in this chapter.

Chapter One of this study explores in greater detail how the EFT process identifies the problematic cycle causing distress for the couple, reframes it as a problem arising from disowned attachment needs, and facilitates partners to start accessing the unacknowledged emotions related to these attachment needs. The first four steps of EFT, constituting the 'Cycle Deescalation' phase, are examined in this Chapter.

Chapter Two outlines the remaining five steps that make up the two remaining EFT stages of 'Changing Interactional Positions' and 'Consolidation and Integration'. These are the two stages in which change occurs. It examines how the EFT process supports the individuals in learning ways to express and communicate their specific attachment needs to their partner, whilst creating emotional engagement and consolidating new responses and behaviours, thus developing a 'secure base' within the couple.

Chapter Three critically examines the value of using attachment theory in this way and assesses the core aspects of EFT identified in the literature as significant elements of its efficacy. The use of attachment theory to structure a clearly-defined therapeutic process, and the focus on achieving corrective emotional experiences that lead to a shift in interactional patterns, are identified as strengths of the approach. Contemporary developments in attachment theory, including new formulations of insecure attachments as developmental trauma requiring somatic -focused therapeutic interventions, are identified as gaps that EFT might address or incorporate in future.

Chapter 1: Understanding Relationship Distress through Emotional Connection with Attachment Needs

Emotionally Focused Therapy (EFT) conceives love as an attachment process, and makes this explicit throughout the therapeutic process. It identifies insecure attachment styles as adaptive behaviour and not as dysfunctional or pathological: they are seen as strategies for maintaining the proximity of an unresponsive caregiver, and as relational or interpersonal tendencies open to being changed, not individual personality traits (Johnson & Whiffen, 1999). Activated in couples in relationship distress, these tendencies shape the stages and processes of this therapeutic approach to resolving the couple's conflicts. The nine steps of EFT are not seen as strictly linear, and the couple may revisit an earlier stage a number of times, consolidating the learning as the process develops. The first stage involves identifying the emotions and behaviours related to insecure attachment.

This chapter examines how attachment theory is used in the first four steps, the 'Cycle Deescalation' stage. It explores how insecure attachment styles create anxiety and distress; what resulting problem cycle presents within the couple; and how the therapist works with the couple to access the underlying attachment-related emotions shaping their interactional positions.

Step 1: Assessment: creating an alliance and explicating the core issues in the couple's conflict using an attachment perspective

In this first step, partners are encouraged to outline as clearly as they can their own perceptions of the relationship problems (Greenberg & Johnson, 1988, p.82). As the first few sessions are concerned with information gathering and assessment, the therapist makes sure to validate the partners' subjective experiences and their emotional responses to each other, while also observing how the couple interacts and reflecting back to the clients the positions they take with each other (Greenberg & Johnson, 1988, p.82). From the outset, the EFT therapist frames the problem in terms of emotional distress, needs and insecure attachment (Johnson, 1999, p.375). For example, they might point out that a person's withdrawing behaviour or angry outbursts may in fact be linked to disowned fears of vulnerability and rejection, and once this is confirmed invite the partner to connect with the emotion and describe what they are feeling, or what past experiences this might relate to. There is a large focus on entering the experience of each partner and beginning to hypothesise as to the particular vulnerabilities and fears that are preventing secure attachment and emotional engagement within and between the partners (Johnson, 2004, p.115).

Step 2: Identifying the problematic interactional cycle that maintains attachment insecurity and relationship distress

Also in the early sessions, the therapist tracks and describes the typical sequence of interactions characterising the couple's distress. This entails analysing the couple's own accounts of typical problem interactions they experience, and observing these cycles when they are spontaneously exhibited in a session (Greenberg and Johnson, 1988, p.85). These prototypical reactions are termed 'markers' in more recent writings on EFT (Johnson, 2004). They can be intrapsychic or interpersonal and include emotional responses, marked lack of emotion, conveyed beliefs or disowning attachment issues – for example a wife complaining that her husband is a workaholic, but seeming reluctant to focus on her own sense of abandonment and loss (Johnson, 2004, p. 124).

The focus is on clarifying each partners expectations of how the other, as an attachment figure, will behave, and what emotions and behaviours stem from these expectations. These are related to the different attachment styles' patterns of social interaction and emotion-regulation strategies as described by Shaver & Clark (1994, p119), and highlighted by Johnson (1999, p. 370). For example, a wife who feels undesired and unloved by her husband describes her sense of hopelessness at ever getting a response from him, and therefore regularly withdraws from him without communicating her sense of loss and loneliness. He in turn feels excluded and responds with anger and contact-seeking behaviour. Once the therapist begins to develop a clear picture of the couple's cycle of interaction, the work can focus on exploring the partners' underlying feelings and needs as well as validating them (Greenberg & Johnson, 1988, p. 86).

Step 3: Accessing the unacknowledged emotions underlying interactional positions

This step is vital in terms of enabling any change in interactions (Greenberg & Johnson, 1988, p. 88). The therapist's task is to access the primary emotions that each client usually excludes from their own awareness, before using these emotional responses - and the associated attachment needs – to expand the context of the couple's problems (Johnson, 2004, p. 131). To do this, the therapist focuses on significant events that arouse strong emotion, facilitating reconstructions and enactments of the events in sessions and heightening the experience so that the couple become involved in it in the here and now (Greenberg & Johnson, 1988, p. 88). Clients are then exposed to a new synthesis of their emotional experience, in the presence of the other. At this stage of the process, the therapist's interventions convey acceptance and validation, to help create a secure base

within the therapy space for each partner to safely explore their emotional experience and connect with it more intensely (Johnson, 2004, p. 135).

Due to the focus on accessing and expressing emotions in the here and now, most partners experience this step of EFT as 'risky and anxiety provoking' (Johnson, 2004, p.141), as they face the uncertainty of revealing new aspects of self as well as their partner's unpredictable response to these (see Appendix II). However this is also accompanied by relief and a sense of hope when partners begin to experience how they unconsciously contribute to relationship patterns and can own their roles in this without feeling shamed or deficient. Through this process, the negative cycle becomes the common 'enemy', rather than the other partner (Johnson, 2004, p.143).

Step 4: Reframing the problem in terms of the cycle, the underlying emotions, and attachment needs.

Once underlying emotions have been accessed, this new awareness is used to redefine the couple's typical problem cycles (Greenberg & Johnson, 1988, p. 94). For example, a partner's withdrawal can now be understood as fear of criticism or of inadequacy, rather than intentional hurt to the other. The reframing includes the clients' experiences at the emotional, cognitive and behavioural level during the session, and according to Johnson it is 'highly credible' due to the fact that the new information is vividly experienced as authentic (Greenberg & Johnson, 1988, p. 95). This stage of the EFT process therefore involves focusing on the partners' emotional responses as they happen within the session, and on exploring the feelings in terms of their subjective meaning for each partner. Experiencing each other's expressions of emotions in this way enables clients to change their perceptions of what their partner's behaviour really means (Greenberg & Johhnson, 1988, p. 95).

By the end of the first four 'Cycle Deescalation' stages of the process, the couple should have arrived at a new 'meta-perspective' on the interactions causing them distress (Johnson & Whiffen, 1999, p.368). With this new reframing of behavioural problems and cycles as related to attachment needs, they should now have access to previously-disowned emotions and, with the therapeutic alliance functioning as a crucial 'secure base', they are able to begin to express these to each other.

Chapter 2: Fostering Emotional Availability and Secure Attachment within the Couple

Once a couple's problematic cycle has been identified and reframed in terms of attachment insecurity, and their related emotions accessed, the therapeutic task moves into changing the interactional positions between the partners (Johnson and Whiffen, 1999, p.368). To achieve this, the 'withdrawing' partner needs support to reengage in the relationship, while the 'pursuing' or 'blaming' partner is supported to 'soften', and express their need for engagement from a position of vulnerability, not anger (Johnson and Whiffen, 1999, p.368). With this new emotional engagement a trusting, safe haven or 'secure base' can be found within the couple, and new bonding events and behaviour patterns can occur. Outlined below are the final five steps required to heal attachment wounding and foster the development of this secure base, seen by attachment theory as the fundamental prerequisite to developing a healthy couple relationship.

Changing Interactional Positions

Step 5: Promoting identification with disowned needs and aspects of self

This constitutes an important transition or 'watershed' in the process, where the couple recognises and acknowledges the cycle being kept in place by their disowned needs and emotions. Here, attachment longings and desires become clearly expressed (Johnson, 2004, p.148). As the couple re-enact their cycle – either spontaneously in a session or choreographed by the therapist – they are encouraged to connect with their primary emotions rather than automatic defensive responses (Greenberg & Johnson, 1988, p. 96). The therapist heightens the emotional responses so that clients can fully experience and engage with them (Johnson, 2004, p.155). This is done by repeating the partners' statements, seeking clarification, and directing them to consider expressing their needs directly to each other in the session. There is a shift in each partner's position in the cycle when previous expectations are confounded and they connect with each other in more vulnerable and emotionally honest states (Greenberg & Johnson, 1988, p. 97). This stage therefore involves not only a change in how the partners experience each other, but an important shift in how each partner experiences themself and their own identity, as they have been able to express their true needs in the presence of the other instead of acting out their role in the negative cycle. The partners' images of self and other are therefore now open to modification.

The research has shown that the more withdrawing or submissive partner is usually one step ahead of the pursuing or blaming partner in the process (Greenberg & Johnson, 1988, p. 98), and this is taken into account by the therapist in deciding which partner's experience to focus on at a given moment. For example, a withdrawing husband first recognises his repressed anger and expresses it in terms of his sense of inferiority and desire for acceptance. He is then present and accessible to engage with in the relationship in a new way, and the therapist can focus on encouraging the pursuing or blaming wife to reach out from a new position of vulnerability.

Step 6: Promoting acceptance of the partners' new construction of experience and of new responses by the other spouse

The therapist now works to support the couple beginning to accept and incorporate the new experience of their partner, and to respond to the partner's new behaviour. The challenge is to facilitate a shift from the partners' distressed experience of each other as adversaries, despite the presence of great fears, resentment, and absence of trust (Johnson, 2004, p. 148). Where there are difficulties in acceptance or escalations of blaming from one partner, the therapist focuses on their view of self and past experience in their family of origin to explain how they relate to the present interactions. Techniques such as empathic interpretation are particularly used in this step, to clarify partners' experiences and overcome any difficulties they may have in responding to the new images of each other. This involves ascribing meaning to the emotions experienced in the session, or placing them in the context of attachment needs and fears (Johnson, 2004, p. 157-158).

Step 7: Facilitating the expression of specific needs and wants and creating emotional engagement

The new emotional experiences are used to restructure the relationship at this next stage in the process. New kinds of attachment behaviours and interactions are fostered here. Having processed emotional experiences in Step 5, and experienced the interactions of Step 6, the seventh step involves each partner expressing their needs and wants from new interactional positions. For example, a husband who previously stated that he felt small and inept and fearful of his wife leaving him, now shifts into communicating that he is tired of feeling numb and tells his wife he wants her to stop threatening to leave him. If his partner is able to join him at this level of speaking from true emotional experience, a new bonding event can occur, which helps to redefine the relationship as a secure base (Johnson, 2004, p. 173). Once this stage has been worked through the couple can move on to the last two, termination steps, in which the secure base is consolidated. , 2004, p. 187).

Consolidation and Integration

Step 8: Facilitating the emergence of new solutions to old problematic relationship issues

With the change events that have taken place in the previous steps, the couple now have the option to take up new positions towards each other and respond more flexibly (Johnson, 2004, p.187).The therapist helps to clearly define the new solutions and positive patterns of interacting, while also working to diffuse any possible barriers to positive responding (Greenberg & Johnson, 1988, p.102). Having expressed their greatest attachment insecurities and experienced each other as more accessible, everyday pragmatic issues are no longer an arena for playing out the couple's core emotional and power struggles (Johnson, 2004, p. 188). Disagreements are now at the level of ''I have a different opinion on this to yours,'' rather than "you always ignore me; I am a victim in this relationship'' (Greenberg & Johnson, 1988, p. 103). The new sense of security and trust lets partners stay engaged in discussing any issues, and less time and energy is spent dealing with distressing emotions and defending against vulnerabilities. This means the couple is now free to define any relationship problems differently and can deal with them together as a team. The therapist reinforces new and positive engagements in the session, and each new positive responsiveness cycle contributes to strengthening the couple's bond.

Step 9: Consolidating new positions and cycles of attachment behaviour

This final therapy stage focuses on strengthening and integrating the changes made in therapy into the couple's everyday life, and each partner's sense of self. Just as the therapist previously caught the couple in action exhibiting their negative cycle, now the therapist can capture and highlight the moments when new and constructive patterns of interaction are unfolding within the session (Johnson, 2004, p.191). The therapist helps the couple to review the therapy process and how they have transitioned into a new way of relating to each other, clarifying changes and discussing future goals in the relationship. In constructing this new narrative the therapist also discusses the possibility of relapse occurring when the couple is under stress and reviews specific ways they have found to exit the cycle that can be used in future (Greenberg & Johnson, 1988, p. 104). The relationship is now reframed, and experienced, as a secure base that provides protection and nurturing for the couple, from which they can now freely explore the world.

Chapter 3: Assessing the Application of Attachment Theory to Emotionally Focused Therapy for Couples

This Chapter reviews the literature available on EFT to assess the strengths and weaknesses of this approach, and what additional tools, if any, it brings to the practice of psychotherapy with couples. It also draws on more recent work on attachment theory in psychotherapy, in order to assess any gaps in how EFT applies attachment theory to clinical practice.

A review of the literature on EFT for couples from over thirty years has shown there is a considerable body of writing on the theory and practice of this approach, with an ongoing focus on researching its application and efficacy in clinical practice. Its clinical efficacy has been well documented (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998), and it is seen as an effective treatment for assisting distressed couples. A more recent article on process research on EFT for couples (Greenman & Johnson, 2013) confirms there is a continued emphasis on developing this body of research which can in turn inform clinical practice and the training of EFT practitioners. Indeed this article, written by an EFT founder and practitioner, claims that, in a wider field where there is little evidence to link the process of therapy to successful outcomes (Halford & Snyder, 2012, cited in Greenman & Johnson, 2013, p.1), EFT constitutes one of the few exceptions, as it provides substantial empirical evidence of lasting treatment effects (Greenman & Johnson, 2013, p.47). This is confirmed in Gurman's Clinical Handbook of Couple Therapy, which compares different couples therapy approaches and gives a favourable critical assessment of EFT as a 'model of intervention for the new millennium' (Gurman, 2008, p. 133).

The emphasis on useful tools and information to inform clinical practice also stood out in the literature. While couple therapy is generally acknowledged to be a complex interpersonal process presenting the challenge of holding more than one individual's emotions, the availability of a practical handbook on EFT directed at couples themselves, produced in the popular 'For Dummies' series (Bradley & Furrow 2013), demonstrates the accessibility and practical application of this approach to resolving relationship problems. Designed in a simple, pedagogical style and containing numerous exercises, examples, tools and information, the guide makes the practical work of EFT accessible to people seeking to do the work themselves. The emphasis on developing and improving EFT in practice can also be seen in the different clinical applications that are covered in the literature. EFT has been further elaborated to address couples with a variety of presenting issues and client groups, including

the following examples: trauma and Post-Traumatic Stress Disorder (Greenman, 2013; Johnson & Williams-Keeer, 1998); breast cancer (Naaman, Johnson & Radwan, in review); infidelity (Johnson, 2005); depression (Dessaulles, Johnson & Denton, 2003); chronic illness in a partner or in children (Knowal, Johson & Lee, 2003 and Clothier, Walker & Johnson, 2002); bulimia (Johnson, Maddeaux & Blouin, 1998); childhood sexual abuse survivors (Macintosh & Johnson, 2008); and finally the applicability of EFT to lesbian couples (Hardtke, Armstrong & Johnson).

What particular aspects of EFT contribute to this apparent success? One of the most salient aspects of the literature in terms of success factors was the focus on facilitating a corrective emotional experience in the process, in order to achieve sustainable change. While other therapy approaches may have a similar focus on expressing emotions in the here and now, the explicit focus in EFT on emotions as arising from unmet or disowned attachment needs is central to shaping the process. As discussed at the outset, the primal, evolutionary survival nature of attachment needs contributes to the power they hold over a person's behaviour, and the insight that is achieved by partners knowing this, appears to help firstly to alleviate self-blame or guilt at their own behaviour, and secondly to understand the other partner's behaviour towards them. In addition, the understanding that much of the couple's distressing behaviour and emotions comes from a past experience of not having core attachment needs met means that attention is shifted away from surface, every-day problem-solving towards working on fundamentally shifting the underlying engagement patterns. Both the cognitive reframing of problems in terms of attachment needs, and the resulting corrective emotional experience, therefore constitute a large part of the uniqueness of EFT for couples.

In relation to attachment theory, the literature confirms that EFT's formulation of adult love as attachment relationships is consistent with recent research on couple distress and satisfaction (Gurman, 2008, p.111), giving it a strong theoretical foundation. In addition, while attachment theory informs many practitioners in their clinical practice to varying degrees, EFT appears to stand out as the only couples-therapy approach that draws directly on attachment theory to outline such a specific process of intervention, designed to engage the partners with different attachment insecurities at various times in the process, and with the explicit goal of fostering the creation of a secure base within the couple.

However, while the EFT literature takes into account the three main categories of adult insecure attachment styles - anxious-preoccupied, dismissive-avoidant and fearful-avoidant – and distils the related behaviours into the two primary tendencies of withdrawing and pursuing, this is arguably an over-simplification. Indeed, the EFT theorists themselves identify

various specific tendencies and behaviours in addition to pursuing or withdrawing as related to partners of particular genders with particular attachment styles (Johnson & Zuccarini, 2010). For example, men with avoidant attachment styles have been shown to focus more on the physical aspects of sex, have more positive attitudes to casual, emotionless sex or 'one night stands', and generally favour short-term mating strategies (Gillath & Shachner, 2006, in Johnson & Zuccarini, 2010, p.5). There appears to be an argument, therefore, for further developing the core EFT treatment manuals to incorporate more specific information and strategies related to the three different insecure attachment styles, as well as elaborating more on gender-based tendencies, rather than focusing exclusively on withdrawer-purser dynamics.

Aside from addressing insecure adult attachment styles derived from traditional attachment theory of Bowlby and Ainsworth, EFT also appears to address six other core 'domains' of attachment theory that have been identified in more recent research on attachment theory and psychotherapy (Holmes, 2001, pp.7-16): The 'secure base' is the explicit treatment goal; 'exploration and enjoyment' are facilitated once this goal is achieved; 'protest and anger' are expected and dealt with in the process; 'loss' and threatened loss are addressed throughout as the underlying anxiety creating relationship distress; the 'internal working models' or schemas of the different attachment styles are centrally incorporated in the process; and finally, 'reflexive function and narrative competence' are addressed throughout with the therapist helping the couple to construct their own narrative of their distress as well as the positive change process they have participated in.

However, contemporary research on attachment theory has also developed a greater emphasis on the need for self-regulation and affect-regulation by the individual, incorporating the most recent neurological and biological research findings. The importance of the capacity for self-soothing where partners are emotionally unavailable or unwilling to engage has been recognised by EFT (Goldman and Greenberg, 2013, p.16), however thus far this has only been addressed in terms of working with individual core emotions and self-image through cognitive reappraisal. Attachment literature, however, identifies specific self-regulation practices such as mindfulness, self-soothing and relaxation techniques as useful in helping to update and expand the rigid internal schemas of insecure attachment (Wallin, 2007, p.308). Wallin further highlights the physiologically soothing benefits of mindfulness practice, which can help with affect regulation, mentalizing and attachment by regulating the amygdala activity and sympathetic nervous system in the same way that a secure relationship does. The meditator gains confidence in their ability to control their disturbing thoughts, feelings or physical sensations, rather than pushing them away in the avoidant / dismissive style, or

getting caught up in them in the anxious / preoccupied style (Wallin, 2007, p.162). Such practices could add value to the practice of EFT should they be incorporated.

More recent work has also reframed attachment insecurity as a form of ‘developmental trauma’ that has both phsychological and biological consequences (Heller & LaPierre, 2012), placing even greater emphasis on the somatic nature of attachment distress and the need for body-focused therapeutic interventions. Heller and LaPierre have developed a ‘NeuroAffective Relational Model’ (NARM) which integrates attachment theory with more recent scientific research and elaborates its own model of ‘adaptive survival styles’ that evolve from developmental or attachment trauma. It offers an integrative approach to regulating the nervous system and resolving the various ‘identity distortions’ resulting from such relational trauma. While EFT specifies particular interventions for creating a safe working environment with trauma survivors, it could benefit from exploring ways to integrate some of these contemporary reformulations of attachment as developmental trauma and the current research on effective somatic interventions.

Conclusion

The Emotionally Focused Therapy practitioners and authors are persuasive in presenting EFT for couples as a clearly-defined, complex yet practical approach to resolving couple distress that is also constantly improving itself from within. They demonstrate rigour in seeking to identify the weaknesses and shortcomings of the approach in order to bolster the growing evidence for its efficacy and clinical applicability to diverse cases.

Grounded in attachment theory, the particular clinical application of EFT as a defined process that facilitates corrective emotional experiences within the couple and fosters secure attachment seems to be a unique strength of this approach. It brings attachment experiences to life in a way that has clear benefits for resolving couple distress, and offers a useful roadmap for clinical practitioners. Going beyond the surface of everyday problems, EFT addresses the core disowned and unmet attachment needs that are causing distress, promoting intra-psychic emotional change in the individual partners and fundamentally shifting the interactional patterns between them. Reframing the relationship as a secure base leaves the couple in a more resilient position to face any future relapses or stresses on the relationship.

The central focus on withdrawer-pursuer dynamics can, however, be seen as an over-simplification. There is an argument for including interventions designed to address specific behaviours and needs of the three different insecure adult attachment styles, as well as elaborating more on gender-based tendencies.

More contemporary developments in attachment theory highlight the importance of working with insecurely-attached individuals on their own affect regulation as well as couple-focused interventions, something which EFT does not appear to address. The EFT process could be developed to include working with the individual partners to develop self-regulation practices such as mindfulness and relaxation techniques.

Furthermore, more recent approaches have incorporated neurological and biological research and reframed insecure attachment as a form of developmental trauma that leaves both psychological and physical sequelae. This raises the need for somatic or body psychotherapy interventions to address the nervous system and other deregulations resulting from such childhood relational trauma. It would be of interest to explore how aspects of these approaches could enhance the clinical practice of EFT.

Bibliography & References

Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, Exploration, and Separation: Illustrated by the Behavior of One-Year-Olds in a Strange Situation. *Child Development*, *41*(1), 49–67.

Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal Of Consulting And Clinical Psychology*, *66*(1), 53–88.

Berdondini, L., Elliott, R., & Shearer, J. (2012). Collaboration in Experiential Therapy. *Journal of Clinical Psychology*, *68*(2), 159–167. doi:10.1002/jclp.21830

Bowlby, J. (1969). *Attachment and Loss: Volume 1: Attachment*. London: Hogarth Press

Bradley, B., & Furrow, J. (2013). *Emotionally Focused Couple Therapy For Dummies* (1 edition.). For Dummies.

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, *28*(5), 759–775. doi:10.1037/0012-1649.28.5.759

Byrne, M., Carr, A., & Clark, M. (2004). The Efficacy of Behavioral Couples Therapy and Emotionally Focused Therapy for Couple Distress. *Contemporary Family Therapy: An International Journal*, *26*(4), 361–387. doi:10.1007/s10591-004-0642-9

Clothier, P., Manion, I., Gordon Walker, J., & Johnson, S.M. (2002) Emotionally Focused Interventions for Couples with Chronically Ill Children: A two-year follow-up. *Journal of Marital and Family Therapy*, 28, 391-399.

Dessaulles, A., Johnson, S.M. & Denton, W. (2003). The Treatment of Clinical Depression in the Context of Marital Distress. *American Journal of Family Therapy,* 31, 345-353.

Emotion-Focused Therapy | Spectrum Health | Psychology Treatment | Dublin & Kildare |. (n.d.). *Spectrum Health*. Retrieved 20 December 2013, from http://www.spectrumhealth.ie/injury_or_condition/emotion-focused-therapy-eft/

Fitzgerald, R. *How healthy is marriage in Ireland?* Retrieved 20 December 2013, from Irish Catholic website http://www.irishcatholic.ie/article/how-healthy-marriage-ireland

Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York, NY US: Guilford Press.

Greenman, P. S., & Johnson, S. M. (2013). Process research on Emotionally Focused Therapy (EFT) for couples: Linking theory to practice. *Family Process*, *52*(1), 46–61. doi:10.1111/famp.12015

Greenman, P.S., & Johnson, S. M. **(**2012) United We Stand: Emotionally Focused Therapy (EFT) for Couples in the Treatment of Posttraumatic Stress Disorder. *Journal of Clincal Psychology: In Session,* 68 (5), 561-569

Goldman, R. N., & Greenberg, L. (2013). Working with identity and self-soothing in Emotion-Focused Therapy for Couples. *Family Process*, *52*(1), 62–82.

Gurman, A. S. (2008). *Clinical Handbook of Couple Therapy, Fourth Edition* (4th edition). New York: The Guilford Press.

Hardtke, K. K., Armstrong, M. S. & Johnson, S. M. (2010). Emotionally Focused Couple Therapy: A Full Treatment Model Well-Suited to the Specific Needs of Lesbian Couples. *Journal of Couple and Relationship Therapy,* 9, 312-326.

Heller, L. & Lapierre, A. (2012). *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship* (1 edition.). North Atlantic Books.

Holmes, J. (2001). *The Search for the Secure Base: Attachment Theory and Psychotherapy*. Hove, East Sussex ; Philadelphia, PA: Routledge.

International Centre for Excellence in EFT, Accessed 9 May, at http://www.iceeft.com/index.php/resources/51-articles

Johnson, S. M. (2004). *The Practice of Emotionally Focused Couple Therapy: Creating Connection* (2 edition.). New York: Routledge.

Johnson, S.M. (2005) Broken Bonds: An Emotionally Focused Approach to Infidelity. *Journal of Couple & Relationship Therapy*,4, 17-29

Johnson, S. M. (2009). Attachment theory and emotionally focused therapy for individuals and couples: Perfect partners. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults.* (pp. 410–433). New York, NY US: Guilford Press.

Johnson, S. M., & Greenberg, L. S. (1987). Emotionally focused marital therapy: An overview. *Psychotherapy: Theory, Research, Practice, Training*, *24*(3S), 552–560. doi:10.1037/h0085753

Johnson, S. M., & Greenberg, L. S. (1992). Emotionally focused therapy: Restructuring attachment. In S. H. Budman, M. F. Hoyt, & S. Friedman (Eds.), *The first session in brief therapy.* (pp. 204–224). New York, NY US: Guilford Press.

Johnson, S. M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy*, *23*(2), 135–152. doi:10.1111/j.1752-0606.1997.tb00239.x

Johnson, S. M., & Whiffen, V. E. (1999). Made to measure: Adapting emotionally focused couple therapy to partners' attachment styles. *Clinical Psychology: Science and Practice*, *6*(4), 366–381. doi:10.1093/clipsy/6.4.366

Johnson, S. M., Hunsley, J., Greenberg, L., & Schindler, D. (1999). Emotionally Focused Couples Therapy: Status and Challenges. *Clinical Psychology: Science & Practice*, *6*(1), 67.

Johnson, S. M., Maddeaux, C., & Blouin, J. (1998). Emotionally focused family therapy for bulimia: Changing attachment patterns. *Psychotherapy: Theory, Research, Practice, Training*, *35*(2), 238–247. doi:10.1037/h0087728

Johnson, S.M. & Williams-Keeler, L. (1998) Creating Healing Relationships for Couples Dealing with Trauma: The Use of Emotionally Focused Marital Therapy. *Journal of Marital and Family Therapy*, 24, 25-40

Kowal, J., Johnson, S. M., & Lee, A. (2003). Chronic illness in couples: A case for emotionally focused therapy. *Journal of Marital and Family Therapy*, *29*(3), 299–310. doi:10.1111/j.1752-0606.2003.tb01208.x

MacIntosh, H. B., & Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy*, *34*(3), 298–315. doi:10.1111/j.1752-0606.2008.00074.x

Minuchin, P. (2002). Cross-cultural perspectives: Implications for attachment theory and family therapy. *Family Process*, *41*(3), 546–550. doi:10.1111/j.1545-5300.2002.41316.x

Naaman, S., Johnson, S. & Radwan, K. (in review) Evaluation of the Clinical Efficacy of Emotionally Focused Therapy on Psychological Adjustment of Couples Facing Early Breast Cancer. *International Journal of Family Medicine*

Prior, V., & Glaser, D. (2006). *Understanding attachment and attachment disorders: Theory, evidence and practice*. London England: Jessica Kingsley Publishers.

Rogers, C. R. (1951). *Client-centered therapy: its current practice, implications and theory*. London: Constable.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*(3), 511–524. doi:10.1037/0022-3514.52.3.511

Shaver, P. R., & Hazan, C. (1988). A biased overview of the study of love. *Journal of Social and Personal Relationships*, *5*(4), 473–501. doi:10.1177/0265407588054005

Wallin, D. J. (2007). *Attachment in Psychotherapy* (1 edition.). New York: The Guilford Press.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York, NY US: Guilford Press.

Appendix I: The process of change in EFT: nine steps in three stages

The description below is an extract from Johnson, S. M., & Whiffen, V. E. (1999). Made to measure: Adapting emotionally focused couple therapy to partners' attachment styles. *Clinical Psychology: Science and Practice*, *6*(4), 366–381. doi:10.1093/clipsy/6.4.366.

The process of change in EFT has been delineated into nine treatment steps. The first four steps involve assessment and the de-escalation of problematic interactional cycles. The middle three steps emphasize the creation of specific change events where interactional positions shift and new bonding events occur, The last two steps of therapy address the consolidation of change and the integration of these changes into the everyday life of the couple.

The therapist leads the couple through these steps in a spiral fashion, as one step incorporates and leads into the other. In mildly distressed couples, partners usually work quickly through the steps at a parallel rate. In more distressed couples, the more passive or withdrawn partner is invited to go through the steps slightly ahead of the other. The increased emotional engagement of this partner then helps the other, often more critical and active partner, to shift to a more trusting stance.

The nine steps of EFT are as follows:

Stage 1 - Cycle Deescalation

Step 1. Assessment: creating an alliance and explicating the *core* issues in the couple's conflict using an attachment perspective.

Step 2. Identifying the problem..atic interactional *cycle* that maintains attachment insecurity and relationship distress.

Step 3. Accessing the unacknowledged emotions underlying interactional positions.

Step 4. Refraining rhe problem in terms of the *cycle,* the underlying emotions, and attachment needs.

The goal by the end of Step 4 is for the couple to have a meta-perspective on their interactions. They are framed as unwittingly creating, but also being victimized by, the patterns of interaction that characterise their relationship. This is a first-order change

(Watzlawick, Weakland & Fisch, 1974). Partners' responses tend to be less reactive and more flexible, but the organization of the dance between the partners has not changed. If therapy stops here, the assumption is that the couple will tend to relapse.

Stage 2 - Changing Interactional Positions

Step 5. Promoting identification with disowned attachment needs (such is the need for reassurance and comfort) and aspects of self (such as a sense of shame and unworthiness) and integrating these into relationship interactions.

Step 6. Promoting acceptance of the partners' new construction of experience and his or her new responses by the other spouse.

Step 7. Facilitating the expression of specific needs and wants and creating emotional engagement.

The goal by the end of Step 7 is to have withdrawn partners reengaged in the relationship and actively stating the terms of this reengagement and to have more blaming partners "soften." In a softening, those partners ask for their attachment needs to he met from a position of vulnerability, a position that pulls for responsiveness from their partner. This latter event has been found to be associated with recovery from relationship distress in EFT (Johnson &. Greenberg, 1988). When both partners have completed Step 7, a new form of emotional engagement is possible and bonding events can occur. These events are usually fostered by the therapist in the session, but also occur at home. Partners are then able to confide and seek comfort from each other, becoming mutually accessible and responsive. Accessibility and responsiveness have been identified as the two key elements that define a relationship as a secure bond (Bowlby, 1988). At this stage of therapy, for example, a withdrawn spouse might access his deep distrust of others, his own longings to be close, and his fear-driven need to stay "numb." He might then move to formulating and asserting his needs and what he requires in order to become more engaged with his wife. The therapist then would support his wife to hear and respond to his new behaviors.

Stage 3 - Consolidation and Integration

Step 8. Facilitating the emergence of new solutions to old problematic relationship issues.

Step 9. Consolidating new positions and cycles of attachment behavior:

The goal here is to consolidate new responses and cycles of interaction by, for example, reviewing the accomplishments of the partners in therapy, and to support the couple to solve concrete problems that have been destructive to the relationship. This is often relatively easy since dialogues about these problems are no longer infused with overwhelming negative affect and issues of relationship definition. The specific interventions particularly associated with each step are outlined in the literature (Johnson, 1996, 1999).'

Appendix II: Sample notes and dialogue from an EFT for couples session

The notes and dialogue below are reproduced from: Johnson, S. M. (2009). Attachment theory and emotionally focused therapy for individuals and couples: Perfect partners. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults.* (pp. 410–433). New York, NY US: Guilford Press.

This extract outlines a key moment of change as well as demonstrating some of the EFT interventions.

No Touch: Notes from a Couple Session

Alexis and Keith were a highly intellectual professional couple; they had been married for 15 years, and had two children ages 8 and 6. Ten years ago, they had emigrated to Canada and left all their family and friends in another country. They were extremely easy to create a positive alliance with. They arrived for the first session displaying a dance of mutual withdrawal after a recent fight. During the fight, Keith had insisted that Alexis change her hair before they left for a party together, but she refused. He then told her that if she did not change her hair, she did not love him, and they should separate. The tiff made them realize how alienated from each other they had become, and this scared them.

Among couples, the content of fights is typically irrelevant; the strong emotions embedded in attachment themes are the heart of the matter. Such was the case with Keith. Keith reported that he had lost his wife when the first child was born. He withdrew into his work, felt more and more rejected by Alexis, and as a result asked for less and less connection. Similarly, Alexis had felt rebuffed and isolated by Keith's "irritability." To cope, she "built a wall" around herself, dealing with every issue by staying "in control" and analyzing everything in her head. The couple had not made love in 2 years and described their lives as "empty routine." After seven sessions, during which their negative cycle of angry withdrawal by Keith followed by numbing and distancing by Alexis had been articulated and framed as the enemy that kept each partner isolated and anguished, Keith began to open up and express his "loss" of Alexis to motherhood. He was able to express his hurt, his fear of asking for connection, and his "automatic shutdown" that occurred whenever he felt shut out by her. He experienced his wife as "behind glass," and expressed his "loneliness" and his need for reassurance. Alexis was quite responsive to Keith's frankness, and soon after, the partners resumed their sexual relationship and began to confide in each other. Keith shared that he felt "abandoned" by her in favor of the children, and that this paralleled his experience with his distant parents. He

also felt “judged” by her. As a result of these disclosures, he became more accessible and responsive and was able to share his needs with Alexis.

The goal was now to help Alexis experience and be moved by her attachment emotions, and to engage more intimately with her partner. She articulated that she had had an unpredictable and verbally abusive home life as a child and wanted harmony at whatever price. She found negative emotions very disturbing, and to cope she habitually “numbed them out.” As in many other couples, her habitual way of dealing with key emotions in childhood specifically shaped the way she engaged with her spouse, especially in the context of closeness and vulnerability. Let us take a small segment of her key responses and examine how I attempted to work with them to produce a *softening* change event in EFT. In a softening event, a previously distant or critical spouse risks engaging with his or her newly responsive partner (who has already reengaged) from a position of vulnerability, and asking for his or her attachment needs to be met in a way that elicits a positive response from the partner. This event results in mutual accessibility and responsiveness, and in moments of secure bonding that transform the relationship.

Again and again Alexis returned to the incident of the fight about how she wore her hair to the party, so we stayed there and mined the moment. As I helped her focus on her feelings, the process flowed as follows:

Alexis: I am numb, barren as a desert. I have just put my feelings aside. Under control. I was the pillar in my family. I kept everyone together. But that night it felt awful. I felt so vulnerable. There was no sense of being desired. He didn’t think I was beautiful. He could just turn away.(*Weeps.*)

Therapist: In that moment you could not numb out. You were so vulnerable,and what you heard was that he did not want you, need you. He turned away.

Alexis: (*Nods.*)

Therapist: You were not desired—have not felt desired—but rejected—alone.

Alexis: I am so lonely, and I am inhibited. It is hard for me to show myself.

Therapist: Ah-ha. Hard to show that soft side. That vulnerability, that longing to be desired. Can you ask, Alexis? Can you ever ask Keith for reassurance, attention, touch? Can you ask for a hug?

Alexis: (*Recoils in chair, shakes head, and cries.*)

Therapist: I see the answer is no—no? That would be too hard, too risky?

Alexis: (*Nods.*)

Therapist: It's too scary to reach out and ask?

Alexis: I have built a wall. It is scary. I can't touch him. We didn't touch for months and months.

Therapist: It is too hard to feel all that longing to be desired, to feel so lonely, so vulnerable. And to reach, to ask, to show him you and your need?

Alexis: Yes. I can't do it. (*Puts face in hands.*) So I just numb out. Go in my head and try to stay calm.

Therapist: Yes. It's overwhelming to feel this vulnerable, so you shut down, and Keith then feels shut out.

Keith: (*Nods in agreement.*)

Therapist: And he gets angrier and more distant. And you feel more rejected and put up more of a wall. This is the dance that took over your relationship and has left you both alone. Keith, how do you feel as your wife talks about this? How scary it is for her to even protest your distance, to call out for you, to reach for you?

Keith: It is so sad. It's sad. We got so caught in that. I want her to be able to reach for me.

Alexis: But you are so silent. And we do not touch. I cannot.

Therapist: What does the silence say to you, Alexis?

Alexis: That he does not even like me. And the only safety is in me—to stay in my head so I have . . . silence is so awful. (*Turns to Keith.*) You shut me out too.

Keith: I did shut you out. In those fights we had years ago, I heard that you despised me. Like we talked about here. I heard that I had failed, felt I had lost you to the kids, felt left out. But we are here now.

Therapist: What you are saying, Keith, is that you both went behind walls, and now you want to reach out and get Alexis to risk, to trust, to let you in, to ask for the love she needs?

Keith: (*Stares at Alexis intently, leans forward.*) Yes, yes.

Therapist: Can you tell her, please? (*Here I am setting up an enactment where the attuned and responsive partner reaches out and encourages the more fragile partner to risk connecting with attachment needs and sending clear attachment signals.*)

Keith: I want you to risk with me. I don't want you to be lonely. I don't want to be lonely. I want you to trust me, to support you. I don't want to lose you. I want you to be able to ask. I will be there. So you can ask for a hug, maybe?

Alexis: That is terrifying. To ask for a hug, to ask to be held. I can't do that. Being that open in my family . . . well . . . (*Throws up her arms.*)

Therapist: That was suicide in your family, yes? The only safety was in shutting down. It would be like being naked to ask—exposed. What happens to you when Keith asks you to risk? Can you look at him?

Alexis: (*Looks at Keith.*)

Therapist: What happens when he says, "Risk with me, trust me, ask me"?

Alexis: (*Long silence*) I hear it a long way off. (*Cries.*) I do need him. (*Turns to Keith.*) I want to let you in, but it's so scary. We have to go slow. It's sad that I just can't ask.

Therapist: Yes. All those lonely years—in your family and with Keith. What was the word you used a few weeks ago? All that "lonely anguish." Maybe even doubting that you were entitled, deserved, had a right to ask for his touch, his love? (*Alexis weeps and nods.*) So can you tell him, "I want to let you in, but it is so scary"?

Alexis: Yes. (*Turns to Keith and says in a very soft voice:*) I do need you, but it's so hard to say it.

Keith: (*Stands up and holds her.*)

I then replayed and helped the couple process this event, distilling meanings and validating attachment needs. The responsiveness in this kind of softening event offers an antidote to negative cycles of interaction that foster insecurity and alienation. As emotions—the music of the attachment dance—change, so do the dance and the dances. Individual and interpersonal change occurs in such events, and the events themselves are associated with positive outcomes and recovery from distress in EFT. They are so powerful that they appear to revise models of self and other and to create new ways of dealing with attachment needs.

Understood this way, softening events may explain the low rates of relapse in EFT even among at-risk couples (Clothier, Manion, Gordon-Walker, & Johnson, 2002). The therapist uses the attachment figure, attachment emotions, and needs as they arise to help each person reach past his or her habitual ways of dealing with emotion and engaging others. Perhaps couple therapy can be so powerful precisely because the main attachment figure is present in the room; the dramas of attachment and self-definition are immediate. This is in contrast to more analytic or even psychodynamic interventions, where much time must be spent in engaging emotions and eliciting key habitual responses.