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Attachment Theory

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Name of Theory

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Introduction

In the last several decades, attachment theory has provided couple and family therapists and researchers with a map for understanding love and bonding in couple and family relationships. The science of attachment has grown tremendously and now has a large base of research support from the fields of social psychology, development, and neuroscience.

Prominent Figures

British psychiatrist John Bowlby (1907–1990) outlined the basic theory of attachment: a developmental understanding of personality with a focus on emotion regulation in his trilogy on Attachment and Loss (1969–1982).

Mary Ainsworth helped Bowlby create the Strange Situation research paradigm where a mother leaves a baby alone with a stranger for a few minutes and the babies' responses are coded on reunion. This allowed the normative and individual differences principles of attachment to be outlined.

Since the late 1980s, adult attachment has been outlined by North American researchers such as Mary Main, Phil Shaver, and Mario Mikulincer.

Description

John Bowlby was arguably the first family therapist, writing his book *Forty-Four Juvenile Thieves* in 1944. He crafted the main principles of attachment theory after studying the effects of World War II on orphans and widows, rebelling against the analytic teachings of his time: Bowlby believed his own observations that it was emotional experiences in real relationships – rather than intrapsychic fantasies and conflicts – that shape how we deal with emotions, create our models of self and other, and habitually engage with loved ones. He laid out the theory in his trilogy on attachment and loss (Bowlby 1969, 1973, 1982).

Attachment theory has seven basic principles that are now supported by hundreds of studies on child–parent and adult–partner bonding. This theory has already revolutionized understanding of the task of parenting and the emotional needs of

children and is now being applied to the field of adult romantic bonds. The first central tenet of attachment theory is that seeking and maintaining contact with significant others is an innate and primary motivating force in human beings at all phases of the lifespan. Dependency is an innate part of being human, not a sign of enmeshed relationships, immaturity, or of lack of differentiation from others. Rejection and emotional isolation are inherently traumatizing and coded as danger cues by a nervous system wired for close connection with trusted others. New research in neuroscience suggests that this connection is the baseline condition for coping and survival assumed by our mammalian brain; human beings are indeed bonding animals (Coan 2016). Attachment research began with infants and mothers but adult bonding research has now grown to more than 500 studies (Mikulincer and Shaver 2007). In adults, the sense of connection with loved ones can be maintained more readily on the cognitive, representational level. For example, one might hear a partner's reassuring voice in one's head before going into a challenging interview, but contact is still a primary need. This need appears to be universal across cultures, although it may be expressed somewhat differently in different contexts. The bonds of love are viewed here as an ancient wired-in survival code designed to keep those we depend on close to us, especially at times of vulnerability or perceived danger and to provide a felt sense of expansive safety where we can grow and thrive.

The second principle is that a felt sense of secure connection offers a *safe haven* where one can find comfort and reassurance with trusted others. This sense of safety and support allows humans to find and maintain a sense of emotional balance in the face of challenges and uncertainties. This inner sense of security arises from repeated interactions with key loved ones who respond when called. Houston's research on predictors of success in newlyweds finds that emotional responsiveness is indeed the best predictor of future relationship satisfaction (Houston et al. 2001).

The third principle – based on observations that children who can turn to and take in comfort

from their mothers are much more likely later in life to move away, take risks, and explore their universe – is that secure connection with others offers us a *secure base* from which to take on the world. Constructive dependency makes people stronger. Feeney (2007) found that young career women who could turn to and confide in their partners took more risks, felt more confident, and reached their career goals faster. The evidence that a combination of a safe haven and a secure base fosters resilience in the face of threat and challenge is considerable (summarized in Mikulincer and Shaver 2007). This perspective suggests that members grow and differentiate *with* each other rather than *from* each other. A felt sense of secure connection is seen as the best route to confident autonomy – a state that is often a key goal in family therapy, especially with adolescents. The *secure base* provided by a loving attachment figure encourages a cognitive openness to new information and promotes the confidence necessary to risk, learn, and continually update models of self and others, so that adjustment to new contexts is facilitated. It also strengthens the ability to stand back and reflect on oneself, including one's behavior and mental states (Fonagy et al. 2016).

The fourth principle of attachment defines the core variables that define a secure or less secure bond and therefore the quality of couple and family relationships. It is worth noting that this principle privileges emotion and recognizes that emotional communication – the music of the dance between intimates – organizes key relationship defining interactions. Bowlby always stressed the importance of emotion and that turning to others is the foundational way in which we regulate our own emotions, especially fear. Attachment research suggests that the core question in bonding relationships is, “Are you there for me when I need you”? This question really contains three elements: emotional *Accessibility (A)*, *Responsiveness (R)*, and *Engagement (E)*. This finding is invaluable for intervention in that it tells the therapist what has to happen to create significant change in family relationships; emotional disconnection has to be contained and emotional presence in the form described above

enhanced to shape more secure supportive bonding interactions. The attachment perspective focuses therapy on issues of connection and disconnection and allows for the active validation of needs and fears concerning attachment. It offers the therapist a language for the emotional starvation that characterizes an insecure relationship. It also helps therapists understand how insecure attachment is such a risk factor for problems such as depression and anxiety (Mikulincer and Shaver 2007).

The fifth principle is that a close relationship is a powerful circular feedback loop in the sense outlined in systems theory (Johnson and Best 2003) where patterns of interaction shape the creation of internal working models, sets of if-this-then-that expectations. These models then set up or maintain patterns of interaction. Such models of self and other may be out of awareness and mostly define the self as lovable or unworthy and others as trustworthy and reliable or not. These are called “*working models*” in that they can be revised in new relationships by new corrective emotional experiences of secure connection. Self and relational systems are intertwined in these working models. An attachment-oriented clinician would see emotional isolation and loss entwined with a model of self as failing and unlovable as a constant trigger for depression.

The sixth principle of attachment is that when we cannot find emotional connection with an attachment figure, a process of separation distress occurs. The person moves into protest at disconnection. This often looks like anger, especially in adult couples, but is triggered by a sense of abandonment or rejection. If this does not elicit responsiveness, a stage of clinging and disorganized pleading and clinging begins. If this does not result in repair and reconnection then despair follows. This process eventually leads to a general sense of grieving and detachment. From an attachment perspective, much acting out in families or angry escalation in adult couples is best seen in terms of separation distress rather than simply in terms of disagreement or conflict. Conflict may be seen as inflammation, while emotional disconnection coded as danger is the virus.

All of the above are normative principles. The last principle addresses individual differences – what are commonly called attachment *styles*. Research finds three basic patterns in ways of engaging with others and regulating emotions: secure, anxious or preoccupied, and dismissing or avoidant patterns. For a video illustration of these patterns in infants and in adult partners, see <http://www.dr.suejohnson.com/videos/>.

Secure children and adults can generally listen to their emotions, make sense of them, and, when lonely or uncertain, reach for those they are bonded to. When this person responds, they can take in comfort and find emotional balance. They can also tolerate less than optimal responses at any one time because of their basic trust in others responsiveness. Anxiously attached individuals are very sensitive to rejection or abandonment and hyperactivate their emotions and emotional signals to others, often becoming controlling, critical, or demanding, to the point of driving others away. They also have trouble really taking in comfort and tend to stay vigilant rather than find a way to emotional equilibrium. As adults, these partners often end up blaming and demanding, triggering withdrawal in others which then maintains their alarm and insecurity. Avoidant partners have experienced calling to others as futile and see closeness as risky at best. They shut down their own attachment emotions and needs and withdraw at any sign of vulnerability in themselves or others. They offer stonewalling responses to others and do not grasp the impact of their lack of response. Some individuals who have been seriously hurt or abused by those they love – who have experienced violations of human connection – are overwhelmed and cannot organize themselves into anxious or avoidant stances so they flip between the two and this is usually termed disorganized in children and fearful-avoidant in adults. Others are, at one and the same time, a desperately needed form of comfort and a feared source of pain. Attachment science offers a map to the structure of individual’s inner emotional worlds, helping therapists tune into that world and make sense of their client’s realities and interactions.

More generally, attachment in adolescents implies that they need – not to separate per se from their parents – but to move into a more reciprocal connection where they can be autonomous and yet securely attached. In adult relationships, attachment is seen as shaping other aspects of the relationship, in particular caregiving (secure connection fosters empathy for others and more attuned responsive caregiving) and sexuality. Securely attached partners can take risks and play in erotic contexts and in general have higher sexual satisfaction.

Relevance to Couple and Family Therapy

Attachment theory provides the rich, deep, empirically validated theory of close relationships that has been missing from couple and family therapy. This allows therapists to go to the heart of the matter and target the key variables that define relationship quality rather than being caught in addressing more tangential symptoms or intervening in general ways that have been found not to impact close relationship repair or satisfaction, such as teaching communication skills (Rogge et al. 2013). This theory also allows therapists to address aspects such as nurturance and love itself that have been generally missing in this field. It offers the therapist a guide to the emotional fears and unmet needs of partners that trigger anger and withdrawal in couple relationships, and a map to the creation of powerful new corrective emotional experiences of bonding that have been shown in research (Greenman and Johnson 2013) to significantly transform a relationship.

As already outlined in the literature, attachment theory and science now forms the basis for several cutting-edge couple and family interventions including two that have extensive empirical validation, emotionally focused couple and family therapy, or EFT and EFFT (Johnson 2004) and attachment-based family therapy, or ABFT (Diamond 2005). Another approach, less validated but increasingly popular, is dyadic developmental psychotherapy or DDP (Dan Hughes 2004). There are some differences in how these models use the attachment frame.

For example, the family interventions offered in ABFT are generally more cognitive and less emotionally focused than in the other two, and family DDP is generally used with young children who have been in foster care, while ABFT and EFFT are used with adolescents and parents or, in the case of EFT, with adult partners.

The general implications for the repair of bonded relationships and associated problems can be outlined as:

First, the therapy session has to be a safe haven and a secure base for partners and family members, even when they present as living in opposing universes. Therapy tends to be collaborative and egalitarian but parents are, naturally, given more responsibility for redefining a troubled relationship as a more secure bond than are children or adolescents. Bowlby noted that, if attachment is understood, all responses – even those that are apparently very dysfunctional – are in fact “perfectly reasonable.” Like Carl Rogers, Bowlby advocated meeting the client in acceptance and compassion rather than beginning from a pathologizing stance. An attachment-oriented therapist acts as a surrogate attachment figure by actively helping clients regulate emotion, particularly the attachment-related anxiety or panic (Panksepp 1998) that triggers negative emotional flooding or requires avoidant emotional suppression and withdrawal in insecure relationships.

The attachment-oriented therapist, especially in EFT, EFFT, and DDP, is emotionally present and engaged and deliberately regulates the emotions of clients with their pacing, voice, repetition, and reflection of emotions. The therapist creates safe emotional engagement with clients and models responsivity which then expands the client’s window of tolerance and encourages exploration. The therapist orders a client’s experience the way a good parent reflects and orders the emotional experience of a child in challenging situations.

Second, the goal of therapy is to reduce emotional escalation and interactions that maintain distance and disconnection and create in-session moments of increased mutual accessibility, responsiveness, and engagement; that is, corrective bonding moments when attachment

fears and needs can be acknowledged and responded to, and new ways of regulating emotions and making connection shaped. These moments then access working models of self and other so they can be revised. This contrasts to the communication skill building, insight provision, cognitive reframing, or role reversals to unbalance negative homeostasis that are typically found in the field of couple and family therapy. At the end of therapy, for example, a 13-year-old boy might be able to say to his stepfather,

When I was little, with my first dad, I decided I was a bad kid. That was why he was so mad at me. Now I assume you think I'm bad, and when you get upset with me, I just tell you I don't care. I'll never please you anyway. I just give up. Get depressed. Shut you out. But it hurts cause then I don't have a Dad.

His stepfather can now lean close and tell him, "I don't want you to feel like you're a bad kid. You are my kid now – my special son. I don't want you to give up with me. I want us to be close. And I want to learn to be a kinder dad."

Third, emotional regulation and habitual ways of expressing emotion are viewed as structuring interactions and so being at the heart of the presenting problem, but emotion is also an ally in creating change rather than a problem to be coped with or bypassed. Newly accessed and distilled emotional responses translate into new responses to loved ones and new interactional cycles. Attachment theory provides a guide for understanding and normalizing many of the extreme emotions that accompany distressed relationships. The longing for connection is also a powerful motivator in therapy and facilitates new levels of engagement in the therapy process. Separation distress, indicated by powerful emotions of anger, panic, and hurt; abandonment; and sadness results from the perception that an attachment figure is inaccessible or does not care. Attachment relationships are where our strongest emotions arise. A positive sense of connection with a loved one is a primary emotion-regulation device and family members are "hidden regulators" of each other's physiological and emotional realities (Johnson et al. 2013). The exploration and reprocessing of key emotions and how they are expressed, and a focus on barriers to constructive

emotional connection, such as vague or confusing bids for responsiveness, are part of any attachment oriented intervention. Therapists who understand the process of separation distress can look beyond disruptive responses such as hostility or stonewalling and place them in the context of legitimate attachment needs and fears, translating what might appear to be characterological deficits or lack of social skills into context-specific responses to loss of connection – responses that can be restructured.

Fourth, the attachment-oriented therapist deliberately choreographs and shapes particular kinds of new interactions in a therapy session that transform distance and disconnection into a dance where vulnerabilities and needs can be shared and heard. The therapist will both offer a meta-perspective on the cycles of disconnection in a relationship, so that partners or family members can see this dance and its emotional consequences, and also, later in therapy, deepen emotions to help clients access and share their triggers, sensitivities, and needs in a way that fosters an empathic response and secure bonding.

The relevance of attachment science for this field cannot be exaggerated in that it offers a secure base of empirically supported, developmental relational theory from which to shape on-target intervention in therapy and in relationship educational programs. It is clear that the habitual forms of engagement with one's own emotions and with key others, as well as mental models of self, can be modified by new or changed relationships (Simpson et al. 2007). The latest outcome study on EFT found that this intervention significantly impacted both anxious and avoidant attachment, moving partners into more secure attachment and this result was stable at 2-year follow-up (Burgess-Moser et al. 2015). Thus, this science not only offers a way to heal relationships but to shape relationships that heal and grow the sense of self in partners and families. Attachment security is associated with greater self-efficacy and a more coherent, articulated, and positive view of self (Mikulincer and Shaver 2007). This also offers the promise of relational therapies to effectively address symptoms in individuals such as depression, anxiety, PTSD, and

copied with physical illness such as heart attacks, as attachment oriented therapies such as EFT have done.

Clinical Example of Application of Attachment Theory in Couples and Families

Laura and Mick come to couples therapy to deal with the escalating fights and days of distance that have taken over their relationship since Mick's serious heart attack. Laura has been diagnosed with clinical depression and Mick is not complying with his cardiac program, missing appointments and not taking his meds. The pattern of Laura pursuing for closeness and then becoming angry at Mick's lack of response has always been part of their 35-year relationship but has now completely erased any positive interactions. Laura is enraged and critical and Mick is zoned out and withdrawn. In session three, the therapist draws out the steps in their dance of disconnection and paints this dance as the enemy (rather than one of the partners), linking in the attachment consequences.

Laura – I told him – “Why are you drinking that big glass of wine. You know you are not supposed to.” He ignored me of course. (To Mick) You don't care about how much I worry. You just act like you don't have any health problems at all. As always – if there is a problem you just put your head in the sand.”

Mick – All you do is keep telling me how sick I am. Years ago it was how I was too silent, or worked too much. Maybe I just don't want to hear it. You are always telling me there is something wrong with me. Shooting me down.

Laura – You just don't want to hear me is all. You never listen. I don't know why I bother. (Mike looks out the window with a flat face and set mouth)

Therapist – Can I stop you for a minute. This is what happens much of the time isn't it – this dance you are doing now (they nod). And it just keeps going – almost runs by itself and pulls you both along with it. Laura, you are speaking very angrily but I see the teariness in your eyes and maybe this is about the “struggle” you spoke of when you see Mick doing something that you see as dangerous – that might have you even lose him to another heart attack (she agrees). So you try to reach him – warn him – poke him to get his attention. But Mick you just hear her

criticizing – trying to bring you down (he nods). You poke and tell him to be different and you hear her trying to hurt you – telling you there is something wrong with you, so you shut down.

Mick – I leave is what I do – get away from her and then we don't talk for days.

Therapist – That must be pretty hard. To hold up that wall for days (Mick grimaces and agrees). And the more you prod and warn him Laura, the more you see her as putting you down and the more you shut down. The more you withdraw, the more frustrated you get Laura and the more you poke. Poke, then shut down and shut her out, so then she slams you to get a response. That is hard and seems like it leaves you both alone and both upset – and then Mike you forget to take your meds and Laura you give up and get depressed cause you are all alone. Am I getting it? The dance leaves you both lonely. It would be good if you could help each other step out of it so that you could help her with her depression Mike, she could help you stay on your regime – and you guys could be close again.

The therapists tracks and distills the cycle of emotional disconnection in a safe way and invites them to stand together and look at their pattern. They decide to call it the Bang-Slam. She bangs on the door – he sees it as an attack and slams it shut again. The therapist also helps them touch and find words for and share the more vulnerable feelings that trigger these reactive responses and push the other away. Laura is able to say – “I get scared when you do risky stuff like drink a lot and that fear is familiar. I never know if I can reach you, say “Mick, where are you – are you with me” and have you respond. So I ramp up the message. I am all by myself here with the fear of losing you.” Mick is able to find his feelings of loss around his heart attack and his fear that his wife sees him as a failure and a “sicky” who she doesn't value. He hears her saying he is a “screw up” and that triggers his “hurt” so he just tries to “get away”. The therapist validates, distills and helps the couple share these emotions, putting the music into the dance of disconnection.

In session 11, after this couple have reported that they can stop this dance at home (Mick says – “Heh we are caught in the Bang-Slam again. It's a lonely place. Let's slow down – scaring each other we are. Want a coffee?”), the therapist moves into shaping positive cycles of connection. Here this

couple can share vulnerabilities and ask for comfort and support – that is they can move into safe accessibility, responsiveness, and engagement. The therapist stays with Mike and helps him move into his emotions and needs.

Therapist – So Mike, when Laura gets mad, you act like you don't care, but in fact this is very hard on you.

Mike – Well yes, especially since the heart attack. That was a lesson in fragility that was. I do turn away but I get now that she feels like I am gone – like she doesn't matter. But it's just too hard to stay there. I run (He waves his hand in the air like he is trying to get away from something).

Therapist – And she sees “indifference,” like “Mike is a rock,” but you have to get away – there is something here that is difficult – almost a threat?

Mike – Yes. I look calm but inside I am coming apart. I hear that I have failed again and she is mad at me – sees me as a screw up.

Therapist – And that hurts

Mike – Yes (he tears). I get so stirred up inside – I get so – well – shaky. I just never get it right with her – and now I am less of a man 'cause I had a heart attack – so –

Therapist – Right – I hear that. You look stoic and unaffected but you are “coming apart” – feeling like Laura is disappointed in you and you are failing. Helpless and hopeless and less of a man – that is a very dark, lonely place. Kind of overwhelming – so you try to shut down and shut it all out. You can't just turn to her for comfort, reassurance that you are still her man.

Mike – (Very soft) That would be nice. Comfort. I know my heart attack scared her. It scared me too. Why would she want a sick guy who doesn't even know how to tell her.

Therapist- That is the fear Mike – you won't meet her standards now – so she will not want you – be there for you?

Mike – Well I am fine. I can manage alone (He looks at the therapist's face). You don't buy that do you? Right. Neither do I. In the hospital I really knew how much I needed her. THAT is scary!

Therapist – She is your life line (Mike nods) and its scary when she gets mad or frustrated with you. But shutting down just leaves you alone (Mike nods again) and none of us can handle that. Can you tell her Mike – I do shut down and shut you out 'cause I am so afraid to hear that you might not think I am

good enough – strong enough – loving enough. I get shaky and overwhelmed – just because I need you so much.

Mike – Yes – all of that (He laughs)

He then turns and tells her his version of this and with the therapists help he shares how intimidated he is about talking about emotions, how ashamed he is of his vulnerability, and how scared he gets when he fear he might be rejected. The therapist helps him say this in a way that evokes tenderness in Laura and she softly reassures him. In fact is amazed to see her husband in a new light and to feel so connected to him after 35 years of conflict. This is a withdrawer re-engagement event in EFT and the therapist will then go on to shape moments where Laura is able to talk about her “panic” around losing Mike, and her fear that he does not need her or need her closeness. She is then able to ask directly and clearly for connection in a way that Mike can hear and respond to. The bonding moments that then occur provide a safe haven bond where this couple can help each other with their fears and form a more satisfying connection. They also craft a secure base where Mike can comfort Laura, countering her depressive fears and thoughts, so her depression remits, and she can help him stay on track with his health regime in a way that builds him up rather than puts him down. A secure bond is the most potent source of resilience, happiness, and health.

Cross-References

- ▶ [Adult Attachment Interview](#)
- ▶ [Ainsworth, Mary](#)
- ▶ [Attachment Disorder in Couple and Family Therapy](#)
- ▶ [Attachment in Couples and Families](#)
- ▶ [Attachment-Based Family Therapy](#)
- ▶ [Bowlby, John](#)
- ▶ [Circle of Security](#)
- ▶ [Circle of Security Parenting Enrichment Program](#)
- ▶ [Emotionally Focused Couple Therapy](#)

- Emotionally Focused Family Therapy
- Hold Me Tight Enrichment Program
- Hold Me Tight/Let Me Go Enrichment Program for Families and Teens

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