

2 Romantic Love as an Attachment Process

Shaping Secure Bonds

Lorrie L. Brubacher and Susan M. Johnson

Attachment theory (Ainsworth & Bowlby, 1991; Bowlby, 1973), having been extensively applied to adult relationships in the last 30 years (Mikulincer & Shaver, 2016), offers a clearly articulated theory of the science of adult love and close relationships and a map of an effective process to move couples from distress and disconnection to increasingly resilient and secure bonds. Based on Bowlby's claim that attachment needs remain active "from the cradle to the grave" (1988, p. 62), adult romantic love is viewed as an attachment bond that provides a *safe haven* of comfort for regulating emotional distress and a *secure base* for growth, maturity and autonomy. Studies of romantic love as an attachment bond found that romantic partners' interactions represent the same defining features of attachment-related processes that Bowlby and Ainsworth originally identified in infant-caregiver dyads—seeking proximity to an attachment figure when under stress and desperate separation protest when the attachment figure is unavailable or unresponsive.

Framing romantic love as an attachment process at once depathologizes commonly viewed dysfunctions and provides a process, delineated in Emotionally Focused Couple Therapy (EFT), with which to shape romantic love into satisfying and lasting bonds. Individual mental health problems such as depression, anxiety, trauma survival reactions, relational conflict, substance use and other addictive processes can all be framed as ineffective attempts to cope with separation distress and to change the partners' responses in the direction of increased accessibility and responsiveness.

In this chapter we will present the attachment perspective on romantic love and bonding by examining the clinical implications for two very different case examples. We will show how attachment theory defines the essential problem of romantic relationship distress, paints a clear picture of a secure attachment bond and provides empirically validated guidance for a couple therapist as to what is necessary and sufficient to shape secure and lasting emotional bonds. EFT integrates attachment theory with systemic and humanistic experiential approaches in a pragmatic manner that respects clients' ability to change and grow. The attachment perspective keeps a therapist on track and focused on the goal of shaping bonding moments that

respond to partners' wired-in need for secure emotional connection. The benefits of secure attachment are many (Johnson, Lafontaine, & Dalglish, 2015; Mikulincer & Shaver, 2015), including the capacities to retain emotional balance during times of stress and threat, to seek and receive care and support in ways that constantly renew attachment bonds and to implicitly access the powerful mental and physical health benefits of social connections (Feeney & Collins, 2014).

Romantic Love Viewed Through an Attachment Lens

George and Dianne, married for 32 years, battle with depression, addiction, heart disease, accusations of infidelity and escalating bitter conflict. There is growing distance between gay partners Jonathon and Dino, who struggle with homophobic rejection from Dino's family, a HIV-positive diagnosis and disagreements over openness to other sexual partners. Both couples are highly distressed and question if their relationship has a future. The revolutionary perspective on romantic love offered by attachment theory and supported by research from the fields of social science and neuroscience (Johnson, 2013; Mikulincer & Shaver, 2016) offers a practical reframe of relationship distress as essentially being *ineffective patterns of emotional engagement*. Responses to threats of disconnection or loss can send unclear signals that perpetuate attachment insecurities and block secure bonding.

Relational Distress

An attachment theorist views distress in romantic love as *separation distress* (Bowlby, 1973). When romantic partners George and Dianne and Jonathon and Dino do not receive sensitive responses from their attachment figures that are in synchrony with their basic needs for comfort and care, a special kind of fear—a “primal panic” (Panksepp, 2003)—sets in motion the predictable process of separation distress. Like the infants in Ainsworth's studies, the romantic partner in distress over an attachment figure's lack of response resorts to one of two insecure, “secondary attachment strategies” (Mikulincer & Shaver, 2016): relentlessly seeking support with increasing protest and frustration or shutting down, avoiding closeness and becoming fiercely self-reliant.

The more Dianne protested and hyperactivated her attachment needs and longings for engaged support, the more George heard criticism, controlling demands and messages that he had failed her and the more he retreated, early in the relationship to drinking and gambling and more recently to his 12-step groups. Dianne never stopped trying to reach George. Their volatile fights continued for years, as did his depression and her increasingly high blood pressure and fatigue. When partners cannot reach to one another for support and comfort, the disconnection and emotional isolation they experience is literally traumatizing and is at the root of many emotional and

physical health problems (Johnson, 2013). Marital distress is linked to depression and heart health (Hawkey, Masi, Berry, & Cacioppo, 2006).

Jonathon and Dino were also caught in separation distress, where the more Jonathon became overwhelmed by Dino's insistence that they fight for his family's acceptance, the less he reached to Dino for emotional and physical support and the more he became depressed, lonely and eager for sex outside the relationship. Dino sensed Jonathon's withdrawal and became increasingly panicky, persistent and demanding of Jonathon. Each partner's different separation distress responses heighten and trigger more primal panic and distress reactions in the other, in an escalating and increasingly negative and rigid cycle.

A Different Picture: Secure Attachment

A dramatically different picture of secure attachment is possible for these couples, had they received intervention earlier, and is achieved after they complete attachment-oriented Emotionally Focused Therapy (EFT). EFT reshapes ineffective patterns into secure bonds. Negative emotions and negative interaction patterns between distressed couples represent a struggle for attachment security, whereas the mutual accessibility, responsiveness and supportive behaviors of secure attachment bonds contribute to a "broaden-and-build cycle of attachment security" (Mikulincer & Shaver, 2015, p. 135) that can alleviate distress and addictive processes, create emotional stability, enhance caregiving and sexuality and positively impact factors such as high blood pressure and depression.

In a picture of secure attachment, George would move towards Dianne and participate in shaping their relationship, asking for what he wants and needs. Assured of his presence and caring, Dianne's loneliness would be replaced by a sense of having an active partner. She would reach to him and receive comfort. They would become one another's source of distress regulation and emotional equanimity. Given that blood pressure can lower when interacting with partners (Mikulincer & Shaver, 2015), Dianne's blood pressure can be expected to lower as their bond strengthens.

Clinical Implications of an Attachment Frame for Romantic Love

An attachment orientation:

- (1) impacts the therapeutic alliance
- (2) gives precedence to emotion and
- (3) forms the necessary and sufficient interventions and change events for shaping secure attachment bonds.

Forming a Secure Base Alliance

First and foremost, an EFT clinician guided by attachment theory seeks to provide attuned and responsive presence to both partners so as to create

a *safe haven and secure base* (Bowlby, 1982), that is, a safe haven of comfort, acceptance and understanding and a secure base platform from which partners can explore their relationship and create emotional bonding experiences. Attachment theory guides a therapist to create a very specific version of a collaborative alliance with the emotional presence and attunement of a responsive, safe haven attachment figure. The therapist also provides safe base validation for partner responses that could otherwise be seen as negative: anger is seen as desperation to get a partner's response and silence is understood as a partner's best attempt to avoid rejection or suffocation. Equally important for secure base therapy is assessing whether safety can be established in session.

During initial sessions, George and Dianne's relationship story unfolds and confirms for the therapist that in spite of extreme escalation, it is possible to create enough safety in sessions to collaboratively unpack the volatile cycle that dominates their relationship. To establish a secure base alliance with Jonathon and Dino, the therapist is particularly sensitized to the fact that as gay men they are part of a population stigmatized for seeking connection. Dino, a more critical, pursuing partner, is very concerned about their lack of connection and Jonathon's casual sex with other men. Jonathon shrugs, with a palpable sense of defeat that he can never live up to what Dino wants. His depression over his HIV diagnosis is unmistakable. Both partners express feeling safe and understood by the therapist and eager to work together.

Giving Precedence to Emotion

Attachment theory and science depathologize attachment anxieties and longings and normalize extreme emotions and the emotional territory of romantic love. Emotions are seen as the motivating force, the music that organizes the dance between intimates. EFT therapy resounds with the six basic universal emotions identified by Eckman (2007) and other emotion theorists: *anger*, which in couple therapy is typically reactive anger, or what Bowlby (1973) called the anger of despair at a partner's unresponsiveness; *surprise* and *joy* as when a partner responds to a bid for connection; *sadness* about one's own loneliness or for a partner's pain; *guilt or shame* when negative models of self as unworthy and unlovable are triggered; and *fear* of abandonment or rejection. This special kind of fear or "primal panic" (Panksepp, 2003) that is triggered at the loss or threat of loss of a significant other is registered in the brain as a danger cue.

Emotion is viewed as a series of elements unfolding in rapid succession (see Ekman, 2007). The unfolding process begins with *perception* of an external cue, (typically some nonverbal cue from the partner as to his or her accessibility or safety), followed by an immediate *appraisal* (pre-verbal, limbic) of danger or safety, followed by immediate *bodily arousal* if threat is sensed (as in fight, flight or flee reactions), followed by a covert or overt *action tendency* and neocortical *meaning-making* of self-worth and trustworthiness of

the other. This rapid process of emotion is essentially *felt experience in motion* and sends a signal to an attachment figure for a response.

An attachment orientation helps to order and make sense of extreme emotional responses that are commonly misunderstood. For example, without an attachment perspective, partners and therapists frequently misperceive silent fear or shame, such as that experienced by the more withdrawn partners George and Jonathon, as indifference. Desperate anger, such as that shown by the more anxious, demanding partners, Dianne and Dino, is often not recognized for its intention to connect or to force engagement from an unresponsive partner and is seen instead as malice or mental illness. The attachment frame helps a therapist to recognize the *action tendency* element of emotion during moves of separation distress as well as the underlying *primal panic* priming that action. When partners cannot reach for, receive and give comfort to one another they get caught in cyclic repetitions of hyperactivating the attachment system with anxious, demanding pursuits or deactivating it with avoidant shutting down and turning off all needs for connection. Romantic love dramas of frequent fighting and days of “silent treatment” are understood as responses to an unresponsive attachment figure.

Shaping Secure Attachment Bonds

The practical, optimistic guidance of attachment theory is creating a paradigm shift in couple therapy (Johnson, 2007). There is a shift from *coaching* people to change, to *facilitating bonding events* of transformative, lasting change. Detailed descriptions of the attachment-oriented map for reshaping romantic love into relationship satisfaction and secure connection are readily available in numerous texts (Johnson, 2004; Johnson & Brubacher, 2016). The basic model is comprised of three stages: de-escalation of the negative cycle, restructuring the attachment bond and consolidating change and maintaining the bond.

Throughout the EFT model therapists are continually helping partners to expand emotional awareness, both of inner experience and of the impact on their partner. Partners learn to tune into deeper, softer emotions so as to send new signals to each other that evoke more positive responses, thereby creating a new dance of secure bonding. The therapist facilitates this by using empathic reflections and tracking emotional/behavioral responses and reactions, asking evocative questions to access deeper awareness and coherence, validating and reframing responses in the attachment context, heightening emotional experience and conjecturing just beyond the leading edge of awareness. The most powerful reshaping intervention is that of structuring and slowly processing interactions between partners called *enactments*, where partners are asked to disclose newly formulated core emotions, specifically fears and longings.

A metaphor of an attuned flow of interventions used recursively throughout the stages of EFT is the *EFT Tango*. The *EFT Tango* consists of five basic moves:

- (1) Reflecting the present process, including both *within* and *between* elements of emotion.
- (2) Exploring deeper or more primary emotions or fuller awareness of how action tendencies are linked to danger cues and underlying fears.
- (3) Setting up coherent *enactments* to express these clear simple messages directly to the partner.
- (4) Processing the enactment with each partner (“How did it feel to tell her?” “How does it feel to hear it?”).
- (5) Integrating by reflecting and heightening the moves the partners just made together and validating that indeed they are competent to shape their love relationship moment by moment like they just did.

The therapist intentionally remains slow, simple, soft, specific, vivid, explicit and engaged in the present moment, throughout the five tango moves.

Reshaping George and Dianne’s Unraveled Attachment Bond

George and Dianne’s attachment bond has slowly unraveled over years of repetitive negative patterns. Their interactions seem to have gradually morphed from Dianne pushing for closeness and connection and George turning away and turning off any needs or longings for closeness to Dianne almost stepping right out of the relationship. “My high blood pressure is increasing, and I can’t take much more!” sighs Dianne. In response, George becomes jealous and anxious, making demanding attempts to hold onto the woman he feels is slipping away.

Their current cycle is identified as: The more lonely Dianne feels, the more she steps back and says, “It’s all up to you now.” In return, the more jealous and accusatory George becomes, the more adamantly he insists that Dianne must be interested in someone else. The therapist conjectures with an attachment reframe, “To cope with the thought that you’ve already lost her, you’ve gone back to your old familiar place of shutting her out and cutting yourself off from everyone, to the extent of sometimes numbing out with alcohol and sometimes getting aggressive with Dianne, is that it?” The therapist validates the shame and pain at the edge of George’s story, reflects Dianne’s exasperation and evokes and heightens the loneliness at which she hints.

From an attachment perspective, addiction is viewed as a search for comfort and positive feelings, particularly in a context of emotional isolation. This view is supported by the *positive incentive model of addiction* (Landau-North, Johnson, & Dalglish, 2011). George’s addictive behaviors are framed

as part of the negative cycle. He developed an increasing sense of isolation and loneliness during his career difficulties and after the birth of their first child, hearing Dianne's attempts to support him as disappointment in him. To cope with his growing sense of shame, he increasingly withdrew into addictive processes. Dianne ignored his gambling and use of alcohol as best she could—and eventually of course sent more and more cues of disappointment and anger. The view that separation distress can promote addictive processes and depression is supported by affective neuroscientists (Panksepp, Solms, Schläpfer, & Volker, 2014), who show how addictive processes to alleviate the pain of social loss can deplete the desire to seek connection and in turn promote depression.

In de-escalating their negative cycle (in Stage 1), the therapist helps George and Dianne identify the fears underlying their negative pattern. Dianne admits, "So yes—I do get angry—who wouldn't! I'm still all alone in this marriage!" Loneliness and fear of abandonment underlie her angry protests. Shame and fears of rejection are hidden in George's withdrawal and defense, which recently became aggressive: "I just have to get out when she looks so busy and capable and fine without me! I get so tense. So afraid I've already lost her. I hear the drum beating—'Bad dad, bad husband.' I just have to shut out that sound and go away."

George shows the gradual change in attachment orientation, which is typical of withdrawers (Johnson et al., 2015), and the therapist recognizes markers that the couple has de-escalated. The cycle is much less hostile than previously. Each one links what he or she does in the cycle to his or her mostly unspoken fears. Dianne can own that when she fears she does not matter to George, she criticizes and demands, while George acknowledges that when he fears he has "blown it," and feels "totally inadequate in her eyes" and is certain that she no longer wants him, he blasts her and shuts down or sometimes numbs out with alcohol.

The therapist guides George and Dianne through the Stage 2 EFT change events, which reshape their bond. George is able to ask for Dianne's acceptance and assurance that she can love him when he lets her down. Dianne asks for him to move much closer—especially when she gets lonely and fearful. They move from increasingly rigid and negative affect regulation patterns to becoming effective sources of comfort and regulation for one another. In Stage 3 they integrate this broaden-and-build cycle into their lives, strengthening their bond.

Restoring Attachment Security After an "Attachment Injury"

Dino and Jonathon follow a similar path from distress to secure connection. Despite differences between same-sex and heterosexual couples and the trauma of societal stigmatization, an attachment-based couple therapy is relevant for same-sex couples (Josephson, 2003). They name their negative cycle the "Burnt Toast Tango." Jonathon says, "My cheeks burn with shame

when you rage at me for not wanting to visit your family. I feel like the little boy scolded by my mom for burning the toast. My stomach churns with sickness that I'll never satisfy you, and I sink out of sight." Dino identifies his utter terror whenever Jonathon disappears emotionally, "I feel eight years old again—seeing my father drive away with all his bags packed—the loneliness pierces through me like a knife." Understandably, Dino's complaints and frustration trigger Jonathon's shame and disappearance; and Jonathon's freeze and flee response triggers Dino's piercing sense of having lost Jonathon.

The couple gradually de-escalates their negative cycle (in Stage 1); however, they seem to reach an impasse. Just when Jonathon seems willing to step fully into the relationship and closer to Dino (in Stage 2), he stops himself, recalling a pivotal moment that he says changed everything! The therapist hears this as an attachment injury—a specific incident in which one partner is inaccessible and unresponsive in the face of the other partner's urgent need for support and caring—a *relationship trauma* that defines the relationship as insecure (Johnson, 2013; Makinen & Johnson, 2006). Jonathon recalls, "The day I found out I was diagnosed with HIV, I panicked—I knew how much I needed you and I came home to tell you, and you were all upset that I didn't want to go to your family dinner that evening. Just when I really, really needed you, you literally discarded me. Like I was nobody to you. I went cold that day. I told you later about the HIV, but we've never talked about it—really. I'm too numb and angry to discuss it—with *you* at least."

Relying upon the empirically validated blueprint for attachment injury repair (Makinen & Johnson, 2006; Zuccarini, Johnson, Dalgleish, & Makinen, 2013), the therapist supports Jonathon to share the scene of the *attachment injury*, reflecting, validating and tracking his emotional experience of that pivotal moment when he decided never to open up to Dino again. After the therapist helps Dino to hear and understand the significance of the injurious event, she invites Dino to expand on how it happened. Jonathon needs to hear this, so that Dino can become a predictable partner once again. Jonathon listens in amazement as Dino is visibly touched by his anguish and appears to grasp the enormity of that crucial moment. He sees on Dino's face that he literally feels his pain. He begins to see Dino as someone he can trust. The therapist choreographs a series of enactments that have the power to shape new cycles of emotional engagement, leading to forgiveness and trust again. The relationship is redefined as a safe haven. Both feel more confident and hopeful and more able to offer sensitive caregiving to one another.

In Stage 3 consolidation, they co-create a narrative of their relationship repair and explore how their newly shaped secure attachment bond integrates into their daily life. Consistent with studies on the interconnectedness of the three systems of attachment, caregiving and sex (Shaver & Mikulincer, 2006), strengthening their attachment system also strengthens their caregiving and sexuality systems. Now, when Dino's attachment system is activated,

Jonathon's caregiving system is activated. Jonathon understands Dino's pain and longing for family acceptance and supports his requests to engage with them. Dino is now confident of Jonathon's love and of being a priority to him. Differences regarding an open sexual relationship no longer threaten to divide them. Jonathon says, "It really isn't that important to me. Besides, now that I feel I really make a difference to Dino and that he actually likes and accepts me, our sex life is better!" Jonathon's decreased wish to have sex outside the relationship fits with the findings that similar to heterosexual relationships, gay men in a securely bonded relationship more flexibly accommodate to their partner's needs and wishes. Their enhanced sexual relationship appears to be strengthening their attachment in a broaden-and-build cycle.

Attachment Orientations Can Change

Some attachment studies suggest stability of attachment orientation across the life span, linking adult attachment orientations to infant attachment relationships (Feeney, 2016). Bowlby (1973, 1988) acknowledged however, that attachment orientations should not be viewed as permanent and that working models of self and other can be revised and updated throughout life. There is enough recent research supporting the notion that attachment orientation is amenable to change (Mikulincer & Shaver, 2016) and specifically that the emotionally corrective bonding experiences of EFT, which create more emotional accessibility and responsiveness between partners, do indeed change attachment orientations (Burgess Moser et al., 2015; Johnson et al., 2015).

The attachment orientations of Jonathon and Dino change through the EFT process. As the research shows, Jonathon's previous avoidant orientation decreases with every session (Johnson et al., 2015). Jonathon becomes increasingly able to express his own emotions and needs to Dino and to be available to hear Dino's fears and needs. The pivotal moments of intrapsychic and interpersonal change, which shift attachment orientations and relationship satisfaction, are the actively structured *emotionally corrective softening events*. The attachment injury repair process is itself an injury-specific blamer-softening process (Zuccarini et al., 2013). The vulnerable expression of needs pulls for a new emotional connection between partners.

Conclusion

An attachment perspective on romantic love reframes relationship problems and numerous individual presenting problems as *separation distress responses* in the face of an unavailable and unresponsive primary attachment figure—the romantic partner. The cases described are illustrative of the EFT change process, shown to successfully move 70–75% of couples from distress to recovery and lead to significant improvements in approximately 90% of the couples treated. No other empirically validated approach has yet exceeded its effect

size of 1.3 and been found to be stable over time (Johnson, Hunsley, Greenberg, & Schindler, 1999; Lebow, Chambers, Christensen, & Johnson, 2012). Additionally, one study shows improvement continuing after therapy ends (Johnson & Talitman, 1997). EFT treatment results go beyond relationship satisfaction and restoration of trust to changing relationship-specific attachment orientations and the way partners' brains respond to contact comfort and perceived threat (Burgess-Moser et al., 2015; Johnson et al, 2013).

The change process delineated in EFT is focused on the emotional territory of love relationships, including the universal need for safe and secure connection, and on two primary, *in session elements* needed for lasting change to occur: (1) clients' moment-to-moment engagement with emotional experience and (2) affiliative disclosures and responses between partners (Greenman & Johnson, 2013). In the case of George and Dianne, the positive impact of attachment security and enhanced relational satisfaction positively impacted her health and his depression and need for addictive processes to regulate his emotions. The case of Jonathon and Dino illustrates how attachment orientations can change and how strengthening the attachment security also strengthens caregiving and sexuality. Guided by attachment science, couple therapy can reshape distressed romantic love, creating lasting transformative change in the arena of attachment bonds—the most important element for survival as partners and as a species (Bowlby, 1988; Johnson, 2013).

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