From *Attachment: The Fundamental Questions.*
Edited by Ross A. Thompson, Jeffry A. Simpson, and Lisa J. Berlin.

CHAPTER 41

Attachment Principles as a Guide to Therapeutic Change

The Example of Emotionally Focused Therapy

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Not long before he died, John Bowlby noted (1988, pp. ix–x) that he was "disappointed that clinicians have been slow to test the theory's uses." Indeed, the use of attachment theory to guide clinical intervention, especially with adults, has been slow in coming, even though the links between insecure attachment and mental health problems have become increasingly clear (Mikulincer & Shaver, 2016). Changes resulting from therapeutic outcomes have been found in a few therapies explicitly guided by attachment science, notably in individual psychodynamic therapy (Rost, Luyten, Fearon, & Fonagy, 2019) and in emotionally focused therapy (EFT) (Burgess-Moser et al., 2015)—which is best known as a couples intervention but is also used as an intervention for individual and family distress. Both of these models have been shown to positively impact key mental health factors such as depression, and can be linked to changes in adults' attachment security (Johnson, 2019). When we consider this kind of change, however, the picture is somewhat complicated by the fact that even though models may use a common frame of reference on attachment, they often focus on different factors and pathways to change. For example, Wallin (2007) suggests that attachment theory leads naturally to a focus on teaching mindfulness, whereas Fonagy (Fonagy & Bateman, 2006) emphasizes shaping reflective functioning (i.e., the capacity to think about mental states in oneself and others) and the generation of "representational coherence" as key change factors. EFT focuses more on the corrective emotional experience as the royal route to change and emotional balance as a key transformational factor (Johnson, 2019). This

chapter will discuss lessons learned about shaping clinical change from the extensive research studies on EFT (see also *www.iceeft.com* for a comprehensive list of studies of this model).

Attachment theory does not exactly spell out how to move clients from distress and dysregulation into a state of health. It does, however, provide a clear sense of dysfunction (what needs fixing) and a clear picture of healthy functioning (what to aim for). Health is a felt sense of connection with others, maintained through actual interactions or mental representations, which in turn fosters emotional balance and regulation, the construction of a coherent inner world, positive models of self and other, and full flexible engagement with the world (Johnson, 2019). The most essential feature of ongoing distress and dysfunction is emotional isolation resulting in helplessness—vulnerability without solution. The great strength of attachment theory is that it links self and relational system into a whole. Bowlby was a systems theorist, always noting the circular feedback loops between the "inner ring" of cognitive and emotional processing and the "outer ring" of interactional patterns. As a therapy that integrates humanistic, experiential, and systemic relational interventions, EFT seems, to this author, to capture the essence of attachment science (Johnson, 2019).

EFT's Grounding: Six Core Attachment Principles

For the EFT therapist, there are six core principles of attachment that translate directly into protocols for intervention. First, there is continual focus on the processing and regulation of emotions, especially, as Bowlby termed them, "frightening, alien or unacceptable" emotions. The goal here is emotional balance, best achieved by coregulation with others that allows full engagement with emotion and the ability to render it into a coherent whole, rather than leaving it denied, fragmented, or blocked. Emotion organizes people's inner worlds and key interactions with others.

Second, EFT emphasizes the creation and maintenance of in-session safety in a collaborative nonpathologizing alliance. Bowlby's stories of interventions, for example with a potentially abusive young mother or with an angry widow, always show this nonpathologizing tendency and offer a model of an alliance where, in a way that parallels the work of Rogers (1951), the father of experiential therapy, the therapist is genuinely present. Like a safe attachment figure, the therapist is accessible, responsive, and engaged. Change evolves with the client; it is not something done to the client.

Third, in all modalities of treatment, there is a constant back and forth of within and between perspectives. The self is a process constantly created in the space between inner experience, the signals sent to others,

and the interpretation of responses from others. The therapist shapes new inner experience with the client and turns this into new dramas that redefine existential pain and loss, fears and needs, as described below.

Fourth, the view of health and thus the direction of EFT is clear. It is always to help clients deal constructively with vulnerability and remove blocks to openly engaging with experience and with others. The EFT therapist does not have to teach coping or relational skills per se. These skills will naturally emerge in an organic fashion in a safe environment where a secure base is offered for exploration. Thus, empathy for others naturally emerges once affect regulation improves and the fear of others becomes less overwhelming.

Fifth, the therapist focuses on present process, on the here and now. Core elements of past experience emerge in the present as emotions are evoked. Modern attachment theory acknowledges that working models are "hot," emotionally loaded, and much more fluid than previously thought (Mikulincer & Shaver, 2016). During every session, the therapist creates interpersonal dramas that disconfirm or expand constricted working models and affect regulation patterns.

Sixth, Bowlby based attachment on ethology, the science of observed animal behavior, and EFT is profoundly empirical in its operation. Like attachment theory, EFT focuses on the process of observation and the delineation of patterns of behavior. EFT also includes a comprehensive research program detailing the outcome of within-session processes.

The EFT Intervention Tango

These six core attachment principles are operationalized in the three main stages of EFT—stabilization, the restructuring of attachment and the sense of self, and consolidation—and in the key, constantly reoccurring macro-intervention sequence in EFT called the EFT tango (Figure 41.1). This tango, so named because the tango is a dance of constant attunement with another, has five moves. These moves may vary in pacing and intensity across stages.

In Move 1 the therapist reflects present process, both within and between—that is, inner emotional processes and interactional realities and responses. The therapist might say, *"I notice, Amy, that you try to explain to Mark about your 'upset' and when this doesn't seem to move him, you speak faster and faster and more loudly and tell him about what he calls his 'mistakes,' until you finally explode and point your finger at him. My sense is that you get frantic to be heard here. And Mark, you give Amy reasons why she should not be upset and when this does not work you turn your body away from her and shut down."* Mark nods. *"And the more silent you become, the more agitated and insistent Amy becomes. This plays out until both of you withdraw. It seems like this dance defeats both of you and leaves you both alone here."*

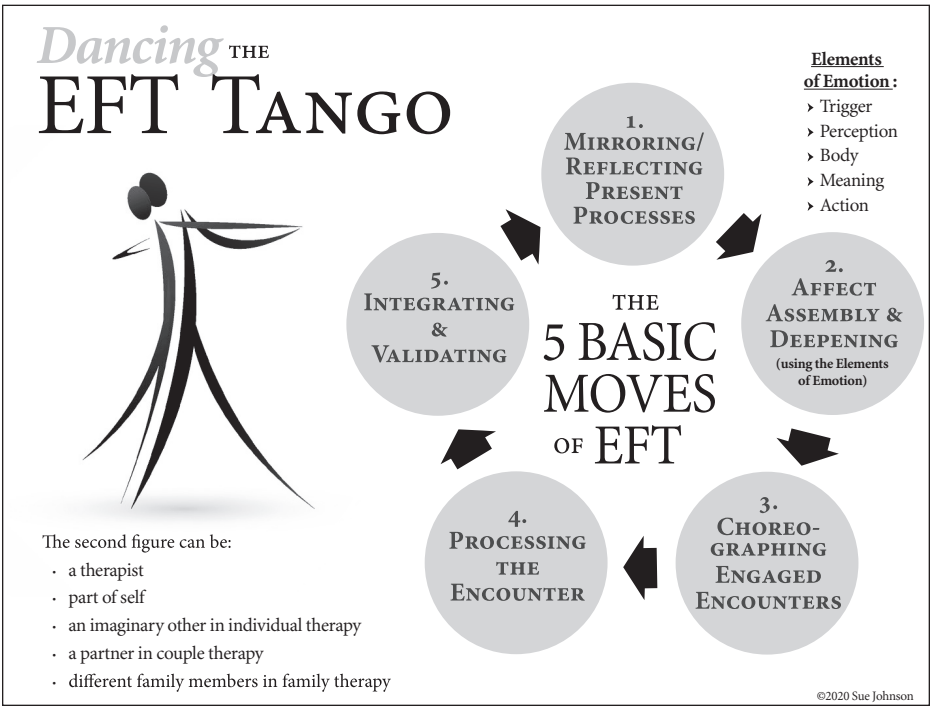

FIGURE 41.1. The EFT tango.

Move 2 involves the therapist assembling and deepening emotion beyond reactive surface emotions to more core responses. This involves engaging with the key elements of emotion—trigger, body sensations, meaning dimensions, and action tendencies—in a visceral way rather than talking about emotions. The word emotion comes from the Latin *emovere,* "to move," and the accessing of new emotions evokes new meanings and new action tendencies. Changing the emotional music changes how adults "dance" with others in an organic, naturally occurring fashion. The therapist evokes emotion and orders and regulates it at the same time. The therapist might say, *"Mark, what happens to you when Amy begins to detail your 'mistakes'?"* Mark states that he feels nothing. *"As she says, 'You are an emotional cripple like your dad,' your face goes flat and still and you turn away. That must be hard to hear."* (The therapist notes a specific trigger and body response.) *"How does it feel when she says that?"* Mark replies that he feels sick. The therapist asks, *"And what do you say to yourself in your head?"* Mark replies that he will never please Amy and so he just gives up and shuts down. (He gives the meaning and his action tendency.) The therapist then puts all these elements together and validates how hard it is to hear that Mark's wife is disappointed with him, that for most of us this is

scary. (Mark nods emphatically and adds that he is overwhelmed by Amy's emotion remarks.)

In Move 3 these core responses are used to transform key interactions with others, in session with others (in couples or family therapy) or by bringing alive images of attachment figures and ways of connecting with parts of the self (in individual therapy). Here the therapist will distill Mark's emotional responses and ask, *"Can you turn to Amy now and tell her, 'It is hard to hear your disappointment with me, scary even. So I do shut down. I just get so overwhelmed'?"* This new drama is then reflected on and made coherent in Move 4. The therapist checks what it is like for Mark to say this and he states that he feels good because this captures his reality. Then the therapist asks how Amy responds. Amy weeps and replies that she never knew he was overwhelmed; she thought he was indifferent. The therapist repeats the whole process of Moves 1–3 and frames the dance and the distance it creates as the couples' mutual enemy.

The therapist then, in Move 5, summarizes this whole process in ways that validate the person and highlight the elements that Bowlby suggests protect against dysfunction, a sense of competence and worth. The therapist might comment on Mark's courage in opening up to his partner and Amy's honesty in how she responded, the obvious feeling they have for each other and how they are already delineating the pattern—the dance—that keeps them stuck in distress. The therapist normalizes Amy's anger as desperation at loss of connection with Mark and Mark's attempts to protect himself from feeling rejected by Amy.

The therapist uses micro interventions, empathic reflection, evocative questions focused on the *how* of experience, validation, and deepening emotion with techniques such as repetition and imagery. The therapist also uses small interpretations, such as framing aggressive responses as desperate calls for attention, to reframe the pattern of emotional regulation and interactional cycle of responses people are caught in as the problem, rather than their personal failings, thus choreographing new kinds of interactions. In all of these interventions, the therapist emulates parenting behaviors associated with attachment security. The ideal mother responds to a child's fear or blocked exploration by titrating risks, naming and validating the fear, and encouraging small steps forward. We have learned, for example, that the secret to having clients engage with what Bowlby (1988, p. 138) called "frightening, alien and unacceptable emotions" is to stay soft, slow, and specific. Recent research on emotion shows that making emotions specific and concrete aids in emotion regulation (Barrett, 2004). Of course, attuning to and outlining emotion with specificity is made infinitely simpler by the map to human misery and motivation supplied by attachment science. Sensitivity to abandonment and rejection, thwarted longings for connection and care, and the desperate avoidance of pain that begins as a search for protection and then becomes a prison are common across all clients.

Therapeutic Change in EFT

At present, there are nine studies of change processes within EFT couples interventions (Greenman & Johnson, 2013) and one in progress as part of a study of EFT for individuals with emotional disorders (EFIT). The findings are consistent and are hypothesized to remain the same for the EFIT study. Consistent with the theory of EFT, success at the end of therapy and at follow-up—whether this means increased marital satisfaction or intimacy, less depression, or more attachment security—is routinely predicted by two factors: the depth of the client's emotional processing, and authentic encounters with others or key parts of self associated with attachment figures (such as the disapproving self-dialogue learned from a rejecting father). These are coded on formal measures such as the 7-level Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969) in key sessions identified by the therapist as significant in terms of change in Stage 2 of EFT. These change events have been titled "softenings" in that vulnerability is accessed and dealt with in a different, more open way, or, in couples therapy, "Hold me tight" conversations where attachment fears and needs are specified and expressed in ways that pull the partner close and evoke responsiveness (Johnson, 2008). These events are viewed as corrective existential dramas. Fears and needs are accessed and engaged, and basic questions as to the worth of self and the competence to define inner experience are answered affirmatively. New ways to relate to self and other can then be explored.

Summary

Attachment theory tells us that expanding emotion regulation and patterns of engagement with others in moments of constructive dependency enables clients to move into belonging and becoming. A felt sense of safe haven and secure base connection with the therapist and with the other partner allows for a new kind of engagement with ongoing experience and a revision of negative working models of self and other. The clinical vignettes offered by Bowlby (1988, p. 155) reflect the same focus on accepting and staying with a client's emotional experience and leading the client through this experience into deeper connection with self and other as is advocated by Rogers (1951) and epitomized in EFT (Johnson, 2019). A task for the future is to examine if and how that this change process, outlined in our couples therapy research, also predicts successful outcome in EFIT and in EFFT (EFT with distressed families).

The field of psychotherapy is in dire need of a coherent unifying vision of the essential elements of what it means to be human, a vision that takes us beyond simply coping but rather toward growth and what Rogers (1961) called full "existential living," where individuals have "this

underlying confidence in themselves as trustworthy instruments for encountering life" (p. 195). Over 30 years of clinical practice and research studies in EFT send a clear message, that attachment science has an enormous contribution to make in terms of integrating the field of psychotherapy. In particular, more than insight or coping skills, change is essentially about new emotional experience and new ways to truly connect with others.

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