

Attachment in action – changing the face of 21st century couple therapy

Susan Johnson^{1,2,3,4}

The field of couple therapy — one of the most widely sought and practiced modality of therapy — has been revolutionized by the emergence of attachment science in the 21st century. We now understand not only the centrality of close relationships for human health and wellbeing, but also that the key to a healthy happy relationship is a secure attachment bond. Emotionally Focused Therapy is an attachment-based approach that aims to help couples create a secure attachment bond. Several outcome studies have shown that EFT helps to not only alleviate relationship distress but individual co-morbidities as well, with positive follow-up effects. EFT appears to help couples not only improve their relationships but also access the optimal resilience and wellbeing secure attachment allows.

Addresses

¹ International Center for Excellence in Emotionally Focused Couple Therapy (ICEEFT), Canada

² Professor Emeritus of Clinical Psychology – University of Ottawa, Canada

³ Alliant University, San Diego, USA

Corresponding author: Johnson, Susan (info@iceeft.com)

⁴ Recipient of the Order of Canada.

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John Bowlby always intended his developmental theory of personality to be used clinically, that is, as a guide for effective psychotherapy (see Slade and Holmes, this issue). However, two decades after his death, this is only just beginning to happen, except in the arena of couple therapy, which many believe is the most difficult therapy modality of all. Difficult or not, this modality is becoming more and more central in the psychotherapy world. Some 70% of health professionals now report that they treat couples; relationship problems are one of the main reasons for seeking therapy, and the quality of intimate bonds is now clearly linked to physical and mental health outcomes [1]. Loneliness and relationship distress are risk factors for mental health issues such as depression,

anxiety disorders, post-traumatic stress disorders and substance addiction, while positive close relationships have been linked to resilience to stress and general wellbeing. More specifically insecure attachment bonds have been linked to susceptibility to stress and mental health issues [2].

The central problem that has hampered the development of effective interventions in the couple therapy field is that therapy models have been developed without a grounded theory of relationships, that is, without a map to the territory of intimate connection. The focus was most often on symptom management, especially the reduction of conflict, usually by the containment of emotion and the priming of rational resources, such as communication or problem solving negotiation skills, or insights into how past relationships bias the perception of one's partner. As a result, the field tended to bypass key elements of relationships such as nurture, social support and emotional connection. In the last two decades this has changed as a model based on the emerging science of adult attachment, Emotionally Focused Couple Therapy (EFT; [3]), oriented to shaping emotional balance, corrective emotional experiences that shape secure attachment and constructive dependency, has taken the lead in empirically validated couple interventions. At present, EFT leads the field in terms of a large number of positive therapy outcome studies that show impact not only on relationship distress but on personal co-morbidities, such as depression and anxiety, as well as relationship variables such as intimacy, trust, and the forgiveness of injuries, and in terms of positive follow-up effects after 8–20 sessions of therapy, even in couples who are high risk for relapse (all studies can be found listed on www.iceeft.com and are summarized in Wiebe and Johnson [4]). A clear understanding of romantic bonds leads to on-target interventions. What we understand we can actively and systematically shape.

Adult attachment science [5], which has developed alongside EFT, focuses the therapist on the emotional disconnection that disrupts the accessibility, responsiveness and engagement necessary for secure bonding interactions as the central problem in distressed couples and families [6]. Emotional alienation priming separation distress and attachment insecurity is seen as the virus in distressed relationships, while conflict and apparently irreconcilable differences are the resulting inflammation. The goal of EFT is to first help partners *deescalate negative cycles* of interaction, such as angry, critical demanding

followed by defensive stonewalling and distance, that fuel distress, and second, to move partners into a process of *restructuring bonding interactions* and finally to shape the *consolidation of gains*. In corrective bonding interactions in the restructuring stage, partners can co-regulate fears of rejection and abandonment, and communicate attachment needs in ways that invite responsiveness. This formulation fits with recent work on the nature of relationship distress. For example, responsiveness has been identified as the key defining ingredient in predicting the evolution of romantic relationships over time [7], while criticism and stonewalling have been identified as key corrosive factors [8]. Neuroscience offers corroborating evidence as to the impact of interpersonal cues, both on physiology and emotional realities [9]. Rejection cues, for example, are processed in the same area of the brain and in the same manner as physical pain. They both appear to be danger cues informing the person that they are at risk in terms of basic survival needs social bonding animals [10].

Research on EFT

It is perhaps most pertinent to focus here on two specific pathways of EFT research which link to and reflect on the attachment perspective, namely, a recent set of studies linking EFT interventions to the creation of more secure attachment in a romantic partnership and a set of 9 studies on key change events that elucidate how change occurs in successful EFT.

In terms of changing attachment toward increased security, the obvious advantage of couple therapy is that the attachment figure is present in session and so key attachment interactions can be directly modified and choreographed, given an expertise in working with the core emotions that are the music of the attachment dance. In a recent study in this author's lab, 32 distressed, insecure couples were treated for an average of 21 sessions. Attachment security was measured at pre and post therapy and at 2 year follow-up using self-report scores on both the Experiences in Close Relationships Scale (ECR [11]) and on behavioral measures of responses on coded interaction tasks using the Secure Base Scoring System, which measures factors such as clarity of attachment signaling (SBSS: [12]). The ECR was also given after each therapy session so that patterns of change could be discerned (using Hierarchical Linear Modeling statistics [13]). In general, both attachment anxiety and attachment avoidance were significantly reduced, with avoidance showing small reductions after each session and anxiety only shifting after corrective bonding interactions called 'blamer softening' in the later part of EFT [14,15]. Furthermore, the greater the reduction in attachment insecurity in EFT, the more likely the couple was to maintain gains in relationship satisfaction two years after completing therapy [16].

Also, since secure attachment has been found to facilitate adaptive neurophysiological threat responding, using electric shock as the threat [17], fMRI scans were conducted pre and post therapy for female clients. Before EFT, these clients' brains moved into an alarm state when a possible shock was signaled whether they were alone in the machine, holding a stranger's hand or holding their partner's hand. After therapy, their brains remained calm in the face of threat, but only while holding their partner's hand [18], and subjects reported less pain when shocks were delivered. This would appear to be an example of Bowlby's concept of safe haven affect regulation in operation.

In general, this kind of clinical research creates a fertile feedback loop between exploring the effects of intervention and also substantiating and even refining the theory of relationship these interventions are based on. This is the first study to show that in-session attachment oriented dialogues between intimates can shift working models of attachment and their associated affect regulation strategies. It is possible to argue that this is only a relationship specific shift, not a shift in general models. However, general shifts begin with specific new experiences and, in this case, couples maintained gains in their attachment security in the relationship stable at two-year follow-up [19]. There are many implications of this research, not least of which is that it is possible to change key aspects of self and relational system with a short term interpersonally oriented therapy, but perhaps what is most interesting is that EFT research is able to specify how this change occurs.

In a number of studies key change events labeled 'softenings', termed hold me tight conversations in the more popular relationship education literature, [20], have been found to predict significant change in relationship satisfaction at the end of therapy and at follow-up, and, in the study above, change in attachment security [4*,21]. These events, only structured once negative cycles of distress are contained, are characterized by deepened emotional experience where soft feelings such as fear of rejection and abandonment are coherently shared (such emotions are reflected, ordered and distilled by the therapist), and affiliative empathic responsiveness facilitated by the therapist. A corrective experience of safe connection — a bonding experience, then results. The more withdrawn partner is guided first into this experience, followed by the more blaming, aggressive partner. The answer to the key attachment question in all close relationships, 'Are you there for me — are you Accessible, Responsive, and Engaged?' is then a positive one. These events are robust enough that they now form one of the key elements in the Hold Me Tight: Conversations for Connection group educational program, which has shown effectiveness in community settings [22,23]. Thus, the work on EFT has now developed to the point where

applications to educate the public in general about the nature of romantic attachment [24], and to use supportive bonding to increase personal resilience in the face of illnesses, such as heart disease, are blossoming [25].

To offer a brief snapshot of EFT, in a process called the EFT Tango, that is repeated with varying pace and intensity throughout therapy, the therapist continually: Reflects patterns of emotional processing and interpersonal responses (*'You sound angry but then lapse into "lonely" tears, but he only hears the anger and then he withdraws, priming your sense of loss and anger'*): Deepens emotion with clients (*'Underneath the anger there is this "desperation" and sense of not mattering'*): Sets up new interactions using the deepened emotional cues (*'Can you tell him, "I get so scared that I don't matter to you — you can just shut me out — that I yell to try to reach you"'*): Processes these new interactions and fosters empathic connection (*'How does it feel to say this?' "How does it feel to hear this" — "Can you let that in- help her with this feeling?"*): Validates and integrates this new experience (*'Look how well you did. You risked and reached, put your emotions together in a new way, responded to each other. You can do this. You can make sense of your relationship and find a way home.'*). Attachment science steers the therapist in very specific ways, namely: guiding the therapist into an emotionally present, accepting, collaborative alliance with clients; providing a focus and frame for the emotional territory of close relationships and so making sense of the compelling emotions, longings and needs that clients bring to therapy; offering a clear view of relationship problems, a goal for therapy and a specific guide to the creation of interactions that shape constructive, lasting dependency; pinpointing blocks to the attainment of attachment needs; addressing related issues such as the forgiveness of injuries and the enhancement of other aspects of relationships such as sexuality [24]. Future directions in EFT research include investigating the efficacy of the new Hold Me Tight group-based relationship education program [20], including longitudinal research to see whether the program is also effective in preventing relationship distress from occurring in the first place. We also believe that future research is needed to explore the individual benefits of EFT for couples facing stress and illness. This would allow us to take the attachment literature — which has discovered that secure attachment is beneficial for health and well-being [5] — one step further by demonstrating that we can actually create more optimal health and wellbeing by creating a more secure attachment bond.

EFT interventions are now taught in universities and colleges and in over 65 affiliated training centers around the globe. Training is systematic, laid out in a manner that can lead to certification (www.iceeft.com) and the effects of training have also been researched [26]. This model is also applied to families and to individual therapy [27].

Attachment science has now defined the core variables that shape secure bonding, allowing therapists to deliberately scaffold bonding experiences, that is to repair and grow the secure bonds that foster positive functioning and well-being. Mozart stated that 'Love guards the heart from the abyss'. In the 21st century, romantic love, just like positive parenting, can be a matter of craft and intent, rather than simply of chance or magic. With this advance, the field of couple interventions is beginning to flower in a myriad of promising ways and the possibility of secure loving bonds can be actualized for an increasing number of couples.

Conflict of interest statement

Dr. Sue Johnson is Director of the International Center for Excellence in Emotionally Focussed Therapy — and trains clinicians globally in this approach. Therefore she has a vested interest in Emotionally Focused Couples Therapy as an attachment intervention.

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