

published by the  
International Centre for Excellence  
in Emotionally Focused Therapy



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## Different Strokes for Different Folks: Tailoring interventions to attachment strategies



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From the outset of meeting a couple, the attachment oriented therapist hears hints from each partner of how they relate towards attachment needs in self and other. Markers of avoidant tendencies are indifference and distancing – “I don’t see what the problem is.” Markers of anxious tendencies are desperation and pursuing – “Why can’t we ever sit and talk like we used to?” Noting the markers of different attachment strategies (“seemingly different folks”) – the hyperactivation of anxious

strategies and the minimization of avoidant strategies – is important from step 1 onward.

In a typical pursue/withdraw cycle, a critical pursuer (anxious attachment strategy) may say, “Even when he is home, he can’t be found. I can never reach him...can never get him to really listen to me at all.” A typical withdrawer (with an avoidant strategy) is likely to say, “I wish we could just have peace and get along, but she is always upset about something!”

Over years or decades of enacting negative cycles, partners may flip in their interactional positioning reflecting a change in attachment strategy. Anxious pursuers may burn-out and shift to an avoidant stance – “I do avoid – I am so sick and tired of hearing how everything is my fault that I can’t be bothered to listen anymore. It hurts too much.” When pursuers emotionally disengage to protect

themselves, it can evoke panic from withdrawers who may move temporarily to a reactive pursuing position:

"She spends more and more time with her friends! I can't get her to do anything with me. She used to complain that I was never here and now I am home all the time but she just can't be bothered with me now."

A trauma victim with a combination of anxious and avoidant strategies will display both strategies: "Everytime I try to tell her how she has hurt me, she gets upset! She shuts down and goes away," (anxious complaints); "I just can't tell her how angry I am at her, so I bite my tongue and shut up and go farther away each time," (avoidant withdrawal).

**The EFT therapist** tailors interventions to fit the needs of different attachment strategies, to help make it safe enough for partners with different approaches to trust the therapeutic process and to access emotions that have not been safe to feel.

**Anxious partners** have more diffuse absorbing affect. They tend to be flooded with exasperation and unclear overwhelming worries. They are highly reactive, and typically enraged at their inability to get engaged responses from their partners. Underneath the reactive anger is mounting fear and panic that they are not important to their partner. They need a therapist to validate the secondary reactive affect such as rage towards a "defective partner" before the therapist can very slowly unpack and expand this affect to access primary desperation, loneliness or fears of abandonment and of not mattering. To do this the therapist intersperses evocative questions with focused interruptions, validation and reflections.

**Evocative questions:** "What happens inside just before your voice rises and you insist he drop everything and listen to you?" (to evoke a flash of primary emotion).

**Brief focused interruptions:** "I'm going to slow you down right here – just before you said, 'I just can't stand the silence', I noticed you took a quick

peak at him and tossed your head. Can you tell me what you saw?" (to evoke the cue or the attachment meaning).

**Frequent validation:** "I completely understand it is frustrating when his silence says to you, 'I don't care' and the more you try to get him to sit and listen to how far away he seems to you (action tendency), the less he seems to listen," (the cue/the cycle).

**Reflections:** "You say to yourself, 'If he doesn't want to sit and talk, I guess I am just not that important to him'."

**Avoidant partners** have been accustomed to numbing emotion and to feeling that any affect is unacceptable. They will need the therapist to patiently and persistently insert more emotionally evocative questions between reflections, heighten any emotional response, refocus on the present moment when the partner exits and offer brief, tentative conjectures one step ahead of the partner's awareness. Any conjecture must then be carefully checked for emotional accuracy and aliveness with the client.

**Evocative questions:** "You said, 'I feel nothing – I make myself busy, so I don't have to see her rejecting me.' What happens just now as you say, 'I make myself busy, so I never, never have to face her rejecting me,' (action tendency)? What does it feel like inside to reflect on that rejection you work so hard to avoid?" (evoking on the leading edge of primary emotion).

**Heighten:** "So dangerous to feel – so unbearable to risk feeling the anguish of her turning away from you!"

**Tentative conjecture:** "You say 'It feels safer, this way,' almost as though it would be too dangerous to feel how much you are missing her?"

**Check to confirm:** "You said – 'sort of' – help me understand – what sort of fit for you about that?" Or "Are you saying: 'You bet! – it would be way too dangerous to even let myself feel how lonely it is without her'?"

**Check for aliveness:** "Do you feel a touch of that

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danger just now? Where in your body do you feel it? Can we stay with that knot of danger you feel?"

**Frequent validation:** "When you are so certain that you don't matter to her anymore it makes sense that you stay far, far away, to protect yourself from that dreadful sense of rejection," (connecting attachment meaning to action tendency of avoiding). "Just before the numbness, the wall came up, and you said there was a flicker of dread. The wall must feel so much safer than that awful dread!" (validating the blocking of the dread/fear).

It is important for EFT therapists to notice the markers of different attachment strategies to wisely choose different strokes (or interventions) for different folks.

Different attachment strategy markers also help the EFT therapist to attune to hints of primary emotional experiences that commonly lie just beyond the edge of client awareness. Attachment theory shows that withdrawers often feel exhaustion with placating, feeling unwanted and undesirable, and fearing failure and engulfment; whereas, pursuers commonly fear abandonment, feeling unimportant, unwanted, and lonely. The Toolbox article (p.4) on markers of present moment emotional experience, can best be utilized in the context of recognizing the markers of attachment differences.

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