

needs a theory of adult intimacy, an understanding of the nature of adult love. This is the topic of this chapter.

### THE EFT PERSPECTIVE ON ADULT LOVE

If we ask our clients what is the basis of a happy long-term relationship, they inevitably answer with one word, *love*. However, in the field of professional couple and family therapy, love has been conspicuous by its absence. It has been a forgotten variable (Roberts, 1992). Couple and family therapy has generally focused on issues of power, control, autonomy, and the mediation of conflict, to the exclusion of nurturance and love (Mackay, 1996). The recent application of attachment theory to adult relationships is a revolutionary event for couple therapy, because, for the first time, it provides the couple therapist a coherent, relevant, well-researched framework for understanding and intervening in adult love (Johnson, 2003b). This is part of a larger revolution in which science is, at last, beginning to address the "core mysteries of human relationships" (Berscheid, 1999, p. 206).

There is nothing so practical as a good theory. Such a theory directs the therapist to the defining features of the complex multidimensional drama that is a distressed close relationship. Such a theory also gives the therapist a language to capture and legitimize each client's experience. Once the defining features of a relational landscape have been set out, it is easier to map and move through; it is then easier to reach distant destinations. A theory of love not only helps the therapist understand what is wrong in a distressed dyad, but also sets out relevant and meaningful treatment goals and the steps on the road to achieving them. A good theory makes sure that interventions are "on target"; that they go to the heart of the matter.

What are the basic tenets of attachment theory, as first articulated by John Bowlby (1969, 1988), then developed and applied to adults by social psychologists such as Shaver

(Shaver & Mikulincer, 2002) and by a growing number of couple and family therapists (Johnson & Whiffen, 2003)?

### The Tenets of Attachment Theory

The 10 central tenets of attachment theory are:

1. **Attachment is an innate motivating force.** Seeking and maintaining contact with significant others is an innate, primary motivating principle in human beings across the life span. Dependency, which has been pathologized in our culture, is an innate part of being human rather than a childhood trait that we outgrow. Attachment and the emotions associated with it are the core defining feature of close relationships; it is the "heart of the matter" for the couple therapist. This theoretical perspective can claim considerable cross-cultural validity (van Ijzendoorn & Sagi, 1999). It also draws links to the evolution of humans as social animals and offers a universal perspective. It reminds us that when the wind blows, it stings the eyes of all. The fear of isolation and loss is found in every human heart.

2. **Secure dependence complements autonomy.** According to attachment theory, there is no such thing as complete independence from others or overdependency (Bretherton & Munholland, 1999). There is only effective or ineffective dependency. Secure dependence fosters autonomy and self-confidence. Secure dependence and autonomy are then two sides of the same coin, rather than dichotomies. Research tells us that secure attachment is associated with a more coherent, articulated, and positive sense of self (Mikulincer, 1995). The more securely connected we are, the more separate and different we can be. Health in this model means maintaining a felt sense of interdependency, rather than being self-sufficient and separate from others.

3. **Attachment offers an essential safe haven.** Contact with attachment figures is an innate survival mechanism. The presence of an attachment figure, which usually means parents, children, spouses, and lovers, provides comfort and

security, while the perceived inaccessibility of such figures creates distress. Proximity to a loved one tranquilizes the nervous system (Schore, 1994). *It is the natural antidote to the inevitable anxieties and vulnerabilities of life.* For people of all ages, positive attachments create a *safe haven* that offers a buffer against the effects of stress and uncertainty (Mikulincer, Florian & Weller, 1993) and an optimal context for the continuing development of the personality.

**4. Attachment offers a secure base.** Secure attachment also provides a *secure base* from which individuals can explore their universe and most adaptively respond to their environment. The presence of such a base encourages exploration and a cognitive openness to new information (Mikulincer, 1997). It promotes the confidence necessary to risk, learn, and continually update models of self, others, and the world so that adjustment to new contexts is facilitated. Secure attachment strengthens the ability to stand back and reflect on oneself, one's behavior, and one's mental states (Fonagy & Target, 1997). When relationships offer a sense of felt security, individuals are better able to reach out to and provide support for others and deal with conflict and stress positively. These relationships tend then to be happier, more stable, and more satisfying. The need for a secure emotional connection with a partner, a connection that offers a safe haven and a secure base, is the central theme of couple distress and the process of effective relationship repair.

**5. Emotional accessibility and responsiveness build bonds.** In general, emotion activates and organizes attachment behaviors. More specifically, the building blocks of secure bonds are emotional accessibility and responsiveness. An attachment figure can be physically present but emotionally absent. Separation distress results from the appraisal that an attachment figure is inaccessible. It is emotional engagement that is crucial and the trust that this engagement will be there when needed. In attachment terms, any response (even anger) is better than none. If there is no engagement, no emotional responsiveness, the message from the attachment figure reads as "Your signals do not matter, and there is no connection

between us." Emotion is central to attachment, and this theory provides a guide for understanding and normalizing many of the extreme emotions that accompany distressed relationships. Attachment relationships are where our strongest emotions arise and where they seem to have most impact. Emotions tell us and communicate to others what our motivations and needs are; they are the music of the attachment dance (Johnson, 1996). As Bowlby has suggested, "the psychology and psychopathology of emotion is . . . in large part the psychology and psychopathology of affectional bonds" (1979, p. 130).

**6. Fear and uncertainty activate attachment needs.** When the individual is threatened, either by traumatic events, the negative aspects of everyday life such as stress or illness, or by any assault on the security of the attachment bond itself, powerful affect arises and attachment needs for comfort and connection become particularly salient and compelling. Attachment behaviors, such as proximity seeking, are then activated. A sense of connection with a loved one is a primary inbuilt emotional regulation device. Attachment to key others is our "*primary protection against feelings of helplessness and meaninglessness*" (McFarlane & Van der Kolk, 1996). This theory helps the couple therapist understand how a particular event, such as a flirtation at a party or a short period of distance at a time of need, can threaten a relationship and begin a downward spiral of distress.

**7. The process of separation distress is predictable.** If attachment behaviors fail to evoke comforting responsiveness and contact from attachment figures, a prototypical process of angry protest, clinging, depression, and despair occurs, culminating eventually in detachment. Depression is a natural response to loss of connection. Bowlby viewed anger in close relationships as often being an attempt to make contact with an inaccessible attachment figure and distinguished between the anger of hope and the anger of despair, which becomes desperate and coercive. *In secure relationships, protest at inaccessibility is recognized and accepted.* An emotionally focused therapist sees the basic dramas of distress,

such as demand-withdraw, as variations on the theme of separation distress.

**8. A finite number of insecure forms of engagement can be identified.** The number of ways that human beings have to deal with the unresponsiveness of attachment figures is limited. There are only so many ways of coping with a negative response to the question “Can I depend on you when I need you?” Attachment responses seem to be organized along two dimensions, anxiety and avoidance (Fraleay & Waller, 1998).

When the connection with an irreplaceable other is threatened but not yet severed, the attachment system may become hyperactivated or go into overdrive. Attachment behaviors become heightened and intense as anxious clinging, pursuit, and even aggressive attempts to control and obtain a response from the loved one escalate. From this perspective, most criticism, blaming, and emotionally loaded demands in distressed relationships are attempts to deal with and resolve attachment hurts and fears.

The second strategy for dealing with the lack of safe emotional engagement, especially when hope for responsiveness is tenuous, is to attempt to deactivate the attachment system and suppress attachment needs. The most commonly observed ways of doing this are to focus obsessively on tasks, and limit or avoid distressing attempts at emotional engagement with attachment figures. These two basic strategies—canxious preoccupied clinging and detached avoidance—can develop into habitual styles of engagement with intimate others. Angry criticism, viewed through the attachment lens, is most often an attempt to modify the other partner’s inaccessibility, and as a protest response to isolation and perceived abandonment by the partner. Avoidant withdrawal may be seen as an attempt to contain the interaction and regulate fears of rejection and confirmation of fears about the unlovable nature of the self. A third insecure strategy has been identified that is essentially a combination of seeking closeness and then fearful avoidance of closeness when it is offered. This strategy is usually referred to as disorganized in the child literature and fearful avoidant in the adult literature

(Bartholomew & Horowitz, 1991). This strategy is associated with chaotic and traumatic attachments where others are, at one time, the source of and solution to fear (Johnson, 2002; Alexander, 1993).

The anxious and avoidant strategies were first identified in experimental separations and reunions with mothers and infants (Ainsworth, Blehar, Waters & Wall, 1978). Some infants were able to modulate their distress on separation, to acknowledge their distress and engage in clear support seeking when the mother returned. They were able to give clear signals and so make reassuring contact with the mother, and then, confident of her responsiveness if she was needed, to return to exploration and play. They were viewed as *securely attached*. Others became extremely distressed on separation. They did not seem to be confident that the mother would return and then clung to, or expressed anger to, the mother on reunion. They were difficult to soothe and were viewed as preoccupied with making contact with the mother and *anxiously attached*. Another group showed signs of significant physiological distress but showed very little emotion at separation or reunion. They focused on tasks and activities and were seen as *avoidantly attached*. These styles are “self-maintaining patterns of social interaction and emotion regulation strategies” (Shaver & Clarke, 1994, p. 119). They echo the display rules for emotion that Ekman and Friesen identified (1975), namely exaggerating—substituting one feeling for another, as when we focus on anger rather than fear, and minimizing.

Recent research into adult attachment has added to our understanding of adult attachment style. For example, anxiously attached adults seem to experience separation from their attachment figure as a catastrophe that parallels death, while more secure adults are more open to new information and able to revise beliefs in relationships, as well as being able to seek reassurance more effectively. Anxious partners are more prone to strong anger, whereas avoidants seem to experience intense hostility and to also attribute this hostility to their partners. Moreover, avoidant partners tend to feel

hostile when the other partner expresses distress or seeks support. Research suggests that avoidant partners can be socially skilled in general but avoid seeking or giving support when attachment needs arise within them or their partner. Avoidant partners also tend to be more prone to promiscuous sexuality (Brennen & Shaver, 1995; Shaver & Mikulincer, 2002). In general, anxiety and avoidance foster a rigid hypervigilant attitude to novelty and uncertainty and an equation of letting down one's guard with helplessness. All couple therapists will recognize these factors as preludes to and part of narrow rigid patterns of interaction and a constriction of the flexible openness necessary for closeness and connection.

These insecure habitual forms of engagement can be modified by new relationships, but they can also mold current relationships and so can easily become self-perpetuating. They involve specific behavioral responses to regulate emotions and protect the self from rejection and abandonment, and cognitive schemas or working models of self and other. In the attachment literature the term *attachment styles*, which implies an individual characteristic, is often used interchangeably with the term *attachment strategies*, which implies behavior that is more context specific. The use of the third term, *habitual forms of engagement* (Sroufe, 1996), further stresses the interpersonal nature of this concept. These forms of engagement can and do change when relationships change and are best thought of as continuous, not absolute (one can be more secure or less secure). The literature on these forms of engagement in the attachment dance helps the couple therapist see past all the content issues and dramatic subplots to the key moves and stances in that dance. The description of these strategies or patterns also fits with descriptive research on marital distress, for example, the delineation of the blame-pursue followed by defend-distance pattern as a prelude to relationship breakdown.

It is hardly surprising given the above that research confirms that attachment style affects marital satisfaction. Individuals with insecurely attached spouses report lower satisfaction; couples where both are securely attached report better

adjustment than couples in which either or both partners are insecurely attached (Feeney, 1994; Lussier, Sabourin & Turgeon, 1997). When we consider these habitual responses and self-perpetuating patterns of interaction, it is easy to see that attachment is a systemic theory (Johnson & Best, 2002), and is concerned with "a reality-regulating and reality-creating not just a reality-reflecting system" (Bretherton & Munholland, 1999, p. 98).

### 9. Attachment involves working models of self and other.

We define ourselves in the context of our most intimate relationships. As stated above, attachment strategies reflect ways of processing and dealing with emotion. Some spouses catastrophize and complain when they feel rejected; some become silent for days. Bowlby outlined the cognitive content of the representations of self and other that are inherent in these response patterns. Secure attachment is characterized by a working model of self that is worthy of love and care and is confident and competent, and indeed research has found secure attachment to be associated with greater self-efficacy (Mikulincer, 1995). Securely attached people, who believe others will be responsive when needed, also tend to have working models of others as dependable and worthy of trust. These models of self and other, distilled out of a thousand interactions, become expectations and biases that are carried forward into new relationships. They are not one-dimensional cognitive schemas; rather they are *procedural scripts* for how to create relatedness and ways of processing attachment information. These models involve goals, beliefs, and attachment strategies, and they are heavily infused with emotion. *Working models are formed, elaborated, maintained, and, most important for the couple and family therapist, changed through emotional communication.* The couple therapist will recognize in his or her clients' emotional self-disclosures the models of self and other that naturally well up in highly charged interactions with loved ones. Once distressed partners step beyond their angry protests, for example, they often begin to disclose fears about their own lovableness and worth.

**10. Isolation and loss are inherently traumatizing.** Lastly, it is important to recognize that attachment is essentially a theory of trauma. Bowlby began his career as a health professional by studying maternal deprivation and separation and its effects on children. Attachment theory describes and explains the trauma of deprivation, loss, rejection, and abandonment by those we need the most and the enormous impact it has on us. Bowlby viewed these traumatic stressors, and the isolation that ensued, as having tremendous impact on personality formation and on a person's ability to deal with other stresses in life. He believed that when someone is confident that a loved one will be there when needed, "a person will be much less prone to either intense or chronic fear than will an individual who has no such confidence" (1973, p. 406). The couple and family therapist knows the stress of deprivation and separation well. It is an essential part of the ongoing drama of "ordinary" relationship distress. Indeed, clients often speak of such distress in terms of trauma, that is, in life-and-death terms. As a theory of trauma, attachment theory specifically helps us to understand the weight behind emotional hurts such as rejection or perceived abandonment by a loved one. Distressed partners who are dealing with the traumatic helplessness induced by isolation and loss tend to adopt stances of fight, flight, or freeze that characterize responses to traumatic stress. The trauma perspective, with its focus on the power of helplessness and fear, helps the couple therapist tune in to the reality of distressed partners and deal with that reality constructively.

#### **Adult Attachment—A Note**

Due to our cultural focus on the individual and valuing of self-sufficiency, it is difficult for some clinicians and some couples to think of adult relationships in attachment terms. John Bowlby always believed that attachment was a lifelong affair, and it is perhaps worth pausing and explicitly noting the basic similarities in the features of infant/child–caregiver and adult love relationships (adapted from Shaver, Hazan & Bradshaw, 1983).

In both kinds of relationships, there is a deep desire for attention, emotional responsiveness, and reciprocal interest. A child or an adult lover feels more confident and secure, and therefore more able to cope with stressful events, when the other is perceived as on hand and dependable. In both relationships, people are happier and more outgoing and show a greater threshold for distress and tolerance of ambiguous or negative relationship events if the other is seen as basically accessible and responsive. When an attachment figure is distant or rejecting, both infants and adult lovers become anxious, preoccupied, and unable to concentrate or explore their environment. Both kinds of relationships are typified by contact seeking and high levels of physical contact, such as caressing, hugging, holding, and kissing. When afraid, sick, or distressed, adults and children want particularly to be held and comforted by their loved one. At all ages, there is distress at separation from and loss of an attachment figure, and fear of this loss. Reunion is a source of joy and comfort expressed by reaching and greeting; this is especially true when there was any doubt concerning the reunion. In both relationships, experiences and gifts are shared, confidence is valued, and people actively reflect on how a loved one would react to events or interesting sights. These are the only relationships typified by prolonged eye contact—gazing and a fascination with the other's physical features and a desire to explore them. Nonverbal communication is also very important, and both lovers and parent–child dyads coo and sing to each other.

There can be more than one attachment figure, but for both child and adult there is usually one key primary person who represents a safe haven and secure base. Adversity and stress increase a person's need for the other and intensity attachment behaviors, no matter what the age. Empathic attention is part of falling in love and playing with a child, and when the attachment relationship is not going well there is a hypersensitivity to nonreciprocity and disapproval. Both lovers and parent–child dyads get enormous pleasure from the attention, approval, and responsive caring of the other.

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