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Attachment

A Guide to a New Era of Couple Interventions

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Attachment theory, now recognized as "one of the broadest, most profound, and most creative lines of research" in psychology (Cassidy & Shaver, 2008, p. xi), has permeated the fields of developmental, personality, and social psychology and has arguably changed the culture of parenting in the Western world. Attachment theory is perhaps the prime example of an empirically supported theory of human functioning that systematically integrates what Bowlby (1973, p. 180) called the "inner ring" of emotional processing in the individual with the "outer ring" of patterned interactions in social relationships, outlining how each reciprocally influences the other. This integration would seem to give it obvious relevance for clinical psychology and the tasks of the psychotherapist. Nevertheless, clinical psychologists have been slow to appreciate its significance. Over 25 years ago, Bowlby himself noted that he was "disappointed that clinicians have been so slow to test the theory's uses" (1988, pp. ix–x). The most notable exceptions appear to be the work of more analytically oriented clinicians who use approaches such as mentalizing, derived from attachment theorist Mary Main's (1991) notion of *metacognitive monitoring* (Fonagy et al., 1995; Wallin, 2007), and accelerated experiential dynamic psychotherapy (Fosha, 2000). Both models are used to address individual dysfunction.

In the field of couple therapy, however, attachment theory and science

have become increasingly central—forming the basis of one of the only two extant empirically validated couple therapies, emotionally focused therapy (EFT; Johnson, 2004), while beginning to influence the conceptualization of relationship distress in the other, the cognitive-behavioral model of couple therapy (Cobb & Bradbury, 2003). Attachment is also the basis for a new and promising relationship enhancement program based on EFT, the Hold Me Tight: Conversations for Connection program (Johnson, 2010), which is presently being evaluated. This chapter focuses on how attachment science is taking couple therapy and our ability to shape loving relationships, as exemplified by EFT, in new and immensely promising directions; how clinical findings can clarify theoretical issues associated with changing attachment; and how attachment affects other aspects of a relationship, namely sex and caregiving. The chapter does not focus on systematically describing EFT, since such descriptions are already available in numerous texts in the attachment and couple therapy literature (Johnson, 2009a, 2009b). It is sufficient here to summarize EFT as a model where a therapist constantly helps partners to expand their inner emotional awareness, especially of their deeper, softer emotions, and to send new signals to each other that evoke new and more positive responses from each other. These positive responses are then organized into a new "dance" of secure bonding. This dance redefines the partners' relationship and offers them all the benefits that accrue from a stable sense of felt connection with an irreplaceable other.

As a modality, couple therapy is more and more in demand with the public; moreover, the quality of couple relationships is now recognized as a key variable in mental and physical health in general, and in problems such as depression and heart attack in particular (Johnson, 2004; Hawkley, Masi, Berry, & Cacioppo, 2006). However, couple therapy is also a field that has long been accused of being a set of relatively superficial interventions in search of an encompassing theory of relationship and relationship change. Many commentators have suggested that the key defining aspects of love relationships, such as emotional comfort and nurturing, have been conspicuously absent from models of couple therapy, and that many interventions, such as those that focus on teaching sequences of communication and listening skills, are not typical of happy relationships and are not powerful enough to change key relationship-defining interactions outside the therapist's office (Mackay, 1996: Gottman, Coan, Carriere, & Swanson, 1998). In the same vein, Acevedo and Aron (2009)—after completing a recent brain scan study showing that physiological responses to a partner in a certain proportion of recent and long-term lovers were identical, and concluding that romantic love is not ephemeral but can last across time—have now directly challenged couple therapists to begin to focus on shaping the responses that make up what we call love. The key issue in meeting such a challenge is that the creation of a couple therapy that targets the organizing

elements of a love relationship, and is powerful enough to have an impact on vital factors such as intimacy, trust, emotional connection, compassion, sexual desire, and tenderness, requires a systematic, pragmatic theory of love and loving. The field of adult attachment, as developed over the last two decades (Mikulincer & Shaver, 2007), offers exactly such a theory. In light of the points made above, it seems to be more and more apparent that the attachment perspective is creating the beginnings of what may be called a revolution in the way couple problems are conceptualized and couple interventions are implemented (Johnson, 2013).

This revolution is exemplified in EFT—a model that now, more than any other approach, exemplifies the ideal in terms of empirical validation as laid out by the American Psychological Association (Sexton et al., 2011), in terms of numerous studies on outcome and the process of change, positive follow-up studies, generalization studies with different populations such as trauma survivors, and studies of the process of learning this model (Lebow, Chambers, Christensen, & Johnson, 2012). It is apparent that attachment theory and science are clarifying the core problem to be addressed in relationship distress, and offer, for the first time, clearly defined criteria for successful treatment and relationship health.

A New Direction: A Secure Base for the Practice of Couple Therapy

First, the essence of any short-term psychotherapy is to find a pertinent focus for intervention. Attachment offers clinicians a clearly detailed map to the emotional territory of a love relationship. It provides an explanatory framework that elucidates the strong emotions and motivations organizing a partner's responses in love relationships, and that explains the powerful impact one partner has on another. As a therapist watches members of a couple move in ubiquitous negative patterns, such as blame/demand followed by defend/withdraw, there are many problematic elements to focus on and many ways to understand what he or she sees. Attachment leads the therapist past individually focused explanations ("She has a personality disorder"), skill deficit issues ("He needs assertiveness training"), content issues ("They need help negotiating their differing parenting styles"), one-dimensional frames ("He needs to learn to reappraise her 'nagging' as concern"), and mythological explanations ("They are not soul mates, so they should separate"). The clear lens of attachment gives precedence to the need for a felt sense of connection with another, and frames emotional isolation in terms of deprivation and starvation; it allows the therapist to see negative responses as desperate attempts to connect with a partner or to stave off the threat of imminent rejection and abandonment. The problem, in attachment terms, is essentially a pervading sense of emotional disconnection and ineffective attempts to remedy this. The central questions in a

distressed relationship, often never explicitly stated, are "Are you there for me; am I important to you; and will you come when I call?" Relationship conflict is then seen as separation distress that is continually perpetuated by the negative ways in which a couple deals with attachment signals. As Bowlby himself suggested, through the lens of attachment every apparently dysfunctional response to a partner makes sense, and so the multilevel, often confusing drama of distress is laid bare and becomes amenable to intervention. Partners criticize to evoke responses from each other, but end up pushing each other away; or they shut down and withdraw to avoid rejection, and end up shutting each other out and elicit fears of abandonment. Attachment theory allows therapist to grasp the essential nature of relationship distress on both individual and interactional levels in a manner that clients find salient and compelling and creates a path for the curtailment of negative cycles of interaction and the creation of positive bonding interactions.

The attachment perspective also offers a coherent picture of a healthy, stable relationship that provides a direction for therapy and keeps the therapist on track in the process of change. EFT is conducted in three stages. Stage 1, *deescalation*, involves offering the members of a couple a new understanding of how they influence each other and what they need from each other; the therapist helps them to identify negative patterns of interaction that constantly elicit disconnection, distance, and despair. Once partners can help each other out of such cycles, the relationship becomes a secure base from which to explore the path to deeper connection and Stage 2, *restructuring the bond*. Here partners are guided into a process of becoming more open and responsive to each other, to the point where they can ask for comfort in regard to their attachment fears and clearly state their attachment needs in a manner that invites responsiveness. Stage 3, the last stage, is *consolidation*, where the partners form a coherent narrative of how they changed their relationship and how they can continue to enhance their bond. Process studies of key attachment interactions in Stage 2 inform therapists of the shifts in emotional processing and interactional responses that are necessary and sufficient to create lasting change. The goal in EFT is not simply to lessen negativity and offer a couple some new resources. It is specifically to shape the emotional synchrony typical of positive bonded relationships in the session, and to offer the couple a corrective emotional experience of secure connection. Clarity as to the nature of love and bonding allows for the identification of pivotal moments in therapy—moments where focused, systematic intervention can help partners create not just a more generally positive dance, but one that will answer their primary needs for connection and care, as well as building ongoing commitment and satisfaction.

It is also important to note that this goal, which is admittedly more ambitious than interventions aimed at simply reducing relationship hostility

and distress, makes relationship interventions supremely relevant to the welfare of individual partners and so extends the scope of couple therapy as a modality. It is pertinent to consider just a few of the benefits that are associated with more secure attachment. These include being able to retain emotional balance in the fact of stress and threat, rather than becoming flooded with anxiety or anger; tune into one's own emotions and so identify needs; offer consonant, coherent messages to others about fears and needs that evoke responsiveness; trustingly take in care and return to physiological homeostasis; tolerate ambiguous or negative responses from another with less defensiveness and reactivity; turn into the world with the confidence to explore and learn; and respond to another with empathy and sensitive care in a way that constantly renews bonds (Johnson, 2011). A basic tenet of attachment theory is that secure bonds make people stronger and more able to adapt to difficult circumstances. The possibility then arises that couple therapy becomes a potent arena for the growth of more functional individuals that can continue to grow and also to support each other over a lifetime of transitions, uncertainties, and dangers. More secure attachments also have great healing power and can be mobilized in an attachment-oriented therapy as part of any integrated treatment to move individuals from dysfunctional states into improved mental health. EFT has been shown to be easily adapted to couples facing problems such as depression and posttraumatic stress disorder, and to have a positive impact on individual symptomatology (Dalton, Greenman, Classen, & Johnson, 2013; Denton, Wittenborn, & Golden, 2012; MacIntosh & Johnson, 2008).

Attachment-Oriented Innovations in Couple Therapy

There are many ways that an EFT session, guided by attachment theory, differs from other models and from standard practice in the field. First, while many models speak of building a collaborative alliance with clients, in EFT there is a particular emphasis on the therapist's being emotionally present, responsive, and transparent with clients, much as a good attachment figure would be. The most seminal figures in the development of EFT, Carl Rogers (1961) and John Bowlby (1969/1982), both believed in clients' innate desire to grow toward health and advocated empathic responsiveness, and in accepting the validity of clients' present responses and formulations of their reality. A safe environment with an explicitly supportive therapist, then, fosters the exploration of this reality. An EFT therapist will begin by validating a client's anger and placing it in an attachment frame of desperation triggered by perceived abandonment, rather than by pointing out how anger can be dysfunctional and offering corrective directives. The therapist assumes that it is necessary to provide a secure base if new risks

are to be taken and difficult emotions explored. In EFT research (Johnson & Talitman, 1997), the quality of the alliance has been found to account for 20% of the variance in therapy outcome. This appears to be a reflection not only of the bond between therapist and clients and agreement about goals, but particularly the perceived relevance of the tasks (such as sharing softer emotions and needs with a partner) structured by the therapist. This speaks to clients' perceptions of the exquisite relevance of the attachment frame, which literally "makes sense" of their struggle and fosters engagement in the therapy process. Attachment offers a unique and very specific version of the therapeutic alliance to the field of psychotherapy.

Second, an attachment framework gives precedence to emotion, offers a map to the emotional territory of love relationships, and also systematically depathologizes attachment anxieties and longings. These three elements, we suggest, all offer new directions to the field. Bowlby always made it very clear that emotion is the core aspect of attachment relationships; however, many models of couple therapy, viewing emotion as the problem, have simply dismissed or, at best, simply labeled and then bypassed it. This is understandable when a therapist has no clear, logical map of the extreme emotions that accompany love relationships. Attachment theory, however, offers such a map. An EFT session resounds with the six basic universal emotions identified by Ekman (2003): anger, which in the case of couple therapy is reactive anger at the partners' perceived unresponsiveness (Bowlby, 1973, called this the anger of despair rather than the anger of hope); surprise and joy, as when a partner responds to an attachment call; sadness, at a partner's pain or for one's own loneliness; shame, when models of self as unworthy and unlovable come to the fore; and fear, which in couple therapy is the fear of abandonment and rejection. Panksepp (2003) refers to this fear as a "primal panic" that arises when contact with a much-needed loved one is lost and the brain registers this loss as a danger cue. Such a formulation fits with recent findings from brain scan studies that social pain such as rejection is processed in the same part of the brain and in the same way as physical pain (Eisenberger, Lieberman, Matthew, & Williams, 2003), the ultimate danger signal. The attachment perspective outlines key aspects of emotion as it arises in therapy sessions—namely, the compelling need for felt connection with a dependable other that makes sense of intense emotional responses, the triggers for these emotions, the catastrophic meanings associated with them, and the ways they move partners in their interactional dance. Partners and therapists who have no grasp of this perspective often misinterpret or pathologize these emotions, viewing silent fear and shame as indifference, or desperate anger as mental illness or malice rather than an attempt to coerce an unresponsive attachment figure into engagement and responsiveness. The EFT therapist, however, can make coherent sense of, validate, and so help clients effectively regulate such emotions, moving them from numbing out and avoidance or the

hyperarousal of attachment anxiety into more emotional balance and more flexible responsiveness. From an attachment perspective, the pathologizing of dependence needs, longings, and anxieties is a significant issue in the field of mental health and in the couple therapy modality in particular, where concepts such as enmeshment and lack of differentiation or individuation are very often offered as explanations for relationship problems (Johnson, 2008b). To change these kinds of conceptualizations into one that values effective dependence, where close connection supports a positive, coherent, and autonomous sense of self, is indeed to take the field in a new direction.

Third, attachment offers the couple therapy field clarity about what is necessary and sufficient to create a corrective emotional experience of connection that is able to redefine a relationship as a stable and satisfying bond. Recent studies (described later in this chapter) have shown that EFT increases attachment security, and that this increase in security is associated with specific processes and events in Stage 2 of EFT (Burgess Moser et al., in press; Burgess Moser, Johnson, Dalgleish, Tasca, & Wiebe, 2014). These results are similar to those from other studies of the process of change in EFT (Dalgleish, Johnson, Burgess Moser, Wiebe, & Tasca, 2014; Greenman & Johnson, 2013), which found that events where the more hostile partner "softened" and asked for needs to be met in a vulnerable fashion, so that partners became mutually accessible and responsive to each other's attachment needs and fears, were associated with positive changes in satisfaction and significant increases in variables such as trust and intimacy. This research also outlines the specific therapist interventions that appear to set up these pivotal moments of change. It is still a relatively rare achievement in the field of psychotherapy to systematically document outcomes, to be able to specify how change occurs, to show that this process is consonant with the theoretical formulations of the model of intervention, and to link moments of change to specific interventions by the therapist. The possibilities for the refinement of intervention, consistently effective practice, and therapist training are clear. We believe the fact that this has been achieved in EFT research and practice speaks to the salience of attachment theory.

Clinical studies on violations of connection or attachment injuries again illustrate the power of attachment—first, to define and clarify clinical issues and impasses so that focused targeted intervention is possible; and second, to provide a compass in the change process to the point that pivotal moments and conditions of change can be specified. The study of injurious events in couple relationships began with the recognition that some partners could not and would not take the risk of opening up and reaching for their lovers to ask for attachment needs to be met, even if these partners became explicitly more accessible. The observation of this impasse as it occurred in video recordings of Stage 2 of EFT led to the formulation of these events

as relationship traumas where partners had violated the expectations of an attachment relationship, abandoning or betraying the injured and now untrusting partners at key moments of vulnerability. At times these events may have seemed small or obscure until their attachment meaning and specific emotional significance became clear. Once these ideas were clearly formulated, it was possible to build a model to resolve these injuries and to test its effectiveness (Makinen & Johnson, 2006), and then to examine the process of change and therapist interventions that fostered forgiveness and reconciliation (Zuccarini, Johnson, Dalgleish, & Makinen, 2013). The kinds of injuries studied arouse from key moments of disconnection associated with affairs, health crises, miscarriages, deaths of parents or friends, or significant career losses. These injuries were then exacerbated over time by the couples' inability to discuss and resolve them, and the injuring partners' continued lack of responsiveness in regard to these events.

In the recent study of the process of resolution referred to above, when couples who successfully resolved their injuries were compared to couples who were unable to obtain resolution, members of resolved couples were found to have engaged more deeply in their emotional experiences in key sessions of therapy, to have been more deliberate and reflective in their processing of these experiences, and to have risked more affiliative behaviors when asked by the therapist to communicate directly to each other. Process measures were also used to identify the key steps of resolution and forgiveness as outlined in EFT and to validate that successful couples indeed completed the steps outlined by the theoretical model. At key steps, the therapists of couples who resolved their injury used more reflections of primary emotions, asked more evocative questions to unpack emotions, and heightened emotional experience more often. These therapists also set up powerful enactments focused on attachment-related emotions and needs, and guided partners into increased engagement and responsiveness. This kind of clinical practice and research, guided by the wisdom of adult attachment theory, offers a systematic clinical blueprint that can be used to resolve key impasses in couple therapy and open the door—even for very wounded partners—to renewed relationship satisfaction and connection. Although changes in attachment security were not systematically measured in this study, by the end of therapy resolved couples demonstrated the cognitive flexibility, greater empathy, and trust that are associated with more secure attachment. Resolved, forgiving couples also showed more affiliative responses on the Structural Analysis of Social Behavior (Benjamin, 1981). Such responses have been found to be associated with greater attachment security (Neumann & Tress, 2007).

It is interesting to note that as clinical studies using attachment theory and relationship-oriented neuroscience become more integrated, cross-fertilization is possible. Attachment studies may be able to contribute to ongoing work on understanding and identifying emotions. For example,

longing is not identified as one of the basic emotions; however, metaphors such "emotional starvation" and "hunger" are part of the attachment perspective and constantly arise in the practice of EFT. Clinical studies may also be able to expand traditional formulations of attachment theory—for example, by encouraging more emphasis on the emotion regulation aspects of attachment and the consequences of habitual emotion dysregulation, rather than focusing exclusively on cognitive working models as the basic mechanism of long-term stability in attachment patterns. Recent studies on the emotional suppression typical of an avoidant attachment style, for example, suggest that the physiological effort involved in such suppression results in more tension and arousal, which can lead to flooding and sudden rage, and also increases the tension experienced by interactional partners (Gross, 2001). This kind of research allows attachment clinicians and theorists to formulate specific ways in which insecure attachment styles become perpetuated in new relationships.

A recent example of the kind of fertile integration referred to above is the inclusion of a brain scan study (Johnson et al., 2013) as part of a clinical trial focused on demonstrating that EFT is able to increase secure attachment (Burgess Moser et al., in press). Before and after receiving EFT with their partners, insecure and relationally distressed women were placed one by one in a functional magnetic resonance imaging (fMRI) scanner and shown a signal that they knew 20% of the time would result in their receiving an electric shock on their ankles. A woman was shown this signal either while alone in the scanner, with a stranger holding her hand, and with her partner holding her hand. Both before and after EFT, lying alone in the fMRI machine resulted in extreme brain activation when the signal was received, and in reports of significant pain due to the shock. In both pre- and post-EFT conditions, contact with a stranger seemed to reduce brain activation and reported pain. Before EFT, contact with the partner was less effective in reducing activation and pain than was holding the stranger's hand; however, after EFT, this partner contact was associated with a large reduction in brain activation when the threat signal was received, as well as a significant reduction in reported pain. It is also interesting to note that this lack of activation after EFT was observed in the prefrontal cortex (the seat of emotional control), not simply in areas associated with emotional arousal such as the amygdala. This study offers new levels of evidence for one of the most basic tenets of attachment theory—that contact with a loved one who is judged to be dependable and responsive results in more physiological equilibrium in the face of threat, as well as lessened sensitivity or reactivity to pain. Perhaps even more interesting, these results imply that contact comfort influences the perception and encoding of threat itself, rather than simply increasing coping efforts and activity. As Bowlby suggested, it seems that safe connection with a loved one makes the world safer.

The Stability of Attachment: Does EFT Change Attachment Orientations?

Attachment theory posits that accessibility and responsiveness are the building blocks of secure attachment bonds between partners (Bowlby, 1969/1982). The goal of EFT is to create more secure bonding events in therapy sessions by exploring and expressing partners' emotional needs and fears, and by shaping increased emotional accessibility and responsiveness between partners. The question of whether these events indeed revise and modify working models of attachment and long-term emotional regulation strategies has only recently been directly addressed and is discussed below.

This section briefly explores the stability of attachment, change in attachment orientations in the context of psychotherapy, and the specific changes that occur in attachment orientations over the course of EFT. We present findings from two recent studies in our EFT Research Lab (Burgess Moser et al., 2014, in press), which support the notion that EFT is targeting and changing attachment orientations. As EFT researchers and therapists, we see change in attachment orientations as occurring through several pathways: new ways of regulating attachment longings and fears; the shaping of new behaviors, especially in ways of asking for attachment needs to be met; the priming of revised representational models of the present partner; and the delineation of expanded models of self as vulnerable but effective and competent in shaping interactions with loved ones.

Many researchers and theoreticians in the field of attachment theory have testified to the stability of attachment orientations. They suggest that models of attachment formed in childhood display stability throughout adulthood, acting as constant prototypes guiding interpersonal functioning (Fraley, 2002; Fraley, Vicary, Brumbaugh, & Roisman, 2011). They also point out that this is consistent with Bowlby's (1969/1982) early hypothesis that internal working models of attachment contain key information about the self, others, and relationships—information that influences perceptions and expectations, and so guides interpersonal functioning throughout the lifespan. However, others have focused more on the view that childhood attachment patterns can change and can be modified in adulthood by new kinds of interactions with loved ones. Indeed, Bowlby (1969/1982) suggests that to be optimally functional, internal working models must assimilate new information and be amenable to revision. He states (1969, p. 82), "To be useful . . . attachment models must be kept up to date."

Research demonstrates that attachment patterns do in fact change across the lifespan, and that attachment orientations may differ across relationships (Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996; Davila & Cobb, 2004; Caron, Lafontaine, Bureau, Levesque, & Johnson, 2012; Davila, Karney, & Bradbury, 1999). Changes in attachment orientations may be results of situational events and changes in life stress, modifications of relationship status (e.g., entering marriage or parenthood), personality

variables, or a combination of these factors (Crowell, Treboux, & Waters, 2002; Davila et al., 1999; Simpson, Rholes, Campbell, & Wilson, 2003). Kirkpatrick and Hazan (1994) found that attachment orientations changed in 30% of individuals over a 4-year period. Although Crowell, Treboux, and Waters (2002) found 78% of spouses to be unchanged in their attachment orientation categories from 3 months before marriage to 18 months after marriage, some spouses did experience changes in their attachment orientations. It is generally presumed that changes to working models begin with new experiences in specific relationships that shift perceptions, biases, and expectations. These shifts then generalize and modify more general relational models. Researchers also suggest that the stability of attachment orientations is dependent on the type of attachment a person possesses. Individuals with higher levels of attachment anxiety are more likely to experience changes in security levels than those with secure and avoidant attachment orientations are (Davila & Cobb, 2003, 2004). It makes sense that once a secure representation is created within a relationship, it tends to be more resistant to distortion when hurtful incidents and relationship difficulties occur, and so to become self-perpetuating—and also that partners with avoidant attachment orientations tend to be less open to new experiences and information, and so less likely to revise their working models.

For the clinician, the key question is whether therapeutic intervention can prime the revision of working models and shape new interpersonal responses. The therapeutic relationship can potentially provide new, emotionally laden experiences of connection that contribute to positive changes in attachment orientation (Bowlby, 1969/1982). The impact of individual and group psychotherapy on attachment orientations indicates that insecurity is amenable to change. In individual psychotherapy, some research suggests that 20–40% of clients move from insecure to more secure attachment after participating in time-limited psychotherapy (Travis, Binder, Bliwise, & Horne-Moyer, 2001) and longer-term psychodynamic therapy (Diamond, Stovall-McCloush, Clarkin, & Levy, 2003; Fonagy et al., 1995). Similar results have been found in group psychotherapy, where attachment anxiety decreases for women with binge-eating disorder who participated in either a cognitive-behavioral or an interpersonal psychodynamic group (Tasca, Balfour, Ritchie, & Bissada, 2007). These results suggest that therapeutic relationships may help clients to move toward attachment security over time. Therapists can act to facilitate clients' formulation and expression of attachment needs, as well as to respond in a manner that disconfirms the expectations created by previous absent or nonresponsive caregivers.

Although positive changes in attachment security have been demonstrated in individual psychotherapy, little to no research has examined changes in attachment security in couple therapy, even though this is the modality where working models may be most accessible and patterns of attachment responses most salient and open to potential modification.

As previously discussed, EFT systematically modifies negative patterns of disconnection and nonresponsiveness, and shapes the elements of more secure interactional cycles and deeper levels of engagement where partners identify and express their attachment longings and needs. Detailed clinical observation over many years has shown that new patterns of mutual accessibility and responsiveness then restructure habitual attachment-oriented interactions and relationship-specific models of attachment. Recently, our research team at the University of Ottawa and the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT; *www.iceeft.com*) more rigorously examined changes in attachment strategies and models over the course of EFT (Burgess Moser et al., 2014, in press).

We recruited 32 moderately distressed and insecurely attached couples. Partners were asked to respond to the relationship-specific version of the Experiences in Close Relationships (ECR) scale (Brennan, Clark, & Shaver, 1998; Mikulincer & Shaver, 2007), and to engage in a conflict resolution task that allowed us to observe and code the manner in which partners tended to seek and provide attachment-based support (the Secure Base Scoring System, or SBSS; Crowell, Treboux, Gao, et al., 2002). Fourteen therapists, each of whom had over 5 years of EFT training, then provided couples with approximately 21 sessions of EFT. Couples also completed the Dyadic Adjustment Scale (DAS; Spanier, 1976) and the ECR—Short Form (ECR-S; Wei, Russell, Mallinckrodt, & Vogel, 2007) after every therapy session. We implemented hierarchical linear modeling (HLM; Singer & Willett, 2003) to examine session-by-session changes in relationship satisfaction and attachment security over the course of therapy.

On the observational measure of attachment (i.e., the SBSS), we found that couples significantly increased their secure base use and secure base provision from pre- to posttherapy (Burgess Moser et al., in press). According to the SBSS (Crowell, Treboux, Gao, et al., 2002), attachment security is defined as the ability to clearly identify and express attachment needs, while also being able to identify and respond to a partner's cries for support and connection. The results of our study suggest that over the course of EFT, members of couples learn to access the attachment longings and needs underlying their negative interaction cycles, and to express these to their partners in a manner that is more open and affiliative. The more congruent expression of these needs then elicits increased responsiveness from the partners. EFT focuses not only on helping members access their own needs, but on guiding them to respond to their partners' calls for care and support in an effective manner. Bowlby (1969/1982) proposed that in addition to preexisting individual attachment orientations, the habitual interaction patterns that develop between adult partners are key in the development and maintenance of attachment security. Both partners need to be able to express their needs clearly and from a place of emotional vulnerability, while at the same time responding to each other to be able to create a secure

bond. These results support the notion that EFT is creating unconscious changes in attachment security that show up in explicit responses in seeking and providing support in love relationships.

Our team also examined changes in self-reported attachment security over the course of EFT, using the relationship-specific version of the ECR (administered pre- and posttherapy) and the ECR-S (administered after each therapy session). First, we found that as partners' relationship-specific attachment anxiety and attachment avoidance decreased, relationship satisfaction increased (Burgess Moser et al., in press). This is consonant with the theoretical underpinnings of EFT, suggesting that attachment theory is on target in terms of guiding therapists' interventions that are effective in improving relationship satisfaction. On the ECR-S, we found that reported attachment avoidance significantly decreased over the course of EFT. This suggests that the interventions in EFT are specifically helping avoidant partners to develop more adaptive models and perspectives when interacting with their loved ones. Instead of using deactivation strategies (such as viewing their partners as dangerous and preferring to shut down attachment needs), these individuals are learning to view connection with their partners as a resource, and they begin to depend on them and be more open to sharing fears and needs with their significant others. These results highlight the importance of therapists' helping individuals with higher levels of attachment avoidance (typical of more withdrawn partners) at the start of therapy to turn to their partner rather than inward, and so to develop more adaptive coping mechanisms. These results are contrary to previous research, which suggests that individuals with avoidant attachment may be more difficult to engage in therapy as a result of their deactivating coping strategies (Meyer, Pilkonis, Proietti, Heape, & Egan, 2001; Horowitz, Rosenberg, & Bartholomew, 1993). Rather, EFT and therapists' use of key interventions seem to help such partners modify their internal working models, which paint others as unsafe and minimize attachment needs. Based on these results, therapists should take pains to ensure that withdrawn clients are engaged at the beginning of therapy and are given help to begin to be open to new perceptions of and revised behaviors from their partners.

When we looked at attachment anxiety over the course of EFT, our study at first found no significant change for partners (Burgess Moser et al., in press). However, in a second study, Burgess Moser et al., 2014 demonstrated that significant changes in attachment anxiety did indeed occur by the end of therapy for a subset of partners (16 out of 32)—namely, those who were able to explicitly engage in a key change event in EFT, the *blamer-softening event*. The blamer-softening event occurs when a previously hostile/critical partner is able to openly ask for his or her attachment needs to be met from a position of soft vulnerability and a high level of emotional engagement (Johnson, 2004; Johnson & Best, 2002). A partner expressing

needs in this manner pulls the previously withdrawn partner toward him or her, engages this partner in the process, and enables the partner to hear and respond to these needs. The blamer-softening event is a corrective emotional experience in which a new level of felt security is experienced with the partner. Since the withdrawer is helped to reengage before the blamer is asked to take a risk by openly asking for attachment needs to be met, both partners are responsive once the blamer-softening event occurs, and are able to risk, reach, and share attachment vulnerabilities and needs.

The task was now to reach a further understanding of how attachment orientations shift as a result of this key change event (Burgess Moser et al., 2014), which has been consistently linked to changes in relationship satisfaction and other positive outcomes at the end of EFT and at follow-up (Johnson & Greenberg, 1988; Dalgleish et al., 2014). A deeper understanding of this shift and its impact will enable therapists to guide partners confidently as they regulate difficult and unfamiliar affect, mine their emotional vulnerability, and take risks with their loved ones. Interestingly, we found that couples who were able to complete a softening (as coded from the audio-recorded interactions in session) also reported a significant increase in relationship satisfaction and a decrease in attachment avoidance at the end of the softening session. Although these couples reported an initial increase in relationship-specific attachment anxiety in the softening session, this was followed by a significant decrease in attachment anxiety in the sessions that followed. It seems that anxiously attached partners have pressing and urgent fears about whether they matter to their loved ones; they are preoccupied with the fear of abandonment and of being unloved (Collins & Read, 1990; Davila & Kashy, 2009). For these individuals, the anger/protest in the negative interactional cycle of relationship distress arises as a result of not being able to seek comfort or have their normal needs for contact and intimacy met by their partners (Johnson, 2004). The softening event appears to disconfirm their belief that their partners will abandon them, and provides them with an experience of soothing responsiveness that directly leads to decreased attachment anxiety. Therapy modalities that emphasize and elaborate the importance of close relationships with significant others and emotions may fit particularly well with highly anxious individuals (Daniels, 2006). EFT interventions are designed to be soothing and provide an alternative to these partners' usual hyperactivating relationship strategies. In EFT, partners are constantly exploring, accessing, and reprocessing emotions such as reactive anger, sadness, loss, shame, and fears of rejection and abandonment, and formulating their attachment longings with their partners. Throughout EFT, these partners develop more emotional balance. They find more positive, less angry, and less controlling ways of expressing their emotions and needs and of inviting their partners to engage with them. In a softening event, a previously withdrawn partner's new accessibility and responsiveness are carefully made explicit by

the EFT therapist, and this actively challenges the more anxiously attached partner's cognitive belief that he or she will be abandoned and is essentially defective and therefore unlovable. This belief is a key element of the negative model of self in anxious attachment (Mikulincer & Shaver, 2007). The more anxious partner's awareness of vulnerability and the emotional risk associated with reaching for a partner in a softening event (Johnson, 2004) seems to explain the temporary increase in attachment anxiety reported by such a partner in this specific session.

The results of these two key studies from our lab support the notion that key events and interventions in the process of change in EFT are effective in facilitating changes in relationship-specific attachment security and relationship satisfaction. It is crucial for therapists to understand the process of change, so that they are able to select their interventions appropriately for the many couples dealing with significant issues of insecure attachment and chronic emotional disconnection, and to focus on the completion of successful softening events where both partners are open, engaged, and responsive. Understanding the probability that attachment anxiety will peak in a softening session should help therapists normalize, validate, and soothe this anxiety. In contrast to the effects on attachment anxiety, partners' attachment avoidance slowly decreases in every session over the entire course of EFT. This result emphasizes the importance of constantly supporting the more withdrawn member of a couple to slowly but surely become more actively engaged in the therapeutic process, and to gradually learn to express emotions to the partner. A therapist should also ensure that the avoidant, withdrawn partner is able to hear that his or her lack of emotional presence is a trigger for the other partner to experience panic and rejection, and that this other indeed truly values and desires the avoidant partner's love and care.

These findings support the idea that the softening event acts as a classic corrective emotional experience, as described in the general psychotherapy literature (Johnson & Best, 2002). This corrective experience demonstrates the powerful impact of sharing fears and vulnerabilities in an emotionally expressive and affiliative manner that elicits attuned caregiving rather than avoidance or rejection. The softening event is, then, a pivotal moment of intrapsychic and interpersonal change that therapists must actively shape in order to create changes in relationship-specific attachment orientations and relationship satisfaction. Preliminary follow-up analyses suggest that the changes discussed here, as found in other EFT follow-up studies, remain stable across time. Once partners have found the path to a deeply satisfying felt sense of security, they are likely to seek and find this path again and again. Thus attachment is amenable to change—to the integration of new experiences, and to revised internal working models of self and other—throughout EFT in general and through the blamer-softening event in particular.

Attachment, Caregiving, and Sex

This section addresses the impact that strengthening attachment can have on other key aspects of a bonding relationship. Attachment theory, as extended to include romantic attachments in adulthood (Mikulincer & Shaver, 2007; Shaver, Hazan, & Bradshaw, 1988), suggests that three independent, interconnected, innate behavioral systems are necessary in order to establish optimal functioning in romantic relationships: the attachment, caregiving, and sexual systems. Each of these three systems is influenced by the others, and together they encompass the behavioral responses that have generally promoted the survival, adaptation, and reproduction of humanity in the context of social relationships. The attachment system is focused on the provision of comfort and security in times of hardship. According to the theory, the caregiving system is considered complementary to the attachment system and is expressed by humans in order to ensure the safety and longevity of those they depend upon. In a romantic relationship, the activation of one partner's attachment system (by a threat to well-being or perceived security) triggers the activation of the other partner's caregiving system, and this partner attempts to alleviate the loved one's distress and restore a sense of safety (Collins, Guichard, Ford, & Feeney, 2006). Within a secure couple relationship, loved ones weave between expressing the need for security and comfort, and providing such care to their partners (Schachner, Shaver, & Mikulincer, 2003). The sexual system includes individuals' emotions, motives for engaging in sexual interactions, and sexual behaviors (Birnbaum, 2010; Mikulincer, 2006). A person's attachment and caregiving experiences have an impact on sexuality that is likely to develop in early adolescence. The sexual system is of substantial importance to both the development and maintenance of most couple relationships, as it promotes feelings of attraction and provides early bonding experiences; in addition to enhancing long-term relationship quality (Birnbaum, 2010, Davis, Shaver, & Vernon, 2004; Schachner & Shaver, 2004).

Empirical evidence of the links between the attachment and caregiving systems indicates that more anxious individuals report being less able to recognize and interpret their partners' needs, more willingness to provide needed care, and use of more controlling and compulsive caregiving strategies. Their responses tend to be less contingent and thus less effective. Avoidantly attached individuals report being less able to recognize and interpret their partners' needs, less willingness to answer to their partners' signals of need, and a greater tendency to be domineering when trying to help their partners. Individuals with such attachment patterns tend to become distant and dismissing of both their own and others' needs for care and security. These findings have been found across numerous populations, including dating couples (Feeney & Collins, 2001), couples in long-term relationships (Feeney, 1996; Millings & Walsh, 2009), and adults involved

in same-sex couple relationships (Bouaziz, Lafontaine, Gabbay, & Caron, 2013). Similarly, research has revealed that subliminal priming procedures aimed at experimentally enhancing individuals' sense of security effectively elicit compassionate and supportive behavior (Mikulincer et al., 2001; Mikulincer, Shaver, Gillath, & Nitzberg, 2005).

The association between attachment and sexuality has also become better and better substantiated (for reviews, see Dewitte, 2012; Mikulincer & Shaver, 2007; Stefanou & McCabe, 2012). For example, security shapes the experience of positive emotions in sexual relationships, and it increases the capacity to let go and enjoy sex for itself (Birnbaum, Reis, Mikulincer, Gillath, & Orpaz, 2006; Shaver & Mikulincer, 2006). Casual, detached sex and low levels of intimacy; avoidance of sexual interactions; and engaging in fewer sexual fantasies about the partner are more predominant in avoidant people (Birnbaum et al., 2006; Brassard, Shaver, & Lussier, 2007). However, the importance of the partner's emotional involvement during sex, and sex motivated by the fear of losing a partner, is more associated with attachment anxiety (Tracy, Shaver, Albino, & Cooper, 2003). Anxious and avoidant individuals both report lower sexual satisfaction, and these attachment insecurities in women are related to lower sexual self-esteem and higher sexual anxiety (Birnbaum, 2007; Brassard, Péloquin, Dupuy, Wright, & Shaver, 2012; Brassard, Dupuy, Bergeron, & Shaver, 2014). All in all, a secure, connected relationship appears to be the best recipe for sexual fulfillment (Johnson & Zuccarini, 2010).

Only a few studies have directly examined the relations among attachment, caregiving, and sexual functioning (Péloquin, Brassard, Delisle, & Bédard, 2013; Péloquin, Brassard, Lafontaine, & Shaver, 2014). Results show that caregiving, mostly in the form of proximity and sensitivity, mediates the association between attachment insecurities and lower sexual satisfaction in both distressed and nondistressed romantic partners. In short, there is no doubt that there are theoretical and empirical links among the attachment, caregiving, and sexual systems. We also know that unhappy couples report to their couple therapists issues related to these three systems, thus indicating a real therapeutic need to promote attachment security and the integration of attachment, caregiving, and sexual responses by using an influential theory of adult love—namely, attachment theory. The integration of caregiving, sexuality, and attachment has to start with the attachment system and the creation of safe emotional connection, as privileged within EFT.

How does attachment affect caregiving? According to Bowlby (1969/1982), a primed attachment system is likely to inhibit effective caregiving. Under these conditions, a romantic partner will be focused on restoring his or her own sense of security, before attending to the other partner's need for comfort. In particular, partners with higher levels of attachment avoidance appear to express less empathy, reciprocate less

supportive actions, and are less apt to consider others as deserving of their care, in comparison to individuals embodying other attachment patterns. Partners with higher levels of attachment anxiety may have difficulty responding to the needs of their loved ones, as their cognitive resources tend to be exhausted on their preoccupation with their own distress and attachment-related needs. In opposition, partners with secure attachment are not worried with regulating anxiety and doubts about self-worth, and they have more attention and resources to offer their partners. Securely attached individuals also perceive their partners to be available in times of need or distress, and in turn may be more likely to consider their partners as meriting compassion and help when needed (Mikulincer & Shaver, 2007). In this vein, it is only when a sense of security is established or restored within a romantic relationship that the caregiving system may be effectively activated in response to a partner's distress (Mikulincer & Shaver, 2005).

As mentioned earlier, results from clinical studies support the notion that EFT provokes changes toward attachment security in partners' views of themselves and others. These major changes will then be noticeable in terms of seeking connection and in terms of sensitive caregiving and contingent responsive behaviors in their relationships. In Stage 1 of EFT, where members of a couple are guided to reframe their problems in the terms of how they are stuck in cycles of distance that spark emotional starvation, separation distress, and deprivation around attachment needs, this meta-perspective "sets the table" for becoming more attuned and supportive of each other. For instance, Carol states in session, "I never realized that he was lonely too and felt rejected. I guess I have complained and blamed a lot. I feel more generous now, more caring toward him. He needs positive messages from me. We are not so different after all." In Stage 2 of EFT, the therapist helps the withdrawn partner to reengage in the relationship and to assertively state the conditions of this deeper engagement. The therapist will also encourage the critical partner to take a more vulnerable position that facilitates attempts to have the other partner respond to his or her attachment needs. By the end of Stage 2 of EFT, each partner is more able to trust and find comfort with the loved one, who is now more accessible, attentive, and supportive. For example, Ted, Carol's partner, is able to tell her, "I want some acceptance from you. I want you to support me when I am stressed and not assume I am going to let you down. I need caring too. Then I can let you in." Later, Carol can softly ask Ted, "When I get all lonely, I need you to be there. I don't need advice. I need you to take me in your arms and really comfort me." In Stage 3 of EFT, consolidation, partners can actively empathize with each other and develop new solutions to old problems that take each person's needs for closeness, security, and caring into account. These problems are no longer tainted with overwhelming negative emotions and active triggers for rejection and abandonment; they can be solved cooperatively.

In regard to sexuality, Heiman (2007) declared that unmet attachment needs will lead to undermined sexual arousal, because sexuality involves the exploration of the body and mind in both partners. Although Heiman (2007) specifically discussed arousal, this declaration is also relevant to the other dimensions of sexual functioning: desire, orgasm, and satisfaction. Therefore, secure attachment characterized by attunement and responsiveness to emotional and physiological cues provides a foundation for partners' experience of satisfying sex, which may in turn influence a sense of felt security. Sex can represent intimate play and a safe adventure in the context of a relationship where partners are emotionally accessible, responsive, and engaged (Johnson, 2008a, 2008b). This may be particularly true for women, due to the highly contextual nature of their desire (Basson, 2007). The view of optimal sexual satisfaction is often that of a relationship filled with passion, novelty, and a certain level of danger and thrill—a notion that is present in the dominant culture of romance. This is contradictory to the view of a secure, familiar, and predictable relationship in which security promotes exploration and attunement to one another's needs in the moment (Johnson & Zuccarini, 2010). The solution to seemingly inevitable sexual boredom and dissatisfaction in long-term attachments seems, then, to focus on sexual technique or to somehow inject distance or attempts at sexual novelty into a relationship. Unfortunately, this goal is often not achieved, as it does not promote attunement to a partner or the ability to be completely present. Focused attention and full engagement in the moment, however, tend to intensify eroticism and can overrule technique issues (Kleinplatz, 2001).

In many distressed couples, partners are trapped in cycles of critical demanding and defensive withdrawal. These cycles have a negative impact on overall couple functioning, but also on sexual interactions. The more demanding partner (typically the female partner) is usually more anxiously attached, looking for support and affection in and out of the bedroom, while the more withdrawn partner (typically the male partner) may start sexual contact but avoid closeness and remain emotionally distant and unavailable (Johnson & Zuccarini, 2010). In this negative cycle marked by attachment insecurity, the demanding partner's attention is on affection and reassurance, whereas the more withdrawn partner focuses on sensation and performance, which leads to more anxiety and disconnection from the demanding partner. In this circumstance, the EFT therapist deescalates the negative cycle and promotes secure bonding interactions between the partners. More positive and integrated sexual experiences begin to stem from new levels of emotional safety and connection. For example, a withdrawn husband is able to disclose how he longs to feel desired by his partner, and how he ejaculates fast to avoid any signals of disappointment or rejection from his partner. He shares that he only asks for sex because he does not know how to initiate closeness in any other way. This disclosure allows his

wife to perceive him in a new way and fosters reciprocal sharing about their sexual and emotional relationship.

Improving attachment security and relationship satisfaction leads to new avenues in a couple's sexual interaction. Understanding love as attachment gives a picture of optimal, healthy relatedness and sexuality. In a secure relationship, positive emotional experiences of joy and excitement, tender touch, and erotic playfulness can all come together (Johnson & Zuccarini, 2010). The first step for the EFT therapist is to increase emotional safety and secure connection between partners, regardless of whether their sex life plays a role in their relationship distress (Johnson & Zuccarini, 2010). In Stage 1 of EFT, the therapist will first explore the quality of the couple's physical relationship and integrate this information into the context of the negative interaction cycle. Here it is important for the EFT therapist to give an attachment frame to partners' sexual responses—for instance, by connecting the lack of satisfaction and difficulty having an orgasm to the lack of safety and fears of abandonment. If partners do not report any sexual difficulty, but sex has deteriorated as a result of the negative cycle, their sex life begins to improve at the end of Stage 1, when both partners can work together against the negative impact of their cycle both inside and outside the bedroom. In Stage 2, the EFT therapist helps the partners initiate positive cycles of emotional responsiveness, as they are able to risk, confide attachment needs and fears (i.e., physical closeness and sexuality), and reach for and respond to each other. In a case where sexuality is experienced as dangerous, partners will be invited to preclude having intercourse and focus on safe, pleasurable touch. In order to normalize sexual experiences, the EFT therapist may need to offer the couple some information, with the goal of supporting the transfer of safe emotional engagement and exploration into the sexual area. For example, a husband may be reassured to find out that orgasms vary in intensity and character, and that it's perfectly natural for him to feel different from time to time. Mutual accessibility and responsiveness between partners helps them to engage in a new kind of satisfying and connected sexual experience. In Stage 3 of EFT, the therapist helps partners to create a joint story of the repair of their relationship that includes the enhancement of their sexual bond. The therapist may also help partners solve concrete problems, such as modifying a lifestyle that excludes time for enjoyable and pleasurable sexual play. Satisfying sexual encounters now strengthen the couple's bond, and a more secure bond continues to build more erotic and more satisfying sex.

In sum, by creating changes in attachment security, EFT helps romantic partners alter the explicit ways in which they seek support and provide support and care, as well as their sexual connection. Couple therapists will find in EFT a powerful guide that can help partners integrate attachment, caregiving, and sex, in a way that leads to a powerful, resilient, and satisfying bond.

Case Example: A Clinical Snapshot of a Moment of Change[1]

Prue is sent to couple therapy by her individual therapist, who is concerned about her recent but unremitting depression and her hopelessness about her marriage to Larry. After 25 years of marriage and the successful launching of four children, she has lapsed into extreme silent withdrawal, and his temper tantrums and lists of "concerned" directives for his wife have escalated. She admits that she feels "flawed" and unable to please her husband, who is, she believes, more verbal, more active, more fit, and more competent than she is. Larry lectures and reasons in the first therapy sessions, pointing out that she became depressed 2 years before when she went away to care for a dying aunt, and she should simply exercise more and try harder to combat her negative thoughts. When asked by the therapist, Prue states that her depression began on a day exactly a year ago, after a strenuous hiking holiday where she had fallen and hurt her leg, much to Larry's chagrin. "In fact," she states, "it began with the train—at that train station." Larry sighs, raising his eyes in exasperation.

Prue had gone to get coffee and was standing with a coffee cup in her hand, holding her pull-along luggage, when Larry realized that the train was moving. Alarmed, he sprinted along the platform and leapt onto the train while shouting at the conductor to stop the train. He then turned and screamed at his wife, "Run!" Prue froze, disoriented. Finally, she did indeed run, and with great difficulty she managed to clamber onto the moving train. Larry then screamed at her, "Why are you so damned slow?" At this moment, their relationship plummeted into unremitting distress and despair. Larry believes that his wife will soon leave him or harm herself.

There are many different ways to see this pivotal incident and this couple's problems. The EFT therapist, using an attachment perspective, builds an alliance as a secure base. The therapist then delineates the interactional dance that has taken over their relationship as a "criticize-and-complain, followed by defend-and-withdraw" cycle that leaves them both isolated, helpless, and dejected. As these partners are encouraged to explore and deepen their emotions, unspoken attachment sensitivities and fears emerge. Prue admits that she has "given up" on being accepted by her husband, since she will never be active and fit enough to meet his expectations. She feels overwhelmed by sadness and shame. Larry does not understand this response or the impact he has on his wife. In the therapy session, the therapist slowly replays and reviews the train station incident as a microcosm of the attachment reality of Larry and Prue's relationship.

As the station incident is slowly reviewed, the therapist asks evocative questions, orders and reflects emotional responses and statements,

[1]The case and the incident described in this section were first outlined in modified form in Johnson (2013).

and conjectures as to the attachment meanings associated with different moments. Prue becomes able to explicitly formulate and express her sense of condemnation and rejection, and her acceptance of herself as inadequate. The therapist validates that at the moment, this is the only sense she can make out of Larry's "desperate" exhortations and arguments that her perceptions are mistaken and her emotions inappropriate. Prue starts at the word "desperate" and looks at her husband intently.

The therapist slowly unfolds the elements of Larry's emotional experience and places it in an attachment framework. With help, Larry recalls the triggering image of Prue's standing still as the distance between them grew second by second. He is encouraged to tune into his body, and he now identifies "panic" and "breathlessness" in his chest. As the therapist asks him what he sees as he recalls this event, he says, "She isn't coming. She isn't running. She isn't trying to reach me—to be with me. She won't try." The therapist comments, "And so you are . . . ?" Larry calls out, "All alone," and collapses in tears. He then begins to recognize the compelling fears that arise when his wife is physically or emotionally absent or shows any sign of weakness or illness. He usually dismisses such feelings as "pathetic and foolish," but he is now able to shape his experience into a coherent whole and tell his wife that she is the only one he has ever turned to or felt safe with. As Larry owns and communicates his separation distress and links it to his controlling behaviors, Prue expresses amazement. She articulates that she is now seeing him differently, and as she recounts the times when her strength and responsiveness helped him through difficulties and earned his trust and respect, she straightens up and becomes more engaged and less subdued. In the next session, Prue is now able to firmly express her sense of rejection at his criticism, but now frames these in terms of his fears and how much he needs her, rather than any inadequacy on her part. Her depression, which Bowlby identified as an inherent part of separation distress, begins to lift. In the following sessions, Prue moves into asserting her need to be respected and accepted as "different" from Larry, but as a good and valued partner.

This husband and wife, who always had much genuine caring and respect for each other, have thus swiftly contained their pattern of negative interactions and, when directed by the therapist, have begun to tune into the channel of their attachment emotions and needs and to reach for each other. Both are then able to help each other stay calm, find their emotional balance, express attachment needs, and move into a place of mutual care and reassurance. In Session 9, the final session, Larry is able to articulate a view of himself as a lonely man who can now accept that he depends on his wife and needs to be able to turn to her, especially as he grows older and confronts his own vulnerability. The therapist helps him frame this ability to turn to his partner as strength.

At the end of therapy, both partners have expanded their model of self

and other. Both are more trusting and able to deal with their emotions in a way that fosters open engagement and allows for empathic responsiveness to each other. Both now frame themselves as more confident and competent, and as able to offer more sensitive caregiving. Larry reports being less driven to exercise compulsively and less anxious in the relationship. Prue emerges from her clinical depression and becomes more assertive about her own needs with Larry and with others. In the final session, the partners also report that their new ways to communicate with each other seem to have improved their sexual relationship. In summary, the deepening of key attachment-oriented experiences in this case has resulted in new perspectives and new ways to send signals to each other that have pulled these partners closer and shaped a new dance of mutual accessibility and responsiveness—the elements of a secure bond.

Conclusion

Attachment theory and science are changing the way we view and treat adult love relationships. Attachment offers a systematic protocol for relationship repair that has already proven effective on many different levels and is more and more broadly adopted by couple therapists across the globe. It also expands the scope of couple therapy as a modality. If couple therapy can help partners not only repair their relationships, but shift from basically insecure working models and affect regulation strategies to secure connection, this therapy modality can begin a cascade of change and individual growth, evoking all the positive effects associated with more secure loving bonds. This not only offers a new direction for couple therapists and their clients; it also validates attachment theorists and researchers in their formulations of exactly how the most precious connections people have with others work, and how they may be honored and fostered in the future.

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