THE IMPACT OF ATTACHMENT ON ADULT RELATIONSHIPS

A graduate thesis project in partial fulfillment of the requirements

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Marriage and Family Therapy

By

Blair McKnight Reid

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The graduate thesis project of Blair Reid is approved:

___________________________________  _____________________________
Lynn Blum, MSW      Date:

___________________________________  _____________________________
Eric Lyden, LMFT      Date:

___________________________________  _____________________________
Dana Stone, Ph.D, Chair      Date:

California State University, Northridge
DEDICATION

I dedicate this thesis project to my wonderful boyfriend Jimmy, without his endless support and continual encouragement, the accomplishment of finishing this program and project would not have been possible. Mom, thank you for listening and reminding me that this will all pay off one day, I am truly grateful for your unfailing love. Friends: Jo Bloomer, John Berndt, Lynn Blum, and Marisa Munoz words cannot describe my gratitude to you for your selfless attention to my paper. Lastly, I dedicate this thesis project to my grandpa, George Reid, for always believing in my education and dreams.
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ABSTRACT

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The purpose of this project was to review attachment theory and the impact of attachment on adult relationships. A workshop was then developed using this data to address the influence attachment holds in relational distress. The design of the review looks at attachment from infancy stages on into adulthood; examining the various accompanying forces that shape an individual’s unique attachment style. To begin the authentic healing process in distressed couples, attachment and emotional security need to be a main focus. Emotionally focused therapy (EFT) was intricately crafted from attachment theory specifically for emotionally distressed couples. By using EFT as the framework of the workshop, couples will learn: a) to recognize the weight of their attachment needs and to reorganize their central emotional responses; b) to change their interactional "dance"; and, finally, c) to build a new secure bond with their partner.
CHAPTER I: INTRODUCTION

At birth we are born with a desire to find protection from an attachment figure, to feel safe and seek proximity in times of distress (Bowlby, 1982). One of the core “tenets of attachment theory is that the quality of an intimate relationship...is all about emotional accessibility and responsiveness” (Young, 2008, p. 265). Whether or not we are consciously aware, “we use the eyes of those we love to reflect back to us a sense of ourselves. Those we love are our mirrors” (Johnson, 2008, p.91). Some of the most intense emotions an individual will experience come from the connection and maintenance of forming an attachment, becoming emotionally bonded with another. The universal and empirical value of attachment framework makes it the only relevant theory of choice in defining human relationships and adult love. Attachment theory provides a map for researchers and clinicians to identify and understand how interpersonal needs and emotional behaviors govern the type of relationships formed across an individual’s lifetime.

Attachment Theory

The Birth of Attachment: The First Close Relationship

The curator of attachment theory, John Bowlby (1969), proposed that attachment development begins in infancy with the primary caregiver, the first close relationship. Bowlby’s discoveries led colleague, Mary Ainsworth (1979), to conduct her own empirical research, called the Strange Situation. Ainsworth recognized that a parent’s quality of a caregiving (as observed in their emotional availability, responsiveness, and sensitivity, during times of separation and distress) will lead to either secure or insecure attachment behaviors in the child (Cassidy, 1999 as cited in Schmidt et al, 2007). Ainsworth (1979) identified and organized three consistent strategies children used to
handle their caregivers’ response during separation and distress, labeling the attachment styles: secure, avoidant, or anxious-ambivalent attachment style. Children, who displayed signs of missing their parent at separation, greeted their parents at their reunion and were able to explore their environment in the presence of the parent. They were described as having a secure attachment. The children, who displayed insecure strategies, demonstrated two different coping styles towards parent during separation and distress (Schmidt, Cuttress, Lang, Lewandowski, & Rawana, 2007). One group of children never cried at their parent’s departure and showed more interest in playing with the provided toys. These children were described as having an avoidant attachment style. The next group of children, who were preoccupied with their parent’s attention, became angry or passive towards their returning parents and remained in a constant state of agitation. This latter group of children was identified as having an ambivalent attachment style.

The wealth of evidence Ainsworth collected in her research not only confirmed Bowlby’s theory of attachment, but also identified that the quality, not quantity, of a parent’s responsiveness as inextricably linked to the type of attachment children develop (Shorey & Snyder, 2006). Bowlby (1982 as cited in Shorey & Snyder, 2006) suggested that children then grow up and emulate the same attachment behavior in future relationships. Hence, an individual’s first affectionate relationship with their parent sets the stage for and determines the quality of all future relationships (Houghton-Faryna, 2005).

*Attachment and its impact on Adult Relationships*

Bowlby (1969, 1982) suggested that attachment behavior works in a goal-corrected and directed manner. The continuity of attachment is largely explained by the
repeated relational interactions with our primary caregiver. The interactions are defined as mental representations or internal working models (IWM) that shape an individual’s unique attachment style to be either secure or insecure. These mental working models wire into our psychological blue print and define an individual’s belief of self, value of others, and perception of relationships. The concept of the IWM strongly suggests that there is a powerful connection between an individual’s attachment styles and the quality and success of future relationships (Feeney & Noller, 1990).

Hazan and Shaver (1987) began documenting adult attachments and presented empirical evidence from their observed correlations of attachment influence in romantic relationships. The data presented indicated a significant parallel between the three attachment styles formed during infancy and those observed in adult romantic relationships. Their findings revealed that adults desired emotional closeness with their partner just as a child does from the parent. In times of distress, couples craved assurance and felt the most secure to be adventurous when they were confident they had their partner’s support (Hazan & Shaver, 1987). Furthermore, qualitative data indicated that adults who reported negative descriptions of their parent-childhood experiences also had insecure attachment characteristics in their adult romantic relationships (1987).

Another revealing finding that parallels between parent-child and adult attachment needs was discovered in researching the ways adults interact with their partners (Johnson, 2008). The adult partner felt the most secure with their partner when “they could reach out and connect easily; when they felt insecure, they either became anxious, angry and controlling, or they avoided contact altogether and stayed distant” (Johnson, 2008, p. 22).
Hazan and Shaver (1987) continued to fully focus their research on the continuity of attachment styles throughout the lifespan. These findings reveal the same responses that Ainsworth and Bowlby found in their work with mothers and children (1969). Not only did Hazan and Shaver’s results validate earlier theories, they started a movement of research based on Bowlby’s predictions but focused on adult attachment (Johnson, 2008).

**Statement of the Problem**

The former section offered a review of attachment history by examining literature that supports the development and continuity of an attachment framework from childhood through adulthood. The persistence of attachment style comes from the internal working model (IWM) (Bowlby, 1969). IWMs are mental representations of self and others resulting from the relational experiences with attachment figures. This self-organization is “then carried forward into new relationships in which it may influence perceptions, feelings, and behaviors” (Hazan & Shaver, 1994, p.70). Many factors can impact a partner’s experience and expression of positive and negative emotions in a relationship. What is compelling and problematic about an individual’s attachment experiences is the consistency and power fused in the developmental life history with the caregiver that predicts whether or not a person will experience happiness in a relationship (Simpson, Collins, Tran & Haydon, 2007). According to research, when each partner has an understanding of the other’s life-events, positive changes in the interpersonal dyad occur. This understanding of each partner’s history has a significant impact on the relationship and can even sustain the expression of positive versus negative emotions over time (Simpson et al., 2007).
In examining the attachment history of an individual, the avoidant adult in all likelihood was the infant of a physically avoidant mother who resented her infant’s needs. The infant lacked the loving affection and engagement desired from her mother (Karen, 1994 as cited in Houghton-Faryna, 2005). Research highlights the cross-generational power of attachment and how an infant with a rejecting or unavailable mother is vulnerable to repeating this same emotional pattern of emotional disconnection with her own children (Ainsworth, Blehar, Waters, & Wall, 1978). An individual’s unique parent-child attachment is carried from early experiences with the caregiver into later romantic relationships with partners and most likely impacts all subsequent relationships. The imprint of the IWM will be consistent throughout a person’s life. For example, there is a danger that an avoidant-attached adult will be more inclined to find partners that are less trusting and more insecure, thus repeating the same rejecting experiences they received from their caregiver(s) and reinforcing their avoidance of intimacy.

Observational studies reveal that, in contrast to their insecurely attached counterparts, securely attached adults have healthier relationships and use pleasant forms of communication with their partners such as smiling and affectionate touch (Guerrero, Farinelli, & McEwan, 2009). Securely attached adults tend to express positive emotions and display more loving behaviors, especially affection (Feeney, 1990). Securely attached adults have relationships built upon proactive behaviors that reflect a positive model of self and others; conversely, individuals with an insecure attachment style are susceptible to a negative model of self or others.

Insecurely attached adults, whether anxious or avoidant attachment styles, exhibit behaviors in their relationships that tend to be less proactive behaviors and more
destructive. They thereby put themselves at risk for codependency in the relationship and isolation from their partner. Insecurely attached adults are less likely to “accommodate their partner’s preferences and desires, perhaps because of their entrenched concerns about autonomy, control, and independence or fears of being abandoned” (Simpson, et al., 2007, p. 364).

Attachment properties have a strong influence in an individual’s behavior in close-relationships. For instance, the influence of negative life events may cause what was a secure attachment style in infancy to develop into an insecure adult attachment style (Shorey & Snyder, 2006). Furthermore, events such as the death of a parent, parental divorce, sexual or physical abuse from a family member, or mental ailment of a parent were found to contribute to insecure attachment style as an adult. The stable attributes of attachment theory are contingent on ordinary circumstances with a caregiver; however, an individual’s attachment style can change if traumatic events adversely alter the caregiver’s behavior towards the child.

**Purpose of the Project**

The purpose of this project is to create a workshop for adults in relationships who feel alone and disconnected from their partners or emotionally suffocated by them. It is imperative to construct a safe environment for the couple to explore their deepest emotions. Within the safe environment, couples will be able to: 1) examine the emotional obstruction between each hurting partner, 2) discover the core problem that is damaging the quality of the intimate relationship, and 3) form secure bonds. Individual growth may result as each partner becomes more aware of his or her own attachment style. The
couple’s relationship is then strengthen as each partner comes to recognize how their particular attachment style and how that impacts their interaction.

Assessment Tools

To accurately measure the impact one’s childhood attachment experience has on adult attachment and romantic relationships, the workshop facilitators will use a measurement tool that captures the childhood narrative from the adult participant’s perspective. The Adult Attachment Interview (AAI) (George, Kaplan & Main, 1985) is an inventory focused on the quality of the parent-child bond, from the perspective of the adult reflecting on describing their childhood experiences.

Project Intervention: Emotionally Focused Therapy

The weekend facilitators will be trained in Emotional Focused Therapy (EFT). EFT is an integrative psychotherapy model rooted in experiential-humanistic and systemic theories with a backbone in attachment theory (Greenman & Johnson, 2013). The selected couples will meet individually with their assigned EFT therapist several times throughout the weekend. All EFT therapists will have a solid background in attachment theory in order to fully grasp the couple’s relational distress resulting from an insecure attachment bond.

The road map of EFT begins by the importance place on creating a safe environment for the couple. This occurs when each partner’s experience is supported and validated within the session. The next phase involved identifying the needs of each partner. This can be accomplished by asking a series of questions such as, “What does emotional closeness look like to you?” and “How do you seek comfort?” The therapist will highlight and examine the couple’s failed past attempts to meet those emotional
needs and will assist each partner in discovering how their actions affect the other. EFT therapists employ helpful instruments of change during the sessions that guide and engage couples in their emotional expression.

Through an intensive workshop weekend, with trained therapeutic professionals, couples can learn alternate and healthier ways of interacting. Such learned behaviors as verbal affirmations and affectionate communication can assist couples as they strive to fulfill each partner’s attachment needs and begin to construct a healthier and more satisfying relationship.

Terminology

Attachment: Inspired by experiences in one’s early caregiving conditions, Bowlby’s (1980; 1979) findings proceeded to uncover that attachment relationships contribute to emotional and psychological development across one’s lifetime from infancy onward. A caregiver’s availability and attentiveness to their child’s need for proximity and safety during infancy will result in one of three attachment styles defined by Ainsworth (1979) as secure, avoidant, and anxious-ambivalent.

Secure attachment: Developed in children who receive consistent, available responses to their attachment needs (Ainsworth, Bell, & Stayton, 1971). Those who fail to receive attentive, attuned, responsive care for their attachment needs or whose early experiences with their caregiver were more inconsistent will fall into one of the respective insecure attachment styles: avoidant or anxious-ambivalent

Avoidant attachment: Describes the quality of the relationship with the caregiver as distant and rejecting towards the child’s attachment needs. Affection regarded with disgust, and there is little to no face-face physical contact (Karen, 1994). This avoidant
attachment behavior is associated with experiences whereby the child sought out
closeness and comfort from the caregiver only to find each attempt consistently rebuffed
from caregiver (Hazan & Shaver, 1994). This avoidant style of attachment has been
commonly reported in children who experienced significant separation from their
caregivers/mothers (Feeney & Noller, 1990). Both rejecting and insensitive parenting
from the caregiver pushes the child toward an ‘avoidant’ style of coping strategy (Karen,
1994). This avoidant coping mechanism preserves the child’s by limited negative
emotions and personal integrity.

*Anxious-ambivalent* attachment: Develops in children who experienced
caregiving as inconsistent, and with periodic episodes of rejection. Under such
circumstance, the child begins to question whether or not the parent is trustworthy and
tends to become angry with the parent (Karen, 1994). The child becomes concerned
regarding their parent’s availability. The child longs for moments of comfort and
connection with the caregiver. The child’s strong emotional investment causes internal
distress each time feelings are not reciprocated by the caregiver (Karen, 1994).

*Adult Attachment:* Attachment needs and styles change very little over an
individual’s lifespan, and growing research supports this notion (Fraley & Brumbaugh,
2004). The study of attachment and its correlation to adult romantic relationships by
Hazan & Shaver (1987), revealed the same characteristics of the three categories of
attachment style in childhood; secure, avoidant, and anxious-ambivalent. However,
further research has divided these categories into four attachment styles (Bartholomew,
1990; Bartholomew, 1991) based on the two derivatives of attachment outcomes: *anxiety*
and *avoidance*. The former, anxiety, is built upon the fear of abandonment and rejection
from one’s attachment figure that prompts negative thoughts and low self-worth. The latter, avoidance, is the byproduct of fear of intimacy and closeness that results from the belief the other is not trustworthy. This particular aspect of avoidant attachment develops from the rejection experienced when displayed emotions were not responded to appropriately and/or emotionally significance events were downplayed. The lack of attentiveness to and validation of prior emotional experiences can thwart one’s emotional ability to be intimate.

For the purpose of this project, the following are the defined adult attachment styles:

**Secure attachment:** Characteristically defined with both low anxiety and minimal avoidant behaviors (Brennan, Clark, & Shaver, 1998). People with a secure attachment style are prone to a more positive perspective of self and others. As oneself is viewed as worthy of love, the individual is more apt to display this love to others (Holmes & Johnson, 2009).

**Preoccupied (anxious)** attachment: A more anxious mentality stemming from a negative view of self due to the distancing and rejecting experiences with attachment figures (Bartholomew, 1991). Low levels of avoidant behaviors and a positive view of others is characteristic of this attachment style. These individuals consistently crave attention and are driven by their need for the approval and acceptance of others.

**Dismissive (avoidant)** attachment: The opposite of preoccupied attachment in its characteristics. This style has low anxious attributes and high avoidant behavioral traits (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010). The perception of other is often negative, especially when an attempt is made to engage the dismissive (avoidant) in
physical touch. Rather than responding in a positive manner towards the physical affection offered the recipient rejects the gesture as a manifestation of clinginess springing from neediness. Individuals with this particular attachment style, however do tend to maintain a positive view of self and see themselves as worthy of receiving love form others.

**Fearful (avoidant) attachment:** An attachment style defined as having both high levels of avoidance and anxious traits, resulting in both a negative view of self and others. The desire for closeness with others is countered with the internal fear of rejection, resulting in distancing behaviors (Holmes & Johnson, 2009).

**Internal working model (IWM):** This model defined by Bowlby (1973) is the integral piece of personality and social development with which one’s attachment style is embedded. The constructs of the IWM depict the belief about oneself and others and form the foundation of how one creates and maintains close relationships from infancy through adulthood (Ainsworth, 1985; Bowlby, 1988). The two major components of IWMs are the *model of self* and the *model of others*. These two models are further evaluated as contributing factors to one’s sense of self worth (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994b).

**Summary**

Attachment theory represents the unique and necessary emotional connection that provides safety and security for humans. Whether it is through physical closeness, availability, consistent response to needs, or attunement in distress, there is some level of emotional interaction with each attachment style. Based on either the intensity or neglect of these variables, individuals develop a roadmap or internal working model for their
social and psychological development. This internalized working model remains within each of us for life. Not only does this working model guide an individual’s response to the world and dictate their approach to relationships, but also it affects the manner in which one feel safe and connected to others (Bowlby, 1982). What individuals seek when scared or happy is based on what attachment system, secure, anxious-ambivalent, or avoidant, was formed in childhood. “What began as a theory of child development is now used to conceptualize and study adult couple relationships, work relationships, and relations between larger social groups and societies” (Mulinker & Shaver, 2007 p. 4).

The next section will delve further into the theory of attachment, delineating each adult attachment style and examining the important role attachment plays within romantic relationships. In the course of this section parent-child relationships will be examined, shedding light on how early attachment themes carry into adult interpersonal relationships. The purpose of this review is to highlight the invaluable importance of attachment and to discover how the understanding of attachment theory can raise the clinical efficacy for distressed couples.
CHAPTER II: REVIEW OF LITERATURE

Introduction

In this review, literature on attachment theory is reviewed, specifically adult attachment styles and how that influences adulthood relationship dynamics. First, the empirical value and innate need from birth to create an emotional bond or attachment with a primary caregiver is highlighted. Research shows that the interaction from the primary caregiver to the infant shapes the psychological blue print of the child, influencing personality during all formative years (Karen, 1994) What was modeled and received relationally as a child becomes a lifelong attachment pattern, shaping ones self-perception and acting as an internal working model into adulthood (Bowlby, 1969). Adult attachment serves the same purpose as it did originally to provide emotional security.

However, achieving security can be challenging based on the type of adult attachment style; each insecure adult attachment is vulnerable to maladaptive relational behaviors. Studies reviewed reveal certain behavioral tendencies among insecure adult attachment styles, i.e. they have: less satisfying marriages; unhealthy ways of regulating affect; communication difficulties; anxious and avoidant care providing; and dysfunctional family structure. The intervention of choice for couples is EFT therapy. The key assumption is to soften the couple’s current interaction, deepen their emotional experience with their spouse through intimate self-disclosure of attachment needs to create a new secure bond with their spouse.

In reviewing adult attachment style, research findings have opened up a deeper correlation to what type of attachment predicts how a married couple interacts; the form of love expressed, marital happiness and security in the relationship. The relevancy of
attachment style is intricately governed by the modeled behavior one received as an infant.

"In examining the closest of the close relationships are those between parents and children and between adult lovers. In both, the provision of security and comfort are of central importance" (Hazan & Shaver, 1994. p. 69). Bowlby's (1969, 1973, 1980) discovery of attachment, separation, and loss conceptualized something for both science and psychology, which offered significant biological importance of attachment between a mother and infant. While examining the separation of the infant and mother, Bowlby illuminated on the emotional bond that is formed by this relationship and the internalized working model formed in each unique individual that constructs feelings and behavioral inclinations attached to affection, security, fear, and sadness. Meanwhile, Ainsworth (1967) looked at the quality and relational value an infant receives through creating the strange situation, which examined the first years of life and the caretaker's responsiveness to the infants needs. Here, she connected three distinct attachment styles from the responses of caregivers to their infant.

Ainsworth discoveries translate and capture adult attachment patterns in explaining the, "differences in the way adults think, feel and behave in close relationships" (Hazan & Shaver, p.73, 1994). This idea of relational quality and the different attachment styles that derive from the parent-child relationship has been a major contributor to adult romantic relationships styles. Relevant to this project, is the examination of adult attachment styles and their associated behaviors, in particular levels of affection. How those factors influence marital happiness, parent-child attachment, and overall family functioning.
Investigating the couples dynamic from an attachment perspective offers therapists’ a preliminary love map of each partners needs and marks what responses have shaped their needs and defined the meaning of close relationships. Using an attachment perspective in treatment “focuses the couples therapist on attachment fears, longings, and needs, and stresses the experience of loss of trust and connection” (Johnson, Hunsley, Greenberg, Schindler, 1999, p.69). The particular process of change looked at in this review is the attachment intervention known as Emotionally Focused Therapy (EFT). The value of using an EFT intervention for this project is due to its deep roots in attachment and empirical success with couples (Johnson, et al., 1999). The direct process of EFT therapy supports each partner to uncover and express his or her attachment needs and fears in a way which encourages new secure bonding (Johnson et al., 1999).

**Defining Attachment**

Biological in nature and pervasive in its psychological magnitude, one’s unique attachment has been asserted to form a continuous relational bond that begins in our childhood attachment towards our caretaker and carries into the adult attachment we form with our romantic other. Bowlby (1979) said, "from the cradle to the grave"(p.129); consistent research supports this poetic statement. This paints an even clearer picture as to how important the attachments formed in early life stay with us for a lifelong journey, internally shaping our perception of self and others.

Attachment is an inborn system in the brain that evolves in ways that influence and organize emotional and memory processes with respect to significant care giving figures (Ainsworth, 1989). As a behaviorally focused system that is biologically rooted, attachment theory has the advantage of a universal perspective despite individual
differences. The attachment system explains how the basic needs of survival are behaviorally manifested in an individual’s ability to maintain closeness to the principle caregiver (1989). Seeking and maintaining contact with a significant other is an innate, primary motivating force in all human beings across lifespan (Johnson, 2003). John Bowlby’s work in his three-volume series *Attachment and Loss*, revealed the correlation between the separation of two individuals in a close relationships, specifically the infant-mother dynamic, and the attachment behaviors that result from separation. His discoveries opened a gateway to a theoretical foundation that is the most acclaimed and empirically grounded framework known today as Attachment theory (Bowlby, 1969, 1973, 1979, 1980).

Bowlby’s (1979) model identified particular attachment patterns in infants when they were separated from the caregiver that emphasized the importance of proximity and accessibility to a primary caregiver as providing comfort and security for the child. His findings revealed that from birth, a child has an innate biological need to sustain and establish an intense emotional attachment bond with their caregiver. This attachment bond with primary caregiver provides the security and safe haven to explore ones environment, and a secure attachment creates the building blocks of our emotional accessibility and responsiveness.

However, not all attachment styles are equal; they do not all offer a positive safe-haven (Mills, 2009); a positive safe-haven is one that buffers against the effects of stress and uncertainty and is the optimal environment for personality development (Johnson, 2003). An attachment figure can be present physically but emotionally absent, which leads to an array of outcomes for the life of that affected child. Bowlby’s work identified
how the child’s reactions to failed comforting responsiveness and contact from a
caregiver affected the development of their personality, psychopathology, and
interpersonal functioning in ones lifetime (Johnson & Whiffen, 2003).

Through the collaborative efforts of Bowlby (1969, 1973, 1977, 1980) and
colleague Ainsworth (1989, 1979), three distinct attachment styles were discovered:
secure, anxious/ambivalent, and avoidant. These different forms of attachment were
determined by the caregiver’s ability to attune and respond in a loving consistent manner
(Vasquez, Durik, and Hyde, 2002).

**The Adult Relationship and Attachment Style**

The early experiences of an attachment figure’s (the caregiver) emotional
responsiveness become the internalized model of self and others. After repeated
interactions with a caregiver, the attachment style becomes encoded for a lifetime. This
phenomenon is what Bowlby (1979, 1984a) believed influenced the continuation of
attachment styles throughout ones lifespan and why he believed attachment was so
important “from the cradle to the grave” (p.129). As a person matures, the childhood
attachment becomes what Bowlby called an ‘internal working model’ (IWM). In other
words, the accumulated memories of continual attempts to achieve proximity under threat
guide us and become the lens through which we see all future relationships. IWMs
become an integrated part of which we are, and reflect a presumed accurate historical
catalog of the caregiver’s intentions to the child (Main, Kaplan, & Cassidy, 1985). This
internal model becomes the template of how one operates emotionally and depicts how
intrinsically bound one is to their caregiver’s given attachment style (Shemmings, 2005).
As poignant and personal to who we become, IWMs fixate into directing our cognitive self-perspective on what to believe about relationships (i.e., model of others) and whether we are worthy of attention and care (i.e., model of self) (Bowlby, 1973 as cited in Mills, 2009). Both of these models are dichotomous and can contribute towards either positive or negative feelings or belief about relationships.

The internalized biography of ones close relationships is what differentiates attachment models from others, and is the driving force of adult attachment theory. There is an intricate connection about each person’s event-based relationships with caregiver that reveals an individual history of that particular attachment relation in adult romantic love (Scheming, 2005). Hazan and Shaver (1987) were the first to look at attachment and the correlation to adult romantic relationships. They utilized the earlier works of Bowlby to account for the parallel dynamic in adult attachment emotional relationship styles and the child attachment to primary care giver. In examining the adult relationship, Bartholomew and Horowitz’s (1991) expanded on the three attachment classification findings of Ainsworth’s, to create a unique four category model designed to account for an individuals internalized model of themselves and others. Bartholomew (1990 as cited in Timm & Keiley, 2011) formed and redefined adult attachment prototypes based on two dimensions: of model-of self and model-of-others (Sun, Ng, & Guo, 2010): secure, preoccupied, dismissive and fearful.

Four Types of Adult Attachment

To accurately explore the adult relationship, it is important to study the adult attachment styles with early relational experiences (Land, Rochlen, & Vaughn, 2011). The same instinctive motivation system that produces the emotional bonds between
parents and children is the same emotional force that fosters intimate relationships between adults (Timm & Keiley, 2011). Teyber and McClure (2011) describe securely attached adult individuals as having both low attachment anxiety and low attachment avoidance. This secure attachment comes from receiving sensitive care giving as a child and therefore, as adults develop a strong internalized sense of themselves as being worthy of love and care.

Securely attached individuals tend to be more flexible and capable of dealing with stressful life events. Secure partners desire and sustain close proximity with each other and provide and ask for reassurance when threatened. The three remaining adult attachment categories (Teyber & McClure, 2011) all share different subtypes of insecure attachments: dismissive, preoccupied, and fearful.

Typical features in dismissive attachment style (Teyber & McClure, 2011) include a sense of competence, independence, and strength, which can occur as a result of experiencing overt rejection and abuse. Individuals displaying dismissive attachment style commonly expressed they were unaffected by indifferent love or it made them resilient. Aggressive maladaptive humor (Besser, Luyten, & Mayes, 2012) is commonly used in insecure avoidant attachment styles as a buffer to distress. This type of humor is being funny at the expense of someone else to enhance oneself. Maladaptive forms of humor have been associated with disruptions or trauma early in life. It is noted that adults with dismissive avoidant/ambivalent attachment styles (Teyber & McClure, 2011) experienced avoidant parenting as a child and do not have positive memories of their childhood.
With preoccupied adult attachment, Teyber and McClure (2011) assert that the individuals tend to be “entangled in angry, idealizing or worrisome preoccupations about others in current and past relationships” (p.236). The underlying issue with the preoccupied attachment is the fear of losing relationships, and this fear of abandonment becomes a terrible threat to these individuals and consumes their everyday livelihood. They lack self-confidence and doubt their own personal capabilities. Preoccupied adults tend to have grown up with an enmeshed parenting style that can often be unpredictable, as they are caught up in their own emotional upheavals, which makes it difficult to be able to provide a safe haven for the child (Teyber & McClure, 2011). The preoccupied attachment style is often present in families of alcoholics with children never knowing what to expect; consequently resulting in family members, “walking on eggshells”.

Finally, Teyber and McClure (2011) present fearful attachment in adults, which they posit to be the most troubled adult attachment. Fearfully attached adults do not seem to have a consistent pattern of coping strategies or behaviors. Fearful attached adults have come from a childhood of maltreatment and abuse. Due to the trauma suffered in childhood, these adults avoid close relationships with a fear of rejection (Teyber & McClure 2011). Fearful attached individuals avoid intimacy to avert pain of loss or rejection, and live their lives in a constant state of stress and physiological arousal (Land, Rochlen, & Vaughn, 2010).

Any of the abovementioned three insecure adult attachment styles can cause the development of hyperactivating or deactivating coping strategies. According to Teyber and McClure (2011), the hyperactivating strategy is formed in someone who has a negative view of him or herself, who comes to believe that he or she is unlovable and
unworthy of others love. The hyperactivating defense results in an exaggeration of needs where the individual is constantly seeking closeness with others in order to receive the necessary responsiveness to feel worthy. Humor, specifically self-defeating, being funny at one’s own expense, is commonly used by anxious individuals using a hyperactivating (Besser et al., 2012).

The deactivating coping strategy includes a negative view of others and the world is the prominent theme. Consequently, these individuals become potentially harmful and unreliable attachment figures to others. This phenomenon may be the cause for lack of affection in marriages. Growing up with an abusive or troubled parent (Sun et al., 2010) inhibits solid cohesive boundaries in a child. Not only are they emotionally injured by this environment and harmed by emotional deprivation, they are also stripped of any ability to trust, and live with a deep fearful avoidance to others. For some, to even consciously consider being close with others alarms the dismissed adult as their emotional needs have been denied time and time again (Teyber & McClure, 2011).

Not until recently has there been supportive (Sun et al, 2010) evidence of a connection between an individual’s attachment orientation and one’s romantic relationship. Current research suggests that attachment style is a direct indicator of relational happiness and success (Timm & Keiley, 2011). Schore (2001) along with other theorists have found an intimate connection between early attachments in both psychological and physiological development of a person. Relational experiences early in life carry into adulthood, influencing everything from a person’s socialization process and gender role formation, to their ability to form healthy intimate connections (Land, Rochlen & Vaughn, 2010). An individuals’ attachment underlies their relational
behaviors, self-perceptions, and martial decisions (Timm & Keiley, 2011). For example, an adult with a secure attachment style will be attracted to a mate who has the same secure relational foundation and have a greater likelihood of marital happiness and success.

**Adult Attachment Style: Predictions of Marital Satisfaction**

The umbrella of attachment theory covers three main features: the pursuit for closeness to one preferred person, the secure base effect, and the protest towards separation (Marazziti, Debbio, Roncaglia, Bianchi, Piccinni, & Dell’Osso, 2008). The various elements of feeling secure begin with knowing one is trustworthy and a reliable attachment figure that is responsive and attuned emotionally. An attachment figure’s consistent and supportive nature is invaluable at the beginning of life, and many studies have shown that attachment patterns persist throughout life with little change (Houghton-Faryna, 2005). Over the years, attachment style has not been limited to simply influencing early relationships but has been strongly correlated to shaping all subsequent adult relationships. Attachment style predicts the way one handles stress, self-perceptions, and the ability to have healthy loving relationships (Houghton-Faryna, 2005). Secure attachment style has been coupled more often with relational satisfaction, than dismissive, preoccupied and fearful which all have reveals lower levels of relational satisfaction (Guerrero, et al., 2009). Securely attached individuals tend to have the longest love experiences (Hazan & Shaver, 1990).

Hazan and Shaver (1987) were the first to propose that romantic love is an attachment process, meaning that bonds formed by adult lovers replicate the affection bonds that infants have with their caregivers. From this framework of adult attachment,
they discover various forms of love and how they develop. Furthermore, Hazan and Shaver examined how maladaptive and adaptive love transpires in an individual such as the “fear of intimacy”. The first attachment an individual makes to a primary caregiver (Marris, 1991 as cited in Houghton-Faryna, 2005) is the central relationship that humans learn and form meaning for all other relationships. Remarkably, scholars have theorized that the level of security received as a child can change over time, and as adults the level of security can be positively transformed through ones loving romantic bond (Hazan & Shaver 1987).

Bowlby’s idea of attachment led the way for Hazan and Shaver’s (1987) research on romantic love and adult attachments. Their article, *Romantic Love Conceptualized as an Attachment Process*, highlighted the belief that the emotional bond formed between two partners in an adult romantic relationship serves a similar function as the parent-child attachment, governing the same motivating features and emotional behaviors. In other words, the attachment style or emotional experiences of love/grief, support/rejection, and security/loneliness during childhood from ones attachment figure, guides how one experiences romantic relationships. This is observed in the relationship from the way a couple plays together, snuggles, preoccupation with the other, physical touch, and mutual attraction (Mills, 2009).

Hazan and Shaver’s views of attachment styles and its correlation to relationship satisfaction or love styles started a new trend in empirical research that stretched and integrated theoretical approaches that may not have otherwise occurred (Feeney & Noller, 1990). Using attachment as a basis for clarifying the origins of romantic love, it is impossible to dismiss the influential value of the internal working model (IWM). This
very model, driving and shaping one’s attitude towards love and view of themselves throughout one’s lifetime, could very likely represent self-esteem and its close relation to attachment style (1990). Self-esteem has a powerful impact concerning opinions and an attitude regarding love, and this may be a big player in the way happiness in a marriage is created and sustained (Feeney & Noller, 1990). Individuals with high self-esteem are reported to be less conscientious and have a more positive outlook in life, which is suggested a securely attached style. Whereas other styles of insecure attachments is revealed in various love-scales that they are unworthy of love reflecting their lower levels of self-esteem either influence their idealization or avoidance of romance (Feeney & Noller, 1990).

Adult Attachment Styles: Risks for Relationship Problems

All couples face interpersonal problems, but by looking through an attachment lens can clarify the various behaviors and stressors that are derived from one’s IWM of self (Johnson & Whiffen, 2003). Insecurely attached adults have a difficult time establishing a sense of security in their relationship (Lee, 1995), especially in times of distress. Davila and Bradbury (2001, as cited in Johnson & Whiffen, 2003) hypothesized that insecurity of each spouse is the relating factor on why certain insecure adult attachment styles maintain their unhappy marriages. There are two different types of insecurity (Johnson & Whiffen, 2003) which have unique influences on the functioning and longevity of the relationship; the first discussed will look at abandonment insecurity and the other is the fear or avoidance of intimacy. This section will examine why problems emerge in relationships, what people stay in unhealthy relationships, what
attachment style is most unhappy, and what attachment style is at risk for higher divorce rates.

A recent study by Johnson and Whiffen (2003) examined 172 newlyweds in their first 5 years of marriage revealing that concerns of abandonment were associated with the most marital dissatisfaction compared to those who had been divorced. This fear of abandonment insecurity is similar to preoccupied attachment style; excessive focus on the relationship, high in proximity, constantly obsessing over what the other partner is doing and the chronic fear of abandonment. The spouses’ insecurity consumes their existence, which is driving them crazy in their relationship and meanwhile is the same drug that keeps them hooked to the relationship. It is this type of attachment insecurity, preoccupied style that puts the spouses at risk for the most dysfunctional unhealthy relationship; their misery consumes their personal well being (2003). The toxicity of the relationship is compounded by depression, commonly seen more in wives than husbands. In other words, preoccupied attachment develops into depression as result of the dysfunctional relational pattern.

Spousal insecurity that is wrapped up in avoiding intimacy also called dismissed attachment style end more often in divorce than any other insecure attachment style (Johnson & Whiffen, 2003). Dismissively attached adults are highly dependent and do not believe others to be altruistic. They deny their attachment needs of closeness and dismiss an intimate relationship with someone who can help them overcome their fear of rejection (Schnose, 2005; Guerrero, 1994). Dismissively attached adults typically choose mates that validate their internal model of self-known as selective affiliation (Guerrero, 1994). For example, the dismissive adult will choose a preoccupied mate in order to feed
their internal need for self-worth, as the preoccupied mate will value them, meanwhile reinforcing their negative belief of people due to the clinginess of the preoccupied mate. However, the avoidant/dismissive individual is consumed with thoughts of mistrust and emotional numbness due to past rejection. They remain in an emotionally suppressed state detached from themselves and others. Their propensity to disengage puts them at great risk to misuse or abuse alcohol as they find little security in others for help or emotional support (Guerrero, 1994).

Joint interaction studies by Snir and Wiseman (2010), revealed adults without a secure attachment report “fewer positive relational experiences and less satisfaction in relationships than those who are securely attached” (p.118). Their struggles range from the anxiety of never feeling close enough or avoiding to the point of being unable to be close and create healthy satisfying relationships. It takes persons being able to balance out these extremes in order to be intimate and remain to true to themselves (Snir & Wiseman 2010).

Relational Components to a Happy Marriage: Forms of Emotional Communication

The strong connection to adult attachment style and its association to marital happiness has been a recent focus of researchers for the past few decades (Schnose, 2005). The variation in adult attachment is ultimately dictated by what was emotionally expressed during childhood, and the different ways one learns to cope with anxiety producing events. Some of the relational facets that are associated with romantic satisfaction are the partner’s ability to communicate positive emotions on a frequent basis and regulate negative affect (Guerrero et al., 2009). Securely attached adults experience less anxiety under stress preventing the up rise of negative emotions, flooding their
perceptions. Securely attached adults utilize the support of others for comfort and emotional support (Simpson & Rhodes, 2002 as cited in Guerrero et al., 2009). They subdue the display of negative feelings, aiding in their ability to effectively communicate distressing situations to others. By communicating their internal distress and getting the support they need, securely attached adults do not bottle up their negative feelings. Consequently, securely attached adults naturally “display more positive affect, affiliation, and general expressiveness than those with fearful or dismissive attachment styles” (Guerrero, et al., 2009, p.498).

**Anger**

Emotional communication is critical in a successful romantic relationship; even more importantly the way emotions are communicated. Anger is a form of emotional communication and helps gauge the level of a couple’s marital happiness. The way one expresses or experiences internal anger towards a loved one is a powerful personal message. From an attachment perspective, anger is the response that results from events provoked by the fear of losing an attachment figure and serves as a protective response to reunite with a loved one (Bowlby, 1973). Four different forms of anger expression have been identified using the attachment model (Guerrero, 1994).

The four unique emotional expressions of anger are as follows: *assertion*, (non-threatening, - direct statements explaining why one is angry), *aggression* (critical and direct, threatening statements and behaviors), *passive aggression* (in-direct behaviors that communicate negative emotions that are meant to be destructive, i.e. ignoring someone), and *avoidance* (dismissing angry feeling and dodging the topic, acting numb towards ones emotions) (Guerrero, 1994). Each of these forms of emotional anger expression has
a direct affiliation with the four different bonds in attachment: secure, dismissive, preoccupied, and fearful.

Securely attached individuals are more apt to use direct ways of communicating their angst. This is conveyed through an honest, proactive form of communicating and preserves the positivity of the relationship and self (Guerrero et al., 2009). However, dismissive attachment style is motivated by the negative view of self so the individual will avoid anger and detach or disengage from their loved one. He or she may do the opposite and blame the partner by yelling aggressively (Feeney, 1995a). Adults who are fearfully attached tend to disable their attachment system, with the dread that getting too close will lead to more personal pain. Adults with preoccupied attachment style are aroused by anger to react with aggressive argumentative styles. This antagonistic argumentative style is partly due to a constant search of self-worth in their relationship. Preoccupied attached adults often play with the same tactics commonly used by attorneys: threats, stipulations, bargaining, demands, and resort to manipulation (Bartholomew, 1991; Bartholomew & Horowitz, 1991).

The pre-occupied and fearful style of adult attachment use more indirect forms of anger communication such as passive aggression (Feeney, 1995b). Both attachment behaviors are motivated by fear of rejection and abandonment. The anxiety of confrontation and discomfort of openly expressing emotions prompts a preoccupied attached adult to commonly use a less direct way of communication, which constantly puts them in a more subordinate role as communicator (Guerrero et al., 2009). A couple’s nonverbal queues, such as physical closeness and involvement with another, also show up as an indicator of a particular attachment style (Guerrero, 1994).
Preoccupied and securely attached adults displayed the most trust through eye contact, closeness or affection, happy facial gestures, and general interest. While preoccupied types were more domineering and controlling, individuals with fearful attachment styles were the least engaged and directed their attention away from their partner and speaking less often (Guerrero, 1994). Attachment has a valuable influence on a couple’s daily interactions; behavior patterns shape the couple’s comfort level with their partner, controlling the amount of physical interactions, positive affect, relational harmony, and satisfaction (Guerrero, 1994; Guerrero et al., 2009).

Positive Affect

Securely attached adults show less frustration when solving marital problems (Mesias, 1996). The emotional resiliency of securely attached adults keeps them enthusiastic and optimistic about the future of their marital relationship (Mesias, 1996). One pivotal point that remains true for securely attached adults and the quality of their relationships is their natural positive perception of self and emotional character (Waters, Merrick, Treboux, Crowell, Albersheim, 2000). Having a positive perception of ones relationship provides stability and harmony for intimacy, but this cannot be achieved without an accurate understanding of ones relational self. Emotional positivity comes when an individual feels secure and happy in his or her early social environment. Adaptive qualities are also germane to the success of marital happiness; these qualities can include self-efficacy, not blaming or playing the victim, and finding new ways to be solution-focused with your partner (Huber, Navarro, Womble & Mumme, 2010).

False self-representations cause turmoil and conflict in relationships. To achieve true romance on a close interpersonal level, it is necessary to disclose the most private
information about the self, trusting that your partner will hold that information sacred (Waters, et al., 2000). Honest self-disclosure with a significant other allows an authentic intimacy, and opens the relationship up to new experiences, wherein each partner feels safe in the relationship and worthy of love (Johnson & Whitten, 2003).

Maintaining a relationship that is emotionally satisfying for each partner does not just require both partners to be dedicated and self-disclose as a daily process (Waters, et al., 2000). Practitioners refer to the day-to-day work of a relationship as maintenance behaviors, a form of relational preservation that contributes to the success of a relationship (Ballard-Reisch & Weigel, 2001). A few example behaviors are: the use of positivity through compliments or cheerful optimism, assurance, spending time in joint networking, openness, and joint leisure time together. These simple behaviors influence the quality of the marriage by altering the partner’s perception and feelings about the relationship with a more sensitive awareness and satisfaction with your mate (2001).

Adult attachment has been examined from many angles, however, despite which piece is assessed an individual’s attachment styles originates from the parent-child relationship. This next section will review the intricate variables between parent-child interactions and the impact early attachment experiences have on individual’s overall attachment development.

**Parent Child Attachment**

From an attachment perspective, the behavioral relating pattern that exists between a mother and child is an instinctual biological need universal to all life and essential to a child’s survival (Ainsworth, 1989). According to Bowlby, the roots of attachment derive from a child’s innate need for security, which develops in infancy as an
intense need for proximity to the caregiver (Marazziti et al., 2008). Signaling behavior is activated by infants if the secure base becomes threatened such as crying, following, and clinging (Houghton-Faryna, 2005). The provisions of a secure base, formed by a caregiver, set the basis for healthy autonomy in a child. Allowing the child to feel secure and develop curiosity to further explore their environment, is necessary for fostering a sense of interdependence, rather than being self reliant and separate from others (Johnson, 2003). It is from the parent-child attachment, the most critical and self-defining relationship humans have that directs our perceptions of love, expectations, and overall psychological functioning (Ainsworth, 1989; Houghton-Faryna, 2005).

**Personality Development**

As the child matures their perception of attachment figures change. Emotionally, they desire more comfort and support during times of stress rather than physical closeness (Houghton-Faryna, 2005). Developmentally their communication abilities are improving and they begin to understand the motives and plans of their caregiver. Ainsworth (1989) labeled this “the onset of cognitive perspective-taking” (p.710). Bowlby (1973) strongly believed that simple interactions shape the personality of a child; he called it the internal working models (IWM).

IWMs depict a child’s view of the world; their understanding of themselves and others are built upon the quality of interaction between the child and caregiver (Hatamy, Fathi, Gorji, Esmaily, 2011). The most influential interactions come down to the quality of care, attunement, and protection that a parent provides to a child in times of need (Houghton-Faryna, 2005). Each interaction with the caregiver gradually primes an individual’s cognitive, behavioral, and emotional wirings that comprise an IWM. Thus
shaping their memories, values, and attitudes of the world. IWMs are adaptive depending on the attachment style, but overall they are an organizing structure of the self and others throughout life (Houghton-Faryna, 2005).

It is from the IWM, that personality development is organized into attachment styles influencing the way relationships are perceived: through the lens of trust/mistrust, intimacy/fear. Hence why ones unique attachment style dictates the value of relationships and the belief system of how an individual responds to support and love (Houghton-Faryna, 2005). Lastly, the mental working model strongly suggests that there is a powerful connection between an individual’s attachment styles and how it may predict the success and style of future relationships (Feeney & Noller, 1990).

*Affectional Bonds*

Ainsworth (1989, 1991 as cited in Houghton-Faryna, 2005) inferred that a defining contributor to the attachment system is the actual quality and not quantity of maternal care. In order to sustain a secure base, the parent figure must be emotionally accessible and responsive; to their child; an attachment figure can be physically present but be emotionally nonexistent (Johnson, 2003). An emotionally inaccessible parent causes separation distress to the child. Instead of the child feeling free to adapt and explore life away from the parent (Houghton-Faryna, 2005), they develop an angry protest towards the parent with clinging; depression and despair overcome the child to the point that they become detached (Johnson, 2003). The type of affection an individual receives in the parent-child relationship also influences the dynamic of future relational and socials contexts (Tomkins, 1962, 1963, 1991, 1995). When a mother suffers from depression, her depression may inhibit her ability to display affection to her child,
inhibiting the quality of her caregiving (Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985). Mothers suffering from depression portray insecure attachment patterns with their children, and consequently their children develop insecure attachments (Karen, 1994). An individual’s ability to be affectionate is shaped by earlier interpretations of affection, so if an individual’s view of closeness is a source of safety and comfort, then intimate and affectionate behaviors will be seen as a tool that promotes positive responses in relationships (Kaufman, 1980 as cited in Schnose, 2005).

The Style and Quality of Parenting shape a Child’s Behavior

Baurmind (1971, 1989, and 1991) discovered that parenting styles, impact a child’s self-esteem, autonomy, social skills, and basic abilities to communicate. The authoritarian parenting style is controlling of the child with little to no autonomy opportunities for the child. Authoritarian parents use punitive tactics as a way to get children to comply with their high expectations (Henry & Strupp, 1994). The children of authoritarian parents grow up to be well disciplined and hard working, but due to verbal constraints at home they “do not learn to exercise language and reasoning skills” (Teyber & McClure, 2011, p.243). The lack of parental nurturance and affection leaves the child feeling insecure with a lack of interpersonal certainty.

Permissive parenting is the polar opposite of the authoritarian. Permissive parents are very affectionate and understanding but exercise little punishment and give the child too much control (Hatamy et al., 2011). Too much power and control is harmful, for a child and leaves him or hear feeling no security from the parent. Therefore, children do not learn how to respect others, obey rules, control their behavior, or understand
boundaries. Oftentimes these children are more immature, deviant, unhappy, and impulsive (Teyber & McClure, 2011).

The most harmful and detrimental parenting style to a child’s psychological functioning is the disengaged parenting style. Disengaged parents are rejecting and withdraw love along with giving expressions of disgust and contempt towards the child. Mills and Piotrowski, (2008) noted that repeated neglect and other hurtful experiences from parents arouse feelings of shame in the child that act as defenses to “reinforce a habit of making global negative self attributions in response to negative events”(p.273). These interactions are debilitating to children, imagining themselves as unworthy, putting them at risk to grow up and form maladaptive functioning.

The last parenting style, authoritative, is the most effective in promoting healthy adjustment and security of the child. Authoritative parents are supportive and they use developmentally appropriate rules to manage the behaviors of their children (Algre, 2011). Consequently, children raised with authoritative caregivers are more resilient with better social and learning skills (Hatamy et al., 2011). The environment of the home is warm with both parents providing physical affection consistently and appropriately. Rules are established and clearly defined, but parents encourage their children’s input with alternate solutions. With authoritative parenting there is a healthy family system where self-worth is high and social connectedness between the family members is about acceptance and mutual respect (Teyber & McClure, 2011).

According to Schwartz, Thigpen, and Montgomery (2006), one’s parenting style and discipline are predictors of child’s adjustment and mental well-being. As mentioned by Teyber and McClure (2011), parent’s affection or responsiveness will carry great
weight and have long lasting effects on a child’s psychological adjustments. Parents who are more attuning to their children’s emotional needs will have positive affect on the child’s behavioral tendencies (Alger, 2011). This will have a strong influence whether one will abuse substances; have disciplinary problems in school, academic success, self-esteem issues, depression, social competencies, and ability to hold down a job as adulthood (Teyber & McClure, 2011).

To fully understand the impact of a parent’s faulty or healthy child-rearing practices, it is necessary to examine the structural family relations which will uncover patterns of alliances, coalitions, boundaries and other familial variables that influence parenting styles and tendencies.

**Family Structure**

After discussing the importance and relevant value of parent-child relationships, we cannot skip over the powerful influence of a family structure and all the contributing relations that comprise this system. A family system is classically shaped by cultural values and beliefs, negotiated between parents, which in turn dictate acceptable behavioral norms that define a family unit. To identify the internal parts of a family, creating a map is helpful, so the treating clinician can visualize the organizational parts within a family and its members (Teyber & McClure, 2011).

Bowen (1985), the great intergenerational systems theorist, used genograms as a helpful tool in therapy in delineating alliances, boundaries, and roles within a family. He believed that families operate as a whole system; the sum of the systems’ parts act interdependently with one another (Yu & Gamble, 2008). Families use this system to dictate “how, when, and to whom to relate” (Goldenberg & Goldenberg, 2004, p.216).
Bowen believed in an operational family homeostasis, a hidden curriculum, or operational rules that govern families’ interactions so they can remain stable in times of distress (2004).

The defining characteristic found in stable and secure two-parent families, is a marital alliance between a couple made up of trust, loyalty, and commitment (Teyber & McClure, 2011). The couple’s commitment portends no difference in opinion or dispute; nothing will change the way they feel or respect their partner. There is cohesiveness between these partners that envelops their entire marital being, stabilizing their differences and preventing other persons, children, or life transitions to come between them.

In symptomatic families, where positive marital alliances between two-parents do not exist, other unhealthy coalitions form and take shape. The dyads typically form cross-generational coalitions between a parent and child, parent and grandparent, or another dysfunctional dynamic (Teyber & McClure, 2011). Cross-generational coalitions are characterized as having a damaging and destabilizing effect on a family producing marital discord, and jeopardizing healthy family functioning. Consequently, the quality of parenting is lowered harming the child’s ability to function and adjust appropriately (Yu & Gamble, 2008; Teyber & McClure, 2011).

**Emotional Tension**

Bowen believed that this emotional reactivity in a person is a result of their inability to balance their own needs for intimacy and individuation (Goldenberg & Goldenberg, 2004). This internal struggle causes an influx of stress within the family, which results in frequent marital discord. The attempt for balance in family relationships
and cohesion between the members is lost, and with conflict on the rise between parents, the emotional security of children is threatened (Kitzmann, 2000; Cummings, Goeke-Morey and Papp, 2003). The unfortunate theme identified in most research, relating to marital dissatisfaction, is the reported levels of higher maladjustment and emotional reactivity in children (Cummings et al., 2003). The more insecure a child feels about his or her parents’ marital relationship, the less secure a child will feel relating to others outside of the home. Children feel the safest with their parents when there is a perceived sense of mattering among family members, so they are less likely to engage in harmful behaviors outside of the home (Cummings et al., 2003). Children from unhappy marriages struggle with lower levels of social competence and have more difficulty forming appropriate positive social responses.

Triangulation

One faulty coping mechanism observed in families with high martial hostility is triangulation (Goldenberg & Goldberg, 2004). Triangulation involves three family members, usually the two parents, and a child. According to Bowen (1976), triangulation brings in a significant third family member to reduce stress between the two parents and attempt to achieve stability. When anxiety is low between the twosomes, a third party is not necessary. The moment anxiety or internal stress reaches a certain level a third member is called into to calm the storm (Goldenberg & Goldberg, 2004). The triangle set-up does not just mean reducing stress from marital conflict, it can also be used as a method by both parents to deflect attention from their unresolved conflicts and put more focus on a child. This is also known as scapegoating (Goldenberg & Goldberg, 2004). This dysfunctional triangle may arise in families unable to adjust their parenting style and
discipline to fit the demands of their growing and changing children (Friel & Friel, 1988). Whatever the makeup of the triangle, if the third person is not able to control their “emotional responsiveness and manage to not take sides” (Goldenberg & Goldenberg, 2004, p.192) the initial problem will not subside and the emotional intensity will continue within the triangle.

Most instances when a child or third person is brought in to reduce stress marital conflict, one of the parents is using this process to form an alliance with the child in an effort to create a certain loyalty or preference with that parent. The child becomes a distraction tool for the parents from focusing on the real problem, themselves. However this puts the child’s at risk to develop internalizing defenses to handle their parent’s distress. Internalizing defenses harm a child’s ability to adjust and lead to emotional problems such as depression, anxiety, and social isolation (Buehler & Welsh, 2010).

Marriages that are burdened by tension and conflict are stricken with anxiety between two parents who lack the ability to balance intimacy and autonomy. In addition, they are exposing their children to a behavior that may eventually become a multigenerational pattern (Marks et al, 2001). Not only are their child’s future relationships in jeopardy, they also battle behavioral problems, emotional, and somatic issues. Families caught using a dysfunctional form of emotional or relational triangulation during conflicts, don’t realize the long-term harm this has on their children’s emotional development and overall functioning (2001). This dysfunctional relationship maintains the poor differentiation in the marital unit and the remaining members involved in the triangles (Goldenberg & Goldenberg, 2004; Buehler & Welsh, 2010). “Such imbalances erode generational hierarchies and appropriate boundaries
between the marriage dyad and the parent-child dyad. For example, a parent-child coalition compromises both the effectiveness of parenting and the child’s ability to maintain an appropriate level of autonomy” (Kitzmann, 2000, p.4). Not only does triangulation violate the very premise of boundaries and a child’s ability to build an identity outside of the family, it also weakens alliances throughout the entire family subjecting children to choose between parents or siblings (Kitzmann, 2000). There is often one child who is more vulnerable to get caught up in the triangle between the parent’s struggles (Goldenberg & Goldenberg, 2004).

*Infantilized Child*

Parents are often the co-creators of a dysfunctional family operating system and will treat or respond to each of their children discordantly. The most sensitive or infantile child will often be the focus of the parent’s projected emotional insecurities. The intensity of emotional projection from the parents, on the infantilized child, will depend on the level of stress within the home. The projection process is similar to triangulation in that it operates within the same dynamic “mother-father-child-triangle” (Goldenberg & Goldenberg, 2004). If the behavioral responses from the child become problematic, one parent will become overprotective, infantilizing the child due to the parent’s projected anxiety. The trifecta continues, from the other parent who is fearful of the overprotective parent’s anxiety and will buy in to the same diagnosis of the diseased child. Consequently this infantilized child will be the most fused to the parents with the lowest level of differentiation and will have the hardest time separating from the family.

The dysfunctional family operating system is working on a less differentiated model of self; as a result their emotional health and attachment styles are insecure
(Schwartz et al., 2006). A less differentiated individual will not be able to achieve a true sense of self (Cummings, et al., 2003). The capacity to of an individual to differentiate stems from the attachment components of the parent-child relationship; the way a parent attunes to a child’s emotions will greatly influence their later psychological development (2003).

Adults neglected as children have the biggest difficulty finding happiness in relationships. Their insecure attachment wirings predispose them to socially disengaging behaviors leaving them feeling vulnerable, lonely and without sight of their own identity. One very important factor is having relationships that provide intimacy and autonomy. Not having relationships in place throughout one’s life that promote autonomy and intimacy can result in a great amount of insecurity in a person (Schwartz et al., 2006).

**Family Systems and Attachment Styles**

Family systems and attachment theorists have explored the topic of families with emotional tension and triangulation described above; they believe this structure to be the most problematic for developing maladaptive behaviors and insecure attachment styles (Kenny & Donaldson, 1991). Attachment figures or parents are meant to foster security in their children by providing a loving secure base and an environment that supports individual exploration. Familial environments that do not harvest a healthy secure base for their children, and instead threaten or use their children to meet their needs make it very difficult for these children to ever develop adaptive functioning skills or personal competence (Kenny & Donaldson, 1991).

Family systems view the problem of unhealthy families, as a result of a marital relationship that is an incomplete two-person bond (Friel & Friel, 1988). In attachment
terms, the security of each partner is threatened and his or her underlying need for an available and supportive partner contributes to the relational disconnection. The couple’s insecure attachments create diffuse, rigid, or nonexistent boundaries. The couple will then turn to their children for affection, approval, and intimacy (Hooper, 2007). The phenomenon that occurs between parent and child subsystems is the inappropriate overlap where the child performs traditional roles reserved for parents, called parentification. As the caretaker for the parent, the child never understands the value of their own needs, putting them at risk for developing poor relationship skills and repeating the same pattern as adults (Hooper, 2007).

Dysfunctional familial characteristics stem from parents who have low self-esteem (Satir & Baldwin, 1983 as cited in Goldenberg & Goldenberg, 2004). Consequently, their children lack a sense of self-worth. The way a parent is connected and able to provide affectionate emotional support for their children is internalized into cognitive or “social schemas called internal working models of self and others. These schemas function as mental models that guide a persons’ cognitive, affective, and behavioral responses in attachment-relevant contexts, including romantic relationships in adults” (Sun, Ng, & Guo, 2010, p.387). The unavailable and inconsistent mother produces children that are insecurely attached. The end result for this child is an internal strategy dealing with their mother’s (caregiver’s) unavailability. This ultimately shapes the individuals perception of self, the world, and responses to others across a lifetime.

A parent’s inability to communicate effectively and clearly has been damaged from past generations of misspoken and poorly conveyed feelings, influencing the quality of parent-child attachments. When a family lacks self-esteem, members are vulnerable to
enmeshment by never separating or accepting their own feelings. The repetitive miscommunication between members prevents the productive, honesty dialogue where needs can be met, so individuality is adept to flourish.

Diagrams are tools used by family systems theorists to reveal family patterns. Helping parents’ connect the affection they received and learned as a child to their current parenting framework. The residue of defensive coping strategies in childhood affects the development of a multigenerational, problematic attachment style (Foughton-Hayrna, 2005). By integrating attachment theory in the therapeutic stance, clinicians will be more able to understand the severity of childhood maltreatment and better explain how the emotional deprivation from parents triggers certain reactions between couples. The beauty of attachment is its valuable impact and measurable nature of adult love, providing the map for the therapeutic process (Hooper, 2007).

**Couple Interventions: Emotionally Focused Therapy**

Emotional Focused Therapy (EFT) was the first treatment of its kind to focus and address the role of affect in close relationships, and the only intervention with “substantial empirical support [that] appear[s] to be related to positive treatment outcomes” (Greenman & Johnson, 2013, p.47). Developed by Susan Johnson and Les Greenberg, EFT reflects its era of psychotherapy by the short-term treatment model (Johnson, Hunsley, Greenberg, & Schlinder, 1999).

Emotional Focused Therapy is an integrative approach that begins from an experiential-humanistic perspective, combined with a systemic focus, grounded in attachment theory (Greenman & Johnson, 2013). The theoretical basis of EFT is one of the strengths that guide the EFT therapist at each stage of treatment. The humanistic
model places focus on unconditional positive regard and the couple’s emotional experience as a resource of change. The systemic model helps to highlight and reveal how a partner’s feelings, thoughts, and behaviors affect the other partner. Lastly, attachment theory enables the therapist to organize and understand the marital distress from an insecure bond in the relationship.

Attachment theory plays a big role in the therapeutic process, providing the therapist with a map to navigate each partner’s needs and how the couple responds to their needs in a close relationship (Greenman & Johnson, 2013). “The key moments of change in EFT were moments of secure bonding” (Johnson, 2008, p. 47) between both partners, where they feel emotionally understood and connected with their significant other. This new secure bond is strong enough to undergo differences of opinion, early childhood wounds, and the rest of their lives with that partner.

The two initial goals of EFT is: 1) to enter the inner experience of the couple and reprocess what is really happening for each partner and; 2) to create a new interaction between the couples that helps them communicate their emotional needs which leads to a new expression of openness and secure interactions.

**Three Primary Tasks of EFT**

*Forming the Therapeutic System*

The map of EFT begins by placing importance on establishing a strong therapeutic alliance, so that the couple feels safe to explore their unmet attachment needs. To create this healing environment the EFT therapist remains open and empathic at all times, using direct language to communicate their support about the couple’s experience. Emphasis is also placed on the emotional experience for the couple by validating their
experiences. As a clinician, it is also necessary to have a clear understanding of the damaging interaction; this will gauge the severity of the problem and how to proceed to the next phase of treatment. Finally, identifying their attachment needs will open the door to their family of origin and how issues from childhood are played out in the present sensitivities.

During the early stages of therapeutic alliance, the therapist draws attention to two issues: 1) the particular attachment style of each spouse and; 2) discerning moments of transference that brings awareness to countertransference (Crawley & Grant, 2005). EFT therapists use helpful instruments of change during all the sessions that guide and engage couples more emotionally. Commonly used techniques, “reflections, reframes, evocative questions, empathic restatements, enactments and empathic interpretations” (Greenman & Johnson, 2013, p.50), provide couples with an avenue to intimately connect and express their attachment-laden emotions.

Assessing & Formulating Emotion

Emotion, as stated before is the key player in the frame of the relationships. The tasks of the EFT therapist is to reflect the emotion that is being developed in session and sharpen the focus so that it is differentiated and really felt by the client (Gehart, 2007). Another piece of treatment is “setting interactional tasks that add new elements to reorganize the interactional cycle” (Johnson et al., 1999, p. 70). For example, a partner that is withdrawn in the marriage, the therapist might help the partner formulate the emotion underneath being withdrawn that keeps them so guarded. Once that feeling is identified the therapist will validate the underlying feeling, by putting it in the context of the couple’s destructive cycle. Once this unfolding of emotions start, then heightening
comes into play allowing the partner to hear and accept the feeling (Gehart, 2007).

Finally, it’s time to structure a new response to this feeling and this begins the active emotional engagement process for each partner (Gehart, 2007).

**Repeat of Task 1 and 2**

The EFT therapists moves between: (a) tracking, reflecting, and expanding emotions, in the present and; (b) monitoring any activating events occurring in the relationship with the intent of fostering new corrective emotionally experiences with each spouse (Gehart, 2007). Asking them questions like “what does emotional closeness look like?” and “how do you seek comfort?” The therapist helps to highlight and examine the failed attempts to meet those emotional needs. Processing with each spouse the effects their actions have on their spouse. Each spouse will practice “softening” or vulnerable moments of change, by having the partner directly ask for comfort and connection from their spouse.

After the couples feel safe enough to express their attachment needs with one another then constructive problem solving can begin (Greenman & Johnson, 2013). Emotional disconnection between couples ignites intense emotions. By moving away from passive withdrawal, active emotional engagement can open up starting a whole interaction between the couple. Some may instinctively withdrawal for fear of abandonment; others may fear rejection or unworthiness. However, all of these internal reactions are withdrawals, prompting an external reaction such as anger that brings most couples into treatment. The focus with EFT is to enrich each partner in the relationship; by looking deeper at the here-and-now reaction with an experiential intervention this lessens the intensity of sensitive subject matter (Timm & Keiley, 2011).
Three Therapeutic Phases of EFT

The first therapeutic phase is called the *Cycle De-escalation*, which involves four steps. Step one, is the assessment, creation of the therapeutic alliance. Core issues between the couple will be revealed and explained in attachment language (Naaman, Pappas, Makinen, Zuccarini, & Johnson-Douglas, 2005). Next step will look fully at the negative interactional cycle between the couple. The insecure attachment styles and how they are maintaining/creating the relational distress. Third step will uncover denied emotions that influence the negative interactional cycle. The last step in this phase is “reframing the problem in terms of the cycle, the underlying emotions, and attachment needs” (Johnson et al., 1999, p. 70).

The second therapeutic phase is called *Changing the Interactional Positions* (Johnson et al., 1999). Step five begins by integrating previously dismissed needs and aspects of self into the relationship interactions. Step six is all about constructing a new experience for each partner in the relationship and creating new responses. The seventh step facilitates comfortable expression of specific attachment needs and wants with the intent to create emotional engagement (Naaman et al., 2005).

The third therapeutic phase is the *Consolidation/Integration* (Johnson et al., 1999). The eighth step addresses past relational problems and devises a new and effective solution approach to relationship issues. The ninth and final step is the consolidation piece of therapy where the couples learn to integrate the new positions and cycles to healthier attachment behavior (Naaman et al., 2005).
Demon Dialogues

Working with couples effectively, there must be an edge that a therapist can use to ease the drama of painful emotions between the couple so it does not get too overwhelming (Johnson, 2008). The Demon Dialogue concept is helpful in gauging how severe the withdrawal and anger is between the couple. The strategy of using the Demon Dialogue model is to assist the couple in recognizing their style of conversation, by illuminating the pattern that shapes their negative interactions and labeling the “Demon Dialogue” as the problem instead of their partner. Recapping the exchanges for the couple helps to identify the rollercoaster they are in, rather than highlighting what the other is saying and reacting. Each time a partner tries to reach out for the other and cannot make safe emotional contact, the partner is more inclined to start a Demon Dialogue. The focus here is to slow down the interaction, soften the emotions, and have the couples openly talk about their emotions as they are happening. Eventually, this new focus will redirect the energy between the couple towards healthier new conversations (Johnson, 2008).

Sue Johnson (2008) introduced and coined the term Demon Dialogues-- a negative interaction that couples use when they cannot connect and feel safe with their partner. In Sue’s book, Hold me tight, she labeled and defined three Demon Dialogues that transpire as a result of the couple’s disconnection: 1) Find the Bad Guy; 2) Protest Polka; and 3) Freeze and Flee. For each dialogue, there are distinct features that a therapist needs to recognize in order to address and treat the couple’s discourse. The three Demon Dialogues can be referred to as dances, and each negative dance interaction determines how far-off couples are from forming a safe and secure reconnection (2008).
“Find the bad guy” dialogue, is where both parties are loaded and ready to attack the other; it’s all about self-protection. The beginning act of this problematic pattern is feeling vulnerable with the partner and not in control, that one is cornered and unable to relax, waiting for the next thing to go wrong in the relationship (Johnson, 2008). “By being wary and anticipating being hurt, we close off all the ways out of this dead-end dance” (Johnson, 2008, p.69). Couples who fall into the “Find the Bad Guy” dialogue relate mainly on a casual loving connection, and only after they have each cooled off.

The therapist goal with couples that use this dialogue is to begin by having them stay in the present and focus on what is happening between the couple at that very moment. Pinpoint the spiral of criticism that keeps the couple spinning, signifying that there is no real start. A good exercise is to have the couple reflect on a time when they were clearly at fault for creating a minor problem. Have each partner think of their response and four different ways they could have put the blame on someone else. Then think about how their spouse might react.

“Protest polka” named after a style of dance from its reinforcing characteristics, is the most common dialogue couples fall into, a simple demand-withdraw ritual. The dance is cunning because of how successfully it remains stable in that each move underpins the next (Johnson, 2008). When either partner experiences attention that does not align with the quality of closeness that the partner actually needs those attempts for closeness fail to resolve the underlying attachment injury. For most people stuck in the pursuing-distancing pattern of protest polka the other partner only hears anger and frustration.
Commonly used statements from the pursing partner caught in this dialogue say things like: “I have a broken heart. I could weep forever, sometimes I feel like I am dying in this relationship” “I’m not sure I matter to him. Its like he doesn’t see me. I don’t know how to reach him” (Johnson, 2008, p. 81). Attachment themes of unworthiness and longing for emotional connection underlie each of these statements. Whereas the withdrawing partner usually reports saying: “I can never get it right with her, so I just give up. It all seems hopeless.” “I feel numb. Don’t know how I feel, so I just freeze up and space out.” Each of these statements convey to the other partner that they are not able to emotional engage. Furthermore, the partner’s response is linked to the individual’s attachment style and how they process loss. For the withdrawing partner, their words come from a place of not knowing how to resolve their own emotional needs. Instead, the partner shuts down and numbs out as their way of handling negative feelings (Johnson, 2008).

It is imperative for the therapist when dealing with this style of dialogue that both partners understand how they contribute to this pattern i.e. “If I attack you, I pull you into defense and justification. I inadvertently make it hard for you to be open and responsive to me”(Johnson, 2008, p. 85). This style is representative of attachment distress and none of it can be treated with behavioral interventions. It is also important that each partner understand the nature and dynamic of love. Here the therapist wants the couple to pay attention to the moments of disconnect that prompts the protest and the anxiety that fuels the polka. In order to slow down the pattern, the couple needs to unite and label the polka as the enemy to happiness, not your partner. This process will allow partners to become aware of their place and involvement in the pattern. With this new acknowledgment the
partner’s attachment needs and fears will be easier to comprehend, allowing each partner to feel safe and finally express them.

Third and the most critical dialogue, is called “Freeze and Flee”. The style of relational communication is a result of high distress in both couples. The couple is withdrawn and neither have an emotional need to pursue connection (Gehart, 2007). It is dead silence. Metaphorically, this relationship looks a dance gone wrong, where both partners are off the dance floor with their arms crossed. The couple is in self-protection mode, dismissing their true feelings and needs (Johnson, 2008). Most commonly this dialogue evolves from the Protest Polka. The pursing partner gives up trying to get the distancing partner’s attention and goes mute. The underlying problem in the Freeze and Flee cycle is hopelessness. Partners are aware of their flaws, so they hide from the relationship and their unlovable self (Johnson, 2008).

Couples who are vulnerable to this style of dialogue usually mention growing up in families with emotional distance. Consequently, when a partner feels disconnected the default behaviors are to withdrawal and deny any need for emotional closeness. This style of coping is unconscious, and locks an individual into a self-defeating pattern with the lover. However, an individual can discover the importance for closeness, both personally and relationally by reflecting on childhood experiences that were once used to numb emotional needs. This emotional gateway offers each partner hope for repair and a deeper understanding of the wound. Recognizing how we fall into certain relational traps and why we stay caught in them, is the first step to creating new patterns of love that don’t deprive our very needs. Eventually, couples can begin to create strong bonds that grow from resolving the prior loveless disconnection (Johnson, 2008).
Assessment Instruments

Assessments tools have been shown to be advantageous as a screening instrument in determining appropriate candidates for research. Specifically in this project, we will rely on: a) Adult Attachment Interview (AAI), b) The Dyadic Adjustment Scale (DAS), and c) Attachment Injury Measure (AIM). These will assist in identifying: 1) adult attachment style, 2) severity of marital distress, and 3) attachment injury. The desired participants for this weekend retreat are couples that struggle in areas of affection and intimacy. Due to the short term and intimate nature of the weekend retreat, couples with a recent or current history of domestic violence or current substance abuse issues will be excluded.

The goal of the weekend retreat is to identify each couple’s attachment style and the implications they have on the marital interaction. Participants invited to the retreat must be cohabitating and currently rearing children. It is also necessary for participants to have been actively working in couple’s and family counseling prior to attending the weekend retreat, so they are oriented to therapy. The first assessment tool, the Adult Attachment Interview (AAI), gathers a historical account of prior attachment relationships and their meaning, by way of a semi-structured interview, which focuses on the coded assessments of defense processing (George, Kaplan & Main, 1996). The method of this research will involve examining each individual’s attachment style relating to loss an separation, both with their own parents in past and current relationships (George, Kaplan & Main, 1996). At the end of the interview, each individual will have a personal narrative documenting their Internal Working Model (IWM) meanings associated to relationships. The IWM reveals their thoughts, feelings, and relational
behaviors, which classifies their attachment style as secure, preoccupied (anxious), dismissive (avoidant), or fearful (anxious-avoidant).

The value AAI provides the therapist is a formative map of the adult attachment style for individuals based on their unique experiences as a child. This information can be used to reflect on the attachment status that carries over into the marriage. The underlying value of this assessment is that attachment plays a big role in one’s state of mind and has influential power over the ability to create a quality relationship with another (Schmidt et al., 2007).

The second part of assessment entails The Dyadic Adjustment Scale (DAS; Spanier, 1976); a 32–item instrument designed to measure the degree of dissatisfaction that the couple is experiencing. The scale assesses and scores on the following four subscales: satisfactions, consensus, cohesion, and affectional expression. Higher scores equate to healthier and better adjustment in the couple, also indicative of less distress. The third assessment tool, Attachment Injury Measure (AIM; Millikin, 2000) is a written piece that each individual describes in detail the nature of attachment injury from his or her point of view (Naaman et al., 2005). The type of injury AIM assesses is a particular traumatic event or threat that occurred between the couple. Wherein a spouse experienced a strong sense of betrayal either due to the inaccessibility or unresponsiveness of the other partner. For couples that experience events such as these, EFT therapists will be able to work at resolving the injury through blamer-softening events, emphasizing the attachment pieces to help partners understand the meaning this is having for each individual and the relationship. The end goal is to work with each partner to re-create a secure safe place, to engage and move forward with treatment.
Conclusion

Attachment theory has a large presence in the therapy room and manifests on numerous occasions when conceptualizing a client’s worldview. Empirical findings reach the conclusion that attachment style should be assessed in every individual as a standard variable to treatment planning (Shorey & Snyder, 2006). The purpose of the proposed project highlights attachment styles and their influence in an individual’s intimate relationship. The individual’s attachment style will not only affect the couple’s relationship, but how the individual attaches with their children. To grasp a clear view of attachment and its impact on couple interaction, concepts from emotionally focused therapy will be integrated into the proposed project.
CHAPTER III: PROJECT AUDIENCE AND IMPLEMENTATION

Introduction

The attachment-oriented workshop is designed as a two-day weekend retreat for couples and marital reconnection. The focus of the workshop is for emotionally distressed couples to learn about the significance of their attachment styles and the impact of their attachment style has on the relationship. Participants will be able to: 1) understand the underpinning of their own attachment and its value for a happy marriage; 2) learn new ways to communicate emotions within the couple; 3) practice/experience new ways to be affectionate and the value of affection; 4) how to maintain a secure bond within their marriage; 5) provide new approaches to attachment building and emotional connection for the couple.

Development of the Project

The purpose of the project is specifically designed for emotionally distressed couples that want to identify how to reconnect and feel safe in their relationship.

For the purpose of this weekend retreat, the couples recruited must be referred from their therapist and must be in treatment currently or in the last two years for at least 6 months. The therapist will need to be a member of CAMFT or a member of an EFT association in order to receive the email recruit about the couple’s weekend. Participants must meet the following criteria to be eligible for prescreening: agreeable to a self-report inventory that measures childhood attachment through an adult lens, (AAI); not diagnosed on Axis-II; no history of domestic violence; married or in a committed relationship for at least 2 years; must be 18 years of age or older; no suicidal ideation; no
substance abuse; must be living together and not in the process of seeking separation or divorce, and available on the selected dates of the retreat.

If the initial criteria assessment supported the appropriateness of the treatment plan for the couple’s retreat, they were invited to come in for a prescreening interview. Prescreening sessions entail one weekend facilitator, a Marriage and Family Therapist. Before the prescreening procedure the couples are informed that sessions will be video or audiotaped. Each couple must agree and sign the informed consent to participate in the retreat.

The prescreening session will be 3 hours long, to allow enough time to complete three different assessments. The session will proceed by meeting individually with each partner; first they will complete an individual assessment of his or her adult attachment style. The assessment format will consist of a semi-structured, taped interview, known as the Adult Attachment Interview (AAI). This interview takes about 1 hour and consists of 20 questions. The central task of the interview is to gather narrative accounts from childhood, on an attachment-related memory scale i.e. asking couples to compare those memories from their current adult point of view (George, Kaplan, & Main, 1985). The interview is coded based on participant’s description of events and their reflections of the experience (Hesse, 1999).

After each spouse has completed the AAI, two more assessments will be given to the couples that are completed individually in separate rooms. The Dyadic Adjustment Scale (DAS; Spanier, 1976) and Attachment Injury Measure (AIM; Millikin, 2000). The DAS is 32- item self-report scale to measure the quality of the adjustment between the couple and will be most useful in selecting “mildly to moderately distressed couples, and
to ensure that resolving attachment injuries in these couples actually makes a difference in their relationship” (Naaman et al., 2005). AIM is a written description of an attachment injury event designed to measure the severity of that event. These instruments will give the therapist a dimensional rating on the severity of the couple’s problems, the appropriateness of the workshop and the commitment level of participants.

The second part of the prescreening process will be reviewing the assessment results and selecting the appropriate couples. The score on the DAS range from 0-151. High scores are indicative of less distress and better adjustment. The DAS used for this project will select mild to moderately distress couples, and acceptable scores range from 85-97. The AIM narratives were reviewed for the purpose of emotional injury. Injuries can range from affairs, abortions (had or not had), perceived abandonment (e.g., an unanticipated change in religion that led to nontrivial changes of lifestyle and values, and Internet pornography), and perceived humiliations (e.g., salient events involving humiliation, diminishment, or control). At the end of this process, the selected couples will be assigned a therapist for the weekend. Each couple will be introduced to their assigned therapist the Friday before the retreat weekend for a 30-minute introductory session. The introduction will consist of going over the rules & restrictions, the itinerary of the weekend, and any questions for the therapist.

Saturday morning, couples will arrive at 9am to begin the retreat weekend. Start off with a tour of the resort, introducing the staff and history of the area. After the tour is finished, couples will be led to their individual counseling room by their assigned therapist. The weekend will provide a total of 8 individual couples’ sessions, which is the minimum number of sessions to successfully complete all three stages and nine steps of
EFT. The first session will last 3 hours in length with the intent of completing all four steps in stage I, called cycle de-escalation. The concept within this stage is helping partners recognize the interactional pattern that causes the couple’s distress, by sensitizing the couples to the array of emotions that drive the harmful interaction. At the end of this stage the therapist will highlight how the roots of emotions are born out of the desire to feel emotionally secure and connected with their partner (Greenman & Johnson, 2013).

After the first individual couples session, there will be a group questionnaire exercise, called Accessibility, Responsiveness, and Engagement (A.R.E). The concept here is to gauge the couple’s emotional responsiveness by answering seven true and false questions. This exercise is helpful for the therapist and couple by defining the relationship through an attachment lens. After the questionnaire is complete the next hour will be reflecting on the questions. Partners will discuss one question that seemed most important and positive about their partner. As a group, the couples will do the same exercise, but discussing one question that brought up the most difficult emotions. Both exercises should be kept to a maximum of ten minutes for each partner. The remaining 20 minutes of the group exercise will be spent journaling and reflecting with their partner on the general points discussed from the questionnaire.

After the group session the couple will reunite with their therapist for the last 2-hr session of the day, stage II of EFT: changing the interactional positions. The focus within this stage is “restructuring the couples interaction so that they may achieve a secure attachment bond” (Greenman & Johnson, 2013, p.47). The two main therapeutic objectives of stage II are withdrawer re-engagement and blamer softening. In this stage,
the couple is working to recognize their basic needs for security and how to softly communicate their needs. This dialogue opens up a new response that is accepting and supportive of their partners needs. The positive response from the partner affirms and strengthens the emotional bond between the couple laying the foundation for a secure attachment interaction (Greenman & Johnson, 2013).

The final day of the retreat the couples will meet as a group to do the last group exercise. The couples will be familiar with the concept and definitions of each Demon Dialogues, e.g. *Find the Bad guy, Freeze and Flee, and Polka Protest* (Johnson, 2008). The objective here is for each couple to identify which strategy they use when they feel disconnected with their spouse. Each partner will answer the questions that match their dialogue and reflect on them with their partner. The couples will rejoin as a group and begin an experiential group activity. The group will work on enhancing their attachment relationship by doing a play and practice exercise specific for each couples Demon Dialogue. The goal of this exercise is to infuse new ways of interacting that help identify “hot” attachment issues that underlie the negative interaction pattern. The take away is that each partner will have a deepened understanding of the other’s emotional pain. The subsequent and equally valuable by-product is the reprocessing of the individuals pain clarifying their unresolved attachment needs.

The weekend will end with a 3-hour couple’s session to complete the final phase of EFT, stage III called *consolidation and integration*. The therapist takes the role of facilitator in the last two steps of this stage, which works on refocusing the couple’s attention on the old problematic relationship issues, but also reflecting on their new ways of interacting with each other. At this stage, therapists’ highlight the effectiveness of
these new positions and the couple’s new secure attachment behaviors (Johnson et al., 1999).

At the end of the retreat each couple will be able to: 1) identify their current attachment dance and reflect three new experiences that involve affection; 2) recognize and identify healthier interaction positions with their partner; 3) three new strategies to create a new secure emotional connection and dialogue; 4) find a new way to self-sooth to increase differentiation. At the conclusion of the weekend, the couples will be asked to complete the following post-treatment procedures, Dyadic Adjustment Scale (DAS) and Attachment Injury Measure (AIM).

**Intended Audience**

The audience will be couples, married or not, who are experiencing relational and emotional distress; and have noticed that affection is a point of contention or nonexistent in the relationship. The couples cannot have a present issue with substance abuse or domestic violence. Each couple will need to have transportation and means to get to the workshop, and be English speaking.

**Personal Qualifications**

There will be 3 marriage and family therapists (MFT) to orchestrate the weekend workshop retreat. Prior to the retreat, all therapists are required to have at least 1 year of basic EFT therapy training and 1 year of experience as a therapist.

**Environment and Equipment**

The workshop will be held at a cabin resort in Ojai, CA. The three couples will stay in separate bungalows detached from the main meeting room. The workshop will begin each day in the conference quarters of the resort. The therapy sessions will be held
in 3 separate rooms down the hall from conference area. The therapy rooms equipped with a one-way mirror, microphone and video camera, and intercom phone system. The facility will section this floor off from public access. WiFi, projectors, tables, chairs, and games will be available for the couples as tools during this workshop. There will be a large main area where the couples will meet every morning and the couples will break to individual rooms with therapist.

Formative Evaluation

Throughout the process of research and reviewing literature, I have learned to gage my own reflection on the content of the work and how it pertains to my life. The message throughout this paper has allowed me to reflect on my own attachment narrative. Initially, I didn’t realize the impact this project would have on me personally and professionally. The time and diligence to get motivated and move through content after content is tedious, at moments I revised my topic to look at different angles of attachment. However, I kept coming back to adult relationships and the impact attachment has on the relational dynamic. By taking a step back and getting others input, has helped me stay on track and recognize the different directions attachment research reveals.

Project Outline

I. Prescreening Evaluation

a) Send out an email to therapists in the area as well as post ad on LACAMFT-looking to recruit couples. Offering a weekend retreat for families struggling with disconnection in the marriage, a general lack of affection between the couple and in the home. Not considering participants who have any past or current history of
domestic violence or drug/alcohol abuse. This is not an intensive weekend just an attachment skill building and enlightenment course.

b) Initial consultation with MFT will be 3 hours, involving assessing each couples attachment style by using a semi-structured interview (Adult Attachment Interview)

c) Assess the couples quality of adjustment in marriage, with the Dyadic Adjustment Scale (DAS) and a written description of an event that injurious to the partner attachments through Attachment Injury Measure (AIM)

d) Review adult narrative content, attachment injury, and the self-report measures for couple adjustment to determine what families make a good fit.

i) Choose 3 finalist but keep a fourth a back up if one couple has schedule conflict

e) Follow-up consultation with the selected families, the Friday before the weekend.

Consist of the meet and greet follow-up by handout of the itinerary.

Day 1- Saturday

1. Introduction of the facility and therapists

a) Couples arrive at 9am

b) Take a tour of facility

c) Divide up the couples with assigned EFT therapists

d) Stage I of EFT: De-Escalation (3 hour individual session)

i) Consist of 4 steps:

(1) Create therapeutic alliance and identify core conflict from attachment perspective
(2) Discover the problematic interaction pattern that prevents secure attachment bond in the relationship.

(3) Getting to the unacknowledged emotions or “hot” emotions, “the emotions that warn us our connection is in trouble” (Johnson 2008, P. 92), so we turn them off which perpetuates the problematic interactional pattern.

(4) Reframe the problem in terms of the interaction, hot emotions, and underlying attachment needs.

e) Break for lunch

f) Group couple session: Exploring Emotional Connections (1.5 hours)
   i) The A.R.E. Questionnaire, consists of 7 True or False questions
   ii) Couples will reflect on questionnaire by discussing their answers together in the way described after the questionnaire.
      (1) Have each spouse Highlight (2) questions:
         (a) (1) Positive / important; (1) difficult/ emotional questions
      iii) Discuss as a group. (5 min/person)
         (1) Mention (1) question that seemed most positive/ important
         (2) Mention (1) question that was most difficult/emotional
            (a) Reflect this without using blaming or critical words.
   iv) Journal and reflect on questions:
      (1) Individually and as a couple

g) Stage II of EFT: Changing Interactional Positions (2 hour individual couples session)
   i) Consists of 3 steps:
(1) Encouraging spouses to identify their disowned needs and aspects of self, finding new interactions that will integrate these new learned pieces of self into the relationship (Johnson et al, 1999)

(2) Restructure the couple’s interaction to promote acceptance of partner’s new experience in the relationship (Greenman & Johnson, 2013).

(3) The withdrawn partner in the relationship can open up and learn to express their hurts and wants for comfort (withdrawn-reengagement process). And soften the blaming or critical partner to do the same (blamer softening)

h) Group BBQ- couples work as a unit to make a dish that defines their dynamic and speak about it before dinner

i) Free time

2. Day Two, Sunday

a) Breakfast beings at 9-10am

b) Assess the Demon Dialogue (1.5 hours group session)

i) Couples need to identify which of three Demon Dialogues they use: Protest Polka, Find the Bad Guy, or Freeze and flee

ii) Play and practice as a group; assess attachment style and level of affection in couple within the couples dialogue. Each couple will participate and be able to:

(1) List and describe two patterns of attachment of themselves and their partner

(2) List and describe patterns of attachment in adults
b) Stage III of EFT: *consolidation and integration*. (3 hour individual couples session)

i) This stage consists of 2 steps

   (1) The therapists’ role is the consultant or facilitator; refocus the couple’s attention on the old problematic relationship issues as they reflect on their new ways of interacting with each other.

   (2) Highlighting the effectiveness of these new positions and their new secure attachment behaviors (Johnson et al., 1999).

c) Post-treatment procedure

i) At the completion of the retreat, each couples assigned therapist will administer the DAS and AIM

   (1) DAS post treatment score will demonstrate the degree of change/
   improvement in couple’s relationship satisfaction.

   (2) AIM post treatment interviews are conducted to determine if the partner’s injury was resolved.

ii) Determine if couples/ family therapy should be arranged on on-going basis.

d) Retreat over!
CHAPTER IV: CONCLUSION

Summary

The intent of this project was to address the importance of attachment and the impact adult attachment style has on adult romantic relationships, specifically for emotionally distressed couples. Using an attachment-oriented framework, couples will gain insight on their core attachment needs, and identify what threatens their attachment security in the relationship. By shedding light on the correlations that adult attachments have the same meaning and purpose as parent-child relationships, couples will begin to recognize the role their attachment narrative plays in the relationships. Additionally, the purpose of this correlation is to stress the generational influence of unhealthy attachment patterns, so the couple is aware of how natural insecure attachments trap couples in harmful relational interactions.

The curriculum of the project is based on Emotionally Focused Therapy (EFT) rooted in attachment theory with an integration of humanistic and experiential theories (Greenman & Johnson, 2013). The idea behind using EFT is to increase an understanding of the mental well being of a person and create a safe environment for both partners to express their attachment needs. Feelings and behaviors are labeled as symptoms of their insecure attachment, and highlight the power of their emotions as the underlying force behind the relational distress. For real change to occur, a person must understand the declaration of power their message of emotion is making; this always leads back to their basic attachment needs The next step is constructive problem solving. This provides couples with an avenue to intimately connect and softly express their attachment-laden emotions. Creating a new way for the couple to respond and open up to each other will
provide a fresh level of emotional connection awakening the formation of a secure bond between the couple, preventing the perpetuation of unhealthy attachment patterns and communication styles to the next generation. EFT offers a way of integrating a focus on the individual and the relationship, both within and between-person variables and processes (Johnson et al., 1999).

Discussion: Evaluation

The workshop is specifically for experienced EFT therapists; working with couples that are in relational distress. The design of the workshop is a brief enhancement weekend for married and unmarried couples that are committed to working on fixing the relational distress, and not currently seeking divorce. The goal for the retreat is to encourage the couple’s awareness of their narrative process, to help each member of the couple recognize their attachment pattern as well as their partner’s attachment, and to examine how this influences the dynamic of the marital relationship.

Pre-assessments tools (AAI, DAS, AIM) are of significant value for successful implementation. The measurements will determine the most appropriate candidates for the weekend, prepare therapists for their couple, and can be an affective post-assessment measure. The primary focus of the manual is to address the couple's distress; EFT doesn’t address other areas such as depression, violence, and addictive behaviors, which is why the criteria for participants are very specific. Another area of focus I would like to assess is the alternative model of EFT to include such sensitive populations.

The curriculum is not just limited to couples; modification can be made to include families. Family therapy was not included in the final design of the workshop, as the focus was mainly on the couple as a whole. In this particular curriculum the thought of
involving children was more harmful then helpful as their role was very limited in the weekend design. However there is sufficient associations between marital discord and parenting that reveal how strongly marital distress ties to parenting styles and the emotional climate within a family unit (Yu & Gamble, 2008). There are effective attachment based family models that look at each member’s unique role and function.

The idea behind this curriculum is to produce another resource for EFT therapists and therapist in training, as a therapeutic and practical approach for emotionally distressed couples and individuals. The curriculum offers three primary themes: 1) psychoeducation on un-met attachment needs helpful in treating couple-marital problems; 2) focus on the value of emotion and how to harvest new connections between individuals; 3) a clear map that guides therapy and helps focus on the distressing issues for the couple (Sandberg & Knestel, 2011).

Future Work

Although there is considerable amount of empirical research in the EFT treatment model, the positive outcomes are exclusive to the population type: White, middle class, heterosexual urban living couples. The limitation of cultural exposure and reliability hinders the relevancy of EFT and is very problematic for therapists, narrowing the efficacy of EFT intervention. Future research is still missing for same-sex couples and EFT has never been recommended for abusive couples or couples seeking divorce, limiting its use for a broader population.

Insufficient findings are still an area of concern when it relates to EFT and successful treatment in regards to a partner dealing with a psychological disorder such as posttraumatic stress disorder, eating disorders, and major depression, (Johnson et al.,
1999). Given the empirical findings of EFT and attachment theory, the presumption is that most couples will benefit from attachment-based psychoeducation and interventions.
REFERENCES


A Couple’s Map Back to
Prologue

EFT combines experiential, systems, and attachment theories with the goal of fostering the development of safe contact, accessibility, and responsiveness in both partners and making them aware of their attachment needs. To attain this, the couple has to deal with the powerful emotional responses that organize their interactions and access and restructure elements of their inner working models, if these are problematic. They then can engage in new attachment behaviors. (Johnson, 1996, p. 24)
Introduction

“Love Map: Who stole my dance partner?”

Emotionally Focused Therapy (EFT) takes an intimate approach to treatment; looking at the emotional dynamic happening between couples and drawing on attachment theory as the basis of understanding adult love (Young, 2008). The very core of EFT comes from the first word, emotion. The idea is that for an intervention to work and create change the focus must be on grasping the depth of the client’s emotional world; what molds their relational desires, what gives them a foundation to build a relationship, and what types of conflicts they have. The metaphor used throughout this project is viewing the relationship as a dance; the pattern of the relationship is evident in the style and movement of the dance. In intimate relationships we are continually taking steps backward and forward. We move toward someone or away from them based on what is going on inside of us, circumstances outside of us and what is going on between us define the relational dance.

The concept of a love map is from John Bowlby’s theory on human attachment; the essence of life is love in relationships. A “basic tenet of attachment theory is that the quality of an intimate relationship, a [secure and] bonded relationship, [provides sufficient] emotional accessibility and responsiveness” (Young, 2008, p. 265). When an emotional bond is interrupted, disconnection sets in and insecure attachment feelings start to take hold of the relationship. In EFT, the therapist uses the influences of attachment to map out the course of therapy. Therefore the agenda in treatment is to help the couple step out of damaging patterns, or the dance that blocks emotional accessibility and responsiveness; bring up attachment needs that are difficult and to teach members of the couple to learn to reconnect on a whole new level. This will keep the couple’s relationship in a bonded rhythm to their emotional music that opens the couple up to a whole new style of dance that connects them cheek-to-cheek (Young, 2008).

One of EFT’s strengths is in the theoretical framework and empirically sound research on couple dynamics. The experiential, humanistic theories, and attachment perspective of adult love
inform the therapists’ direction during each stage and step of the EFT model, which consists of three stages divided into nine unique steps. The three stages are designed with specific therapeutic goals that determine “what a therapist does, how he or she does it, and what he or she can expect to see from clients is all informed by theory and research” (Greenman & Johnson, 2013, p.48).

Attachment provides the foundation for the first stage of EFT, which is to help couples interact so they can get a grasp on the negative pattern they are creating. This negative cycle only creates more insecurity between the couple, perpetuating the negative emotions (Young, 2008). The premise is to have the couple deal with the negative cycle and hear it in attachment terms “and see how it traps them both in isolation and in a lot of tone of not feeling valued, not feeling cared for” (Young, p. 268, 2008). The objective is to help them become aware of this pattern and to create new steps that direct them away from the insecurity harvested in their current dance. Highlighting that they are both victims of this spiraling negative pattern will help them realize the need for basic safety in their relationship. By Stage Two, EFT constructs a new healthier way for the couple to interact that promotes positive bonding and intimate communication about feelings and emotions. Stage Two is where the real change occurs and when the couple feels a whole different way of being together and connected. The second stage of EFT relies on a series of enactments between the couple that helps to enrich the emotional state, by having each individual actively turn to their partner, and express their attachment message. These messages get clearer as more enactments are practiced. More importantly, the bond between the couple is strengthened as they plug in to each other’s emotional needs through these very enactments. This stage is about helping people go into their deepest emotions, and organize those feelings so they are not overwhelming. EFT therapists help clients stay with their feelings, and facilitate being listened to, maybe for the first time. These feelings reveal what the individual has wanted and needed all along. The role of the EFT therapist is to assist the individual to engage with their partner so they can stay true to their inner feelings,
communicate clearly and positively, so their partner can respond (Young, 2008). Sue Johnson, in an interview with Mark A. Young, states what she believes:

The theory of change in EFT says that if you really want to get a positive and lasting change you must do this. You can’t just talk about the relationship in front of people or let people have discussions about the relationship. They have to experience a new kind of emotional connection in the session; otherwise chances are the change won’t stick (p.268).

Using attachment as the map for couple’s therapy helps the therapist to understand what is less successful and provides direction for where to go next. It informs the therapist of what a healthy relationship looks like using “key moments and key processes that lead to health, and the key moments and processes that lead to dysfunction” (Young, 2008, p.265). EFT offers a compass for the therapist to identify the emotional dance of the couple. EFT is a way for the therapist to communicate to the couple in a concrete way, what matters at that very moment and directs the therapist and the couple what to address next. The EFT process soaks into the individual world of each partner and this informs the interventions used during the session.

From a clinical perspective, perhaps the main contribution EFT has made to the field of couples therapy is an orientation toward and specific ways of working with emotion. It also offers a way of integrating a focus on the individual and the relationship, on both within and between-person variables and processes (Johnson et al., 1999).
Orchestrators and Recruits

Qualifications for Facilitators:

A minimum of three marriage and family therapists (MFT) will be necessary to orchestrate the weekend workshop retreat. Prior to the retreat, all therapists should have a minimum of three years of experience as a therapist and one year of basic EFT therapy training with a specialization in resolving insecure attachment bonds. Lastly, one therapist must have a certificate in Adult Attachment Interview (AAI) coding from an approved AAI institute.

Recruiting participants:

- Referrals must be from MFT, LCSW, Psy.D, Ph.D. and other mental health professionals
- Couple must be in treatment currently or in the last two years for at least 6 months
- Agreeable to a self-report inventory that measures childhood attachment through an adult lens, (AAI)
- Must identify a specific incident of betrayal (attachment injury) with their partner
- Available on the selected dates of the retreat, (Friday PM to Sunday PM)
- Not diagnosed Axis-II
- No reports or history of physical abuse from either partner
- The couples, whether married or in a committed relationship together, lived together for a minimum of 3 years
- Must be currently living together and not in the process of seeking separation/divorce
Specific Criteria Guidelines

The EFT model is a relational and interactive process. Developed from an attachment theory, EFT focuses on heightening emotional experiences, mutual understanding, and facilitating new behavioral responses in distressed couples. EFT has been best identified for couples that are in marital distress and open to expressing their attachment needs and fears (Johnson et al., 1999). EFT is most effective when there is a strong therapeutic alliance, and that alone has been termed healing (Johnson et al., 2009; Palmer & Johnson, 2002). Research has found that the quality of the therapeutic alliance is helpful for couples to stay on task during EFT treatment, and has a great hold on the treatment success. Selecting candidates who have experienced a positive therapeutic alliance, either with a current or past therapist, is highly recommended. Treatment success will increase within distressed couples that have experienced a positive therapeutic alliance (Johnson et al., 1999).

The project will utilize AAI assessment as a tool to garner information about each individual's attachment style and develop an attachment narrative. The therapist can then use this narrative to reflect on how childhood attachments correlate and affect the individual's primary adult relationships.

Given that attachment is the spine to the EFT framework, assessing the couple for an attachment injury will be useful in connecting any history of unresolved events of betrayal. Attachment injuries can contribute to the present distress between the couple (Naaman, Pappas, Makinen, Zuccarini, & Johnson-Douglas, 2005). The Attachment Injury needs to be distinguished from basic fundamental trust levels in the relationship. The critical element of an attachment injury is “concerned with a specific incident during which one partner’s attachment needs were especially salient and the other partner’s were perceived to be either inaccessible or unresponsive” (Naaman et al., 2005, p. 60). However, the impact of the injurious event is based on the sensitivities of the injured partner not the external factors. If the couple never discusses and deals with the feelings associated with the event, they continue to undermine the trust and
security left in the relationship. This could even lead to abandonment and betrayal in times of change when attachment needs are flourished.

A number of therapists mention that EFT seemed less effective with certain kinds of clients (e.g., highly intellectual, well defended, unwilling to take responsibility for her or his own actions, low motivation for therapy) (Sandberg & Knestel, 2011). Recent research has clarified that EFT should not be recommended for couples where abuse of any kind such as alcohol, drugs, and physical abuse is an ongoing part of the relationship (Johnson et al., 1999). The best resources for abusive partners are group and individual therapy. Once this therapy is successfully completed and their partner feels safe to explore working on their relationship, EFT is recommended. “Additionally, for couples that are separating, EFT is used only in an abbreviated form to clarify the redefinition of the relationship and support partners as they separate” (Johnson et al, 1999, p. 74).
Workshop Objectives

- To define the attachment style of each partner.
- To investigate the effect of the attachment style on the current adult romantic relationship.
- To modify distressed couples’ constricted interaction patterns and emotional responses.
Retreat Schedule

Saturday
09:00am  Check-in to resort
10:00am  Retreat Program begins
10:15am  Tour
11:15pm  Snack
12:00pm  Session I of Couples Session
03:00pm  Group Activity
04:15pm  Stage II of Couples Session
06:30pm  Dinner
08:30pm  Couples Connection Time

Sunday
09:00am  Breakfast
10:00am  Group Exercise
12:00pm  Lunch
01:15pm  Stage III of Couples Session
04:15pm  Retreat Finished
Prescreening Evaluation: Recruiting

Prepare and send an email to therapists specializing in couple’s therapy and post ad on LACAMFT, Psychology Today, and LinkedIn groups. Please refer to guidelines on recruiting participants on page 4.

A. Sample Email

Dear (enter name of therapist) -
It is my pleasure to share with you an exciting opportunity for special couples in need of a marital enrichment weekend. As the referring clinician, this retreat is best suited for couples struggling with disconnection in their marriage, and a general lack of affection between the couple. The two-day weekend retreat will cover the 3 stages of Emotional Focused Therapy. We are looking for couples that are mildly distressed and not considering participants who have any past or current history of domestic violence or drug and/or alcohol abuse. This is not an intensive weekend, just an attachment skill building and enlightenment course. Please see the attached criteria for desired participants, along with the cost of the retreat weekend.

B. All email responses regarding potential couple participants will be sent to one of the weekend therapist facilitators which will include the following information:

1. Name of couple, contact information, email and phone, length of marriage, presenting problem, length of therapy, and the name of the referring therapist.

C. The same facilitating therapist will be responsible for screening the couples via a standardized telephone screening procedure.

i. During the telephone consultation, the therapist will assess the couple’s eligibility for the retreat by using the following criteria: presently living together and cohabiting for a minimum of two years, with no incidents of separation in the last two years. Free of alcohol or drug related problems. No ongoing marital physical abuse or history of physical abuse. No prior history of psychiatric treatment or medication in the past year. Must identify a specific incident of betrayal (attachment injury) during the intake session. Presently receiving psychotherapy treatment.

ii. During the telephonic screening, all couples must be informed of the
audiotaping and self-report assessment tools required to complete the intake.

**Conduct Assessment of Adult Attachment and marital functioning**

**Time Frame:** 2 hours (due to the length of assessments)

**Purpose:** These measures provide practitioners with important information on the narrative of each member of the couple and their level of security, which is helpful in determining their behavior patterns and the types of problems they are vulnerable to exhibit (Johnson & Whiffen, 2003).

A. **Initial Intake.** Upon arrival, the therapist will greet the couple and debrief them on the proceedings of the session, which will involve each partner completing three different self-report measuring scales.

B. **Each member of the couple will complete the specified assessments independently and privately in a room with a therapist.**

   i. In the consultation/prescreening meeting with the couple, the therapist will go over the informed consent agreement and receive the signed forms from both members of the couple, consenting to the audiotaped sessions.

C. The first self-reporting measure is a specific interview called the, *Adult Attachment Interview* (AAI), and must be administered by a trained interviewer in AAI. The assessment format will consist of a semi-structured, audiotaped interview. The interview takes about 1 hour and consists of 18-20 questions. The central task of the interview is to gather narrative accounts of each adult’s childhood on an attachment-related memory scale. For example, asking couples to compare those childhood memories using their current adult point of view (George, Kaplan, & Main, 1985). The interview is coded on a 9-point scale based on each participant’s description of events and their reflections of the experience.
(Hesse, 1999). Refer to the Procedure section of this manual for further instructions and interview script.

i. To see the complete instructions to questionnaire, turn to the attachments section of the curriculum. For access to questionnaire go to:

http://www.psychology.sunysb.edu/attachment/measures/content/ai_interview.pdf

D. The second scale, The Dyadic Adjustment Scale (DAS; Spanier, 1976), is a 32-item instrument designed to measure the degree of dissatisfaction that the couple is experiencing. The scale assesses and scores the following four subscales: satisfactions, consensus, cohesion, and affectional expression. The higher the score the better the couple's adjustment, indicating less distress.

i. To see full access of instrument go to:

http://uir.unisa.ac.za/bitstream/handle/10500/2214/18Annexure7.PDF?sequence=6

E. The third assessment tool, the Attachment Injury Measure (AIM; Millikin, 2000) is a self-report measure conducted by therapist. Each partner independently describes in detail the nature of an attachment injury from his or her point of view (Naaman, Pappas, Makinen, Zuccarini, & Johnson-Douglas, 2005). The partner who retained the injury will be asked to score it on a scale from 1 to 7; 1 being “Not a problem” to 7 “Extremely Severe Problem”. At the end of the weekend, successful treatment for the injured partner will result in a post-test score of “Moderate” to “Not a problem”. The purpose of the post-test is to gather the partners view of the injury after the weekend, to see if there is any change from the beginning of treatment to their levels of trust, intimacy, and desired closeness.
i. Be sure and describe this section as a past event that equated to a relational trauma, where the partner experienced a strong sense of betrayal either due to the inaccessibility or unresponsiveness of the other partner. As such, an attachment injury can be linked to an action of betrayal during a moment of need in a couple's relationship (Naaman et al, 2005).

ii. Definition of an attachment injury by Sue Johnson (1996):

attachment betrayal or crime, that is, traumatic incidents that have damaged the nature of the attachment and actively influence the way the relationship is defined in the present . . . For example, a small current incident where one partner is disappointed may become an enormous issue because it evokes a key incident in the past, where one partner experienced traumatic abandonment, rejection, or betrayal at the hands of the other . . . As the emotions underlying interactional positions are processed, these incidents come alive in the session (p. 103).

iii. See Appendix C: Attachment Injury Measure

F. At the end of the assessment have the couple write down a brief summary of what they want to get out of the retreat. Then have each partner come up with the following examples that best fit their experience.

i. Pick a children's story that represents their childhood.

ii. A story/novel/movie that illustrates their current struggle with their partner.

iii. A painting or drawing reflecting their biggest fear.

G. The goal is to gather each partner's attachment pattern and history. This is an excellent resource for the retreat that provides a narrative with different cultures and backgrounds that embraces all distinctive attachment themes. Helpful for the
therapist to address how their stories have overlapping themes that show up later in life and with different people.
Conceptualize and Review Assessments

**Time Frame:** 4-6 hours

A. The three self-reported assessments used for this project, AAI, DAS, AIM were chosen on their theoretical relevance to EFT. They are also particularly useful in detecting qualitative changes in couples that have undergone an attachment injury, and to determine what couples make a good fit for participation in the workshop (Naaman et al., 2005).

   i. Scores on the DAS should be in the mild-moderate distress level range, so that attempts to bridge attachment failures are hopeful.

   ii. The DAS cut-off score is 97 and no less than 85

   *AAI and AIM are both self-report inventories, no score is necessary to review.*

B. At the conclusion of the assessment, the facilitator will assign each couple an EFT therapist for the weekend.

   i. The assigned therapist will call their assigned couple introducing themselves and asking a few personal questions to build rapport, inform the couple of the consultation day and time, and email the pre-consultation assignment and questionnaire.

   ii. The first phone call is the first attempt at creating the therapeutic alliance between the weekend therapist and the couple.
Follow-up consultation / Meet and Greet

**Time Frame:** 1.5 hours

A. The Friday before the weekend, the three assigned couples will meet at a hosting therapist’s office or private facility, so the couples can meet each other and their assigned therapist.

B. Each couple will be assigned a therapist for the weekend. During this meeting the assigned couple and therapist will have a 45-minute conversation before the retreat. The focus here is to have each partner describe the key emotional factors in marital distress, addressing the constricted interaction patterns and emotional responses by asking externalizing questions such as “what does ___ look or feel like?”

C. The therapist will pick a few questions from an exercise in Sue Johnson’s book, *Hold me Tight* called, “exploring your emotional connections”. Each member of the couple will tailor their response by pairing a story, painting, film clip, or a song that represents their experienced state of mind as it relates to each question. The partner’s chosen illustration to the questions will be helpful to the therapist as an additional resource about their attachment patterns. Another value this feature offers for the therapist is the ability to effectively respond to each individual’s attachment style. Providing a new opportunity to relate to the partners reflected state of mind as described in their choice of narrative, song, film clip, or book associations. In the therapeutic setting, the choice of illustrations can be brought into the session as a way to strengthen and build the therapeutic relationship. Refer to the “The Couple’s Love Bag” section page 14. *The selected illustrations will be used as visual representations to the partners corresponding answers.*
D. During the pre-session, therapists will review the rules and restrictions of the weekend:

iii. No cell phones during the sessions.
iv. No alcohol on the premise.
v. Timeliness will be stressed.
vi. Once a couple has signed up for and committed to the weekend retreat, it is nonrefundable.

E. Group Q&A
Psychoeducation and Assignment

The design of the retreat is intended to provide each couple with a personalized understanding of attachment and the connection their attachment style has on the way they form loving relationships (White, 2004). Before the follow-up consultation, each of the participating couples will receive an email with an attachment that includes the first chapter in Sue Johnson’s book, *Hold me Tight*, and a questionnaire “exploring your emotional connections”. The chapter from Johnson’s text sheds a new light on love, linking the development of attachment theory over time by way of history, science, and politics; encouraging the couples to explore the link for themselves in their current relationships.

The goal for the retreat is to encourage the couple’s awareness of their narrative process, to help each member of the couple recognize their attachment pattern as well as their partner’s attachment, and to examine how this influences the dynamic of the marital relationship. Before the consultation each couple will complete the specified questionnaire, designed to deepen their own emotional awareness in their current relationship. The questionnaire is both a way of focusing the couple’s attention in the day’s preceding the retreat, how they each experience the world around them, as well as an opportunity to personally explore the contents (White, 2004). Afterwards each partner will be asked to illustrate the characteristics from their responses by selecting a novel, a biography, a piece of music, a film, or a painting that best captures their narrative i.e. state of mind and way of relating to others. This is a creative way to connect with each partner and grasp his or her personal and emotional experiences. It also allows each partner to express their emotional-relational style by identifying with stories, images, and metaphors that represent their idea of attachment.
Questionnaire

Exploring The Couple's Emotional Connections

Time Frame: 1 hour

Purpose: Reflect on the general points and/or questions from “Exploring your Emotional Connections” in Sue Johnson (2008) book Hold me tight found on pages 59-61. This exercise will assist each partner to create positive dependency and their formulation of love. Afterward, the couple will illustrate their answers by selecting either a novel, a biography, a piece of music, a film or a painting that best captures the partner’s state of mind and way of relating to others.

(Refer to the bullets 1-4 on page 59).
The Couple’s Love Bag

Each therapist will prepare a bag specifically designed for his or her assigned couple. The contents of each bag will help the partners “see” what is happening instead of just “hearing” about their basic attachment needs, deepening each partner’s awareness of their way of being and relating. These visuals or representations are designed specifically for the couple in treatment, offering an intimate interactive script for the therapist. The therapist will prepare visuals that capture the associated attachment patterns to the partner’s responses in the exploring the couple’s emotional connections questionnaire (Johnson, 2008). Resources used to represent the partner’s attachment state of mind response: poetry, a biography, a piece of music, a film, or a painting. The creative process of visual representations is to reflect on modes of expression, this can offer a new element of imagination and multi-sensory thinking for the therapist and the couple; addressing the couples’ love map throughout specific stages of treatment (Johnson, 2008).

A. Each couple receives a bag that contains representative pieces and/or objects of the EFT treatment steps covered over the weekend:
   i. The core issue in couples conflict (Stage 1, phase 1 & 2)
      Object: small handheld blank chalkboard with red chalk. Have couple write in the core issue. May change over the course of treatment.
   ii. Negative interactional cycle (Stage 1, Phase 2-4)
      Object: 6 Flash Cards with written questions that best describes how you feel most time in your relationship: Do I matter to you? Are you with me? Can I depend on you? Do you care about my feeling? Do I sometimes come first with you? Will you turn to me and be there for me when I need you? See materials for Love Bag on page 17. Cut along the perforated line.
   iii. Denied or unacknowledged emotions (Stage 2, phase 5)
Object: An empty jar with blank paper and a pen. Have each couple write down the emotion(s) and put it in the jar.

iv. Presenting problem, underlying emotion, attachment need (Stage 2, phase 6)

Object: Refer to the illustrations used by each partner during the “exploring the couple’s emotional connection” questionnaire.

v. Integrating disowned aspects of self into relationship (Stage 2, phase 7)

Object: Refer to the illustrations used by each partner during the “exploring the couple’s emotional connection” questionnaire.

vi. Acceptance of each partners experience and new, more flexible interactional patterns (Stage 3, phase 8)

Object: Refer to the illustrations used by each partner during the “exploring the couple’s emotional connection” questionnaire.

vii. Expression of attachment needs and wants are facilitated creating emotional engagement (Stage 3, phase 9)

Object: Refer to the illustrations used by each partner during the “exploring the couple’s emotional connection” questionnaire.
Materials for Love Bag

Object 1: Hand Held 8.5x11” chalkboard

* Chalk can be any color; red is recommended for creative purposes.

Object 2: Flash Cards

Purpose: Ask each partner to choose a question that best represents how he or she feels most moments in your relationship?

<table>
<thead>
<tr>
<th>Do I Matter to You?</th>
<th>Are You With Me?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I Depend on you?</td>
<td>Do You Care About My Feelings?</td>
</tr>
<tr>
<td>Do I Sometimes Come First with You?</td>
<td>Will you turn to me and be there for me when I need you?</td>
</tr>
</tbody>
</table>

*Cut along the perforated line and laminate

Object 3: 16oz Mason jar or similar.
Couples Creative Illustrations:
*Additional Materials for Love Bag

The preparation of this portion is completely open to the therapist, and how they choose to represent the couples selected illustrations from the resources mentioned: novel, a biography, a piece of music, a film, or a painting that represents the partner’s attachment state of mind. Physical objects or pictures of the resources can be used to illustrate each partner’s representations. Remember this can be a creative project for each therapist, but it is important that the therapist feel comfortable and safe finding something to represent each illustration specifically if the resources are hard to come by.

Pictures or images are good ways to represent the selected illustrations, and collages can be a fun way to integrate each resource the partner used to answer the emotional connection questionnaire. The work being done here taps into a more personal way to engage with each couple and getting to a place where words don’t necessarily have to be said, which helps the therapist know the couple in an implicit and perhaps less threatening way.

Fun ideas can be found in the journal Vol 6 No. 2, Attachment & Human Development by Kate White (2004) titled- Developing a secure-enough base: teaching psychotherapist in training the relationship between attachment theory and clinical work.
Workshop Day 1

Introduction of the facility and therapists

Time Frame: 2 hours

Purpose: The goal is to equip each couple with a visual representation of their attachment dance, so they will be engaged in the treatment process from the beginning. The flow of therapy is smooth and the therapist is the tool that takes the couple spiraling through these steps, one following the next.

At the beginning of the first session, the therapist will reference the items from the couple's Love Bag and the associated meaning of each object. This will get the couple acquainted with the purpose and meaning of each object.

The first stage of EFT consists of four phases; two objects from the Love Bag will be used in this stage. The couple will identify their distressful interaction style as the culprit of their marital challenges (Greenman & Johnson, 2013). The EFT therapist helps to sensitize the couple to their own myriad of emotional experiences (i.e. sadness, fear, loneliness, anger) that arise during conflict by framing them as the unconscious fuel that drives the conflict. These emotions also prevent the couple from fostering the desired intimate and connected bond with their partner (Johnson, 2004, 2008). In stage 2, the therapist assists the couple in creating new patterns of secure bonding by selecting appropriate objects or images from the couple's love bag. A new scripts start to develop between the couple, enabling them to openly discuss their felt emotions on a level that reconnects them in a whole new way (Young, 2008). The success of EFT is to highlight the underlying emotion for each couple and to create a new emotional experience that allows change to occur.

A. 9am- couples arrive to Ojai resort. The couples are guided by the “Love Map: Who Stole My Dance Partner?” Arrows and signs to the conference area upstairs, where the three facilitating therapists will meet the couples.
Guided tour of facility and landscape

**Time Frame:** 1 hour

**Purpose:** Start off with a detailed historical account of the property that includes a guided tour by a local native, so an accurate history of the Ojai mansion can be told. The script follows:

_Built in 1883, this is the oldest remaining mansion in Ojai, Ca. The mansion has 16 rooms and 8 bathrooms, 2 living rooms, formal dining room, library, and kitchen. The previous owners built the mansion for the purpose of operating an orphanage for children with specials needs. An unknown tragedy occurred in the family and they boarded up the mansion. Thirty years ago a young couple came to Ojai with the idea of reinventing their marriage, which lasted and changed their lives. They remodeled the mansion with the intent of keeping the original design, turning it into a bed and breakfast for the purpose of sharing hospitality. The exterior view of the property is covered in foliage; locked in a forest of trees with only faint sounds of the Pacific Ocean. Abandoned stables mark the property line still untouched from the day they were built; overgrown rose gardens outline the mansion that add hint of color to the rich green and browns. The interior tour will be conducted by the owners and will begin in the foyer taking the group through the dining area and ending the tour upstairs in the conference hall where all the magic happens. The head of the room has a long table and chairs set up in rows behind. There are 3 bag bags, each having a couples’ name printed on it. Down the hall are several rooms; the first three rooms are designated for the individual couples session. Each room
will have a loveseat and two leather armchairs. Each door will be marked with the step covered during the session.

The goal of the tour is to introduce each couple to the facility and ask them individually to write down what they liked and did not like about the facility, including the landscape, staff and anything that came up for them during the tour, i.e. smells, memories, feelings. How does this compare to their expectation?

This is an active exercise to help the therapist understand a little more about the couple’s attachment needs, their own perceptions and expectations of the outside world. Providing the therapist a map of effective dependency, by assessing what they did with their emotion and what they do when they are upset. Both examples will offer the therapist a map on where to go next.

A. Couples escorted to their rooms

   i. Light refreshments will be served, i.e. fruit, cheese, meats, and assortment of breads
Couples Sessions

Stage I: Assessment and De-escalation

**Time Frame:** 3 hours

**Purpose:** Have couples separate with their assigned therapist for the first couples session to begin the first therapeutic phase of EFT

Consists of 4 Steps:

A. Assessment. One of the crucial pieces to EFT is creating and maintaining a therapeutic alliance with the couple. As an attachment-based intervention, it is essential to have a secure base with the couple. By tracking, reflecting and expanding on each of the partner's experience can help form the mold to a solid therapeutic alliance. This process requires the therapist to uncover the core issues, terming them with an attachment perspective (Johnson, Hunsley, Greenberg, & Schindler, 1999).

B. Uncovering the problem occurring in the couples’ dialogue or interactional cycle, which maintains the insecure attachment and relational strife (Johnson et al., 1999). Identify differences in affect regulation between men and women, and that women tend to easily regulate and express their emotions in relationships, whereas men tend to withdraw and stonewall (Johnson et al., 1999).

Goals from step 1 & 2

First objective is to create the therapeutic alliance with the couple. The best way for the therapist to do this is by using an egalitarian style and collaborative consultant approach, founded in empathetic attunement (Gehart, 2007). Accepting the couples’ feelings and honoring their experience allows them to flourish, which can enhance self-healing tendencies. Checking in and monitoring new emotional experiences fosters an ability to stay natural and join the couple in the here and now with both the partner and the relationship (Gehart, 2007). The next goal is assessing the cause of distress in the couple’s relationship. Identify
what partner should start first on the steps; assess the goals and agenda for each partner. For more distressed and less secure partners, they should be invited to start sooner so they are ahead. By their engaged mentality and emotional involvement this will prompt the other less insecure partner to feel safe with them (Johnson, et al., 1999).

**Helpful tools to use during these steps:**

**Reflecting empathy** towards the couple and their experiences in the relationship.
Summarize and reflect on their unique history and interaction patterns (Gehart, 2007)

**Validation** is important, using direct language to communicate your support and understanding so that each partner can feel by EFT response that their experience is finally understood (Gehart, 2007; Greenman & Johnson, 2013).

**Evocative questions and reflections** provide the therapist with ways to ask and navigate unclear meaning (Gehart, 2007)

**Tracking and reflecting the interaction,** using the couple's emotional experiences as sources to guide their behavior and reflect attachment issues (Gehart, 2007).
Stage I: De-Escalation

Steps 3 & 4:

3. Emotion is the key player in the frame of the relationship and EFT. The focus at this step is to help the partners focus in on the dismissed emotions that underlie interactional dance. Use objects from *The Love Bag*: Pull out a blank slip the jar and have each partner right down the denied emotions. Reference the AAI and family of origin issues to show how these ideas are playing out now in present.

4. Reframing the problem with representative pieces from the love bag, by examining the negative pattern, highlighting the underlying emotions, and unmet attachment needs.

Goals from step 3 & 4:

De-escalation is the root to success in this step. The intent here is to identify unmet attachment needs and look at the emotions that are pulling the couple apart. The desired outcome is to define the pattern or narrative within the couple's interaction. Creating interactional tasks with new content that reengages the couple and helps to reorganize the interactional cycle, softening the destructive cycle (Gehart, 2007). A new dialogue can be formed based on the emotions, attachment needs, and issues they have just learned about (Johnson, et al. 1999).
Group Activity:

Accessibility. Responsiveness. Engagement. (A.R.E)

Time Frame: 1.5 hours

Purpose: Have couples form a group in the conference hall. One MFT will define the components of emotional responsiveness and then identify their prominent dialogue. The focus is around interactions and restructuring conversations that encourage emotional responsiveness, which is the key to any, couples lasting love (Johnson, 2008).

A. Define components of A.R.E (Johnson, 2008) and how to be emotionally responsive:
   i. **Accessibility**: Can I reach you?
   This is defined as staying loyal to your partner and being by their side even when in doubt. Sitting on your internal turmoil to make sense of your feelings so they don’t get too overwhelming, gives you the ability to step back from disconnection and tune into your partner’s attachment hints (Johnson, 2008).
   
   ii. **Responsiveness**: Can I rely on you to respond to me emotionally?
   Taking notice of your partner’s attachment needs and fears, and expressing their impact on you. Also means acknowledging and placing a priority on the emotional cues your partner reveals by way of sending an unequivocal response that offers care and comfort. Simple sensitive touch or gestures make the world of difference (Johnson, 2008).
   
   iii. **Engagement**: do I know you will value me and stay close?
   Offering a special kind of attention that is only offered to your partner and/or loved ones. Longer gazes, more affection by subtle touches can be simple gestures, but greatly rewarding for both partners.
**Couples Exercise**

**Materials:** A complete description of exercise is found on pages 57-58 of Sue Johnson (2008) book, *Hold me Tight*

**Purpose:** The first step to creating a safe connection between partners' wants and needs is to understand the bond between the two partners, and then share how each partner views it. Keep in mind that your partner is talking about how safe and connected they feel right now in the relationship, not about your faults.

A. Couples will take turns reflecting on the questionnaire by discussing their answers together before forming a group.

B. Have each partner highlight two questions:
   i. One Positive and/or important; one difficult and/or emotional question

C. Discuss as a group. (5 min/person)
   i. Mention one question that seemed most positive/important
   ii. Mention one question that was most difficult/emotional
   iii. Be sure to reflect this without using blaming or critical words.
Stage II of EFT: Changing Interactional Positions

Time Frame: 2 hours (individual couples session)

A. Consists of 3 steps:
   i. Encouraging partners to identify their disowned needs and aspects of self and finding new interactions that will integrate these new learned pieces of self into the relationship (Johnson et al., 1999).
   ii. Restructure the couple's interaction to promote acceptance of each partner's new experience in the relationship (Greenman & Johnson, 2013).
   iii. The withdrawn partner in the relationship can open up and learn to express their hurts and wants for comfort (withdrawn-reengagement process). And soften the blaming or critical partner to do the same (blamer softening).

B. Group BBQ- couples work as a unit to make a dish that defines their dynamic and speak about it before dinner
   i. Free time
Last Day of Retreat Weekend

Breakfast

**Time Frame:** 9-10am

**Group Activity: Assess the Demon Dialogue**

**Time Frame:** 2 hours

**Purpose:** Couples need to identify which of three Demon Dialogues they use: Find the Bad Guy, Protest Polka, or Freeze and Flee. The essence of EFT is to help each partner learn more about their emotional wounds, so they will be more sensitive to their own pain but also see how to accommodate and honor the pain of their partner. The couple will then be capable of harvesting secure attachments in their relationship and developing effective communication skills (Timm & Keiley, 2011), which will in turn have a positive effect on marital closeness and satisfaction.
Demon Dialogue: Find the Bad Guy

This is when both parties are loaded and ready to attack the other; it’s all about self-protection. The beginning act of the problematic pattern is feeling vulnerable with the partner and this turns into feelings of not being in control (Johnson, 2008). This can lead to feelings that one is cornered and unable to relax, waiting for the next thing to go wrong in the relationship. “By being wary and anticipating being hurt, we close off all the ways out of this dead-end dance” (Johnson, 2008, p.69). Couples who fall into the Find the Bad Guy dialogue relate mainly on a casual loving connection, and only after they have each cooled off. Like any bad habit, the more you do it the worse it becomes, by volume, strength, and disconnection.

A. The therapist’s goal with couples that use this particular dialogue dance is to begin by having the couple stay in the present and focus on what is happening between the couple at that very moment. Pinpoint the spiral of criticism that keeps the couple spinning, pointing out that there is no real start. Then have the couple see the current spiral as the enemy and what will happen if it isn’t stopped.

B. A good exercise is to have a member of the couple reflect on a time when they were clearly at fault for creating a minor problem. Have them think of their response and four different ways they could have put the blame on someone else. Then come up with three ways their partner might respond negatively to their remarks. What happens at this point? Does this put them into the spiral of criticism? How do they win the fight or prove their innocence? How did they accuse their partner? What are their comebacks when they feel vulnerable?
Demon Dialogue: Protest Polka

The second dialogue is the **Protest Polka**, the most common demand-withdraw ritual. The problematic stance taken in this dialogue is stability; each move reinforces the next (Johnson, 2008). The Protest Polka is getting a response that connects attachment needs and reassures the couple. However, getting the couple to recognize the pattern is difficult. Comparatively, the attack mentality of Find the Bad Guy is obvious, where the Protest Polka is much more discreet. The Protest Polka works in regime with one partner demanding connection while protesting the disconnection. This creates withdrawal and internalized hurt in the other partner. One partner is worried about doing the wrong thing, so they freeze and withdraw by saying or doing nothing.

A. The key point to highlight is that the couple can help each other stop the Protest Polka. Have the couple notice when it is happening and try to stop it. For insecure relationships, the Protest Polka only gets worse and more intense over time. This causes more resentment and inability to solve problems clearly. Point out that even in moments when the couple experiences closeness in the relationship, this does not come close to what the partner needs to repair the amount of rejection and hurt experienced.

B. Hot attachment issues underlie the Protest Polka. Commonly used statements from partners caught in this demanding, protesting dialogue sound like: “I have a broken heart. I could weep forever, sometimes I feel like I am dying in this relationship.” “I’m not sure I matter to him. It’s like he doesn’t see me. I don’t know how to reach him” (Johnson, 2008, p. 81). Each of these statements have attachment themes: 1) not feeling worthy or important to a partner, 2) longing for emotional bonding, and 3) experiencing the relational distance as not being able to live. The pursuing partner is encouraged to look and describe the negative interactions and feelings, instead of blaming the partner for everything.
wrong in the relationship. Commonly heard verbs: “push, pull, attack, criticize, complain, blow up, yell, provoke, try to get close” (Johnson, 2008, p.81). For most people stuck in the pursuing-distancing pattern of Protest Polka the other partner only hears anger and frustration.

C. When dealing with this style of conversation between couples as a therapist, it is imperative that you recognize what the pattern represents and all the intricate parts. You need to then help both partners understand how they contribute to this pattern and engage each other in the pattern. i.e. “If I attack you, I pull you into defense and justification. I inadvertently make it hard for you to be open and responsive to me” (Johnson, 2008, p. 85). All of this is representative of attachment distress and cannot be treated with new communication techniques. 

_The therapist must understand the nature of the pattern in Protest Polka in order to revise the interaction and find a safe connection._

D. It is important that each partner understand the nature and dynamic of love and pay attention to moments of disconnect that prompt the protest and anxiety that fuel the Protest Polka.

i. View the Protest Polka as the culprit and enemy to happiness, not your partner. The couple needs to unite as a team in labeling the Protest Polka as the enemy and slow down the pattern so they are each aware of their place and involvement. They need to learn to tap into their attachment needs and fears so they feel safe enough to express them to one another.
**Demon Dialogue: Freeze and Flee**

The third and the most critical dialogue in terms of relational distress is called *Freeze and Flee*. In Freeze and Flee, both partners have withdrawn and neither have an emotional need to pursue connection (Gehart, 2007). It is dead silence. If we think of relationship as a dance, this looks like both partners are off the dance floor with their arms crossed. They are both basically in self-protection mode, dismissing their true feelings and needs (Johnson, 2008). Most commonly, this dialogue evolves from the Protest Polka. The pursing partner gives up trying to get the distancing partner's attention and becomes mute. The underlying problem in the Freeze and Flee cycle is hopelessness. Partners are aware of their flaws, causing them to hide from the relationship and their unlovable self. The thought of reaching out gets riskier as the couple drifts apart. Couples who are vulnerable to this style of dialogue usually mention growing up in families with emotional distance. Their default behaviors when they felt disconnected in a relationship were to withdraw and deny any need for emotional closeness. This style of default coping is unconscious, and locks one into a self-defeating pattern with a lover.

i. The therapist's goal is to reflect on each partner's childhood experiences and use this as a strategy to access those numb emotional needs for closeness and comfort. This can open a person's eyes to their own experience and their partner's experience. It also offers hope for repair and understanding on how deep the emotional wound is for each partner. “New beginnings start with knowing how we create the trap that we are caught in, how we have deprived ourselves of the love that we need. Strong bonds grow from resolving to halt the cycles of disconnection” (Johnson, 2008, p.94.).

B. Play and practice as a group. Assess attachment style and level of affection in each couple within the couple's dialogue. Each couple will participate and be able to:
(i) List and describe two patterns of attachment of themselves and their partner.

(ii) List and describe patterns of attachment in adults.
Provide Snack- light sandwiches

Time Frame: 45 minutes

**Stage III of EFT: consolidation and integration.**

**Time Frame:** 3-hour individual couples session

**Purpose:** The last stage of treatment, consisting of 2 steps. The therapist’s role is the consultant or facilitator, refocusing the couple's attention from the old problematic relationship issues to their new ways of interacting with each other; highlighting the effectiveness of these new positions and their new secure attachment behaviors (Johnson et al., 1999).

A. Post-treatment procedures: At the completion of the retreat, each couple's assigned therapist will administer the DAS and AIM
   i. DAS post treatment score will demonstrate the degree of change/improvement in the couple's relationship satisfaction.
   
   ii. AIM post treatment assessment is to gauge the amount of change from the beginning of the workshop. Partners are consulted on an individual basis to discuss their responses to the “specific negative event”. The idea is to see if the partner’s perspective of the negative event has softened from the workshop, by assessing how much their levels of trust, closeness, or desired intimacy relationship has shifted (Milliken, 2000).

B. Determine if couples/therapy should be arranged on an on-going basis.
References:


APPENDIX B

Information and Consent Form
Informed Consent

I. Your Rights as a client

You have the right to ask questions about any procedures used during therapy.

You have the right to decide at anytime not to receive therapy from XXXXXXXX. If you wish, she will provide you with the names of other qualified professionals whose services you might prefer.

You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.

II. Confidentiality

Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times, therapy will involve the participation of more than one family member and/or significant person(s). While XXXXXXXX will attempt to follow your wishes, she does not guarantee confidentiality among participants in the family or couples therapy.

There are certain situations in which XXXXXXXX is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:

a. If you threaten bodily harm or death to another person, XXXXXXXX is required by law to inform the intended victim and appropriate law enforcement agencies.

b. If you threaten bodily harm or death to yourself, XXXXXXXX will inform the appropriate law enforcement agencies and others (such as a spouse, friend, or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.

c. If you reveal information related to the abuse or neglect of a child, dependent adult, or elderly person, XXXXXXXX is required by law to report this to the appropriate authorities.
IV. Emotionally Focused Therapy

Consent for EFT Consultation Live and Group:
In order to provide the best possible therapy treatment for you, it is common for XXXXXXXX to participate in consultation and training groups with seasoned mental health professionals on a regular basis. XXXXXXXX also provides EFT training and supervision throughout the United States and often uses segments of her confidential sessions with clients to demonstrate the specific steps and stages of EFT. At some point in treatment, you may be asked to participate in a therapy session which will be observed by a live consultation and/or training group.

If you give consent, during these consultation and/or training groups, XXXXXXXX will present your case(s) to the group via audio or videotape. Typically, a ten-minute segment of your confidential session will be shared with the group, along with a summarization of the presenting problem(s) and relationship history. Absolutely, no identifying information is presented to the consultation and/or training group members. After the case has been presented, the professionals in the group will collaborate with XXXXXXXX on how to best work with the presenting relationship dynamics. XXXXXXXX will take record of the feedback and recommendations and will then review this information with you at your next session. XXXXXXXX will notify you ahead of time if this is going to happen so that you have the opportunity to revoke consent after the session(s) have been recorded.

EFT is a short-term (8-20 sessions) structured approach to couples therapy formulated by Susan Johnson and Les Greenberg in the early 80’s. The strategies and techniques of EFT are also used with families. A substantial body of research outlining the effectiveness of EFT now exists. This research demonstrates that couples significant improve over the course of treatment and continue to get better at two year follow up. Please refer to the EFT website for further information about the treatment model and present outcome research. www.eft.ca

The Goals of EFT are:
1. To expand and re-organize key emotional responses
2. To create a shift in partner’s interactional patterns with one another
3. To foster the creation of a SECURE bond between partners/families

By initialing below, I give my consent to allow a small-designated segment of my confidential therapy session(s) with XXXXXXXX to be:

[ ] a) Observed by an EFT live consultation and/or training group with minimal background relationship and clinical history revealed.
[ ] b) Recorded via video or audiotape and used for XXXXXXXX’s review only.
[ ] c) Used to further EFT training and supervision and only by XXXXXXXX in the EFT Training and supervision capacity. (Dates of session(s) approved by client(s)) will be listed below and are not be reproduced at any time without my permission.

The mental health professionals in the consultation and/or training group must follow the same confidentiality guidelines as XXXXXXXX. If by chance someone in the consultation or training group was to know you or a member of your family, they will be asked immediately to leave the group and will not be permitted to participate in the portion of the meeting involving your case. Your case information and the copy of your recorded session will remain with XXXXXXXX and will not be reproduced or shared at any point. Once the review has taken place, your session file and/or DVD copy of your session will be deleted permanently.
APPENDIX C

SELF REPORT MEASURES

Adult Attachment Interview
Dyadic Adjustment Scale
Attachment Injury Measure
Adult Attachment Interview (AAI) Procedure

To conduct the semi-clinical interview, the therapist must have completed the 18-week course at an affiliated AAI Training institute. This is to learn the intricacies of how to code the interview and how to ask the questions. One or two trained AAI interviewers can administer the interview. Materials needed to conduct the interview: audiotape, the AAI interview script (available, online or in the handbook received during the training course), and the AAI scoring manual. The interviewer will ask each partner to provide a broad overview of their childhood, specifically the relationship they had with each parent. They should support their description with concrete episodic examples (Borelli, David, Rifkin-Graboi, Sbarra, Mehl, & Mayes, 2012).

After the interview, the audiotape must be transcribed verbatim and coded accordingly using a 9-point rating scale. The protocols for coding are related to scales for attachment experiences (e.g., loving, rejecting, and role reversing) and for state of mind with respect to attachment (e.g. idealizing, downplaying, and lack of memory, nonsense words) (De Haas, Bakermans-Kranenbyrg, and van Ijzendoorn, 1994). The intent of this project will look mainly at the scores assessing state of mind to determine adult attachment classifications.

A caveat to the interview, analysis is dependent on the speaker’s partner’s ability to produce coherent narrative life history and collaborate with the interviewer in answering their questions and telling the story. The speaker must adhere to the three cooperative principles to have the best results: 1) Quality. Be truthful and have evidence; 2) Quantity. Be succinct and complete; 3) Relation. Be relevant to the topics presented (Grice, 1989). The emotional content based on the words people naturally choose to describe their personal experiences have a long list of psychological affiliations, such as personality, relationship quality, and predictions of relationship success (Borelli et al, 2012).

The interview is coded based on quality of discourse (especially coherence) and content. AAI transcript is categorized into one of the four attachment styles (Cassidy & Shaver, 2008)

- **Autonomous**: They value attachment relationships, describe them in a balanced way and as influential. Their discourse is coherent, internally consistent, and non-defensive in nature.
- **Dismissing**: They show memory lapses, minimize negative aspects and deny personal impact on relationships. Their positive descriptions are often contradicted or unsupported. The discourse is defensive.
- **Preoccupied**: Experience continuing preoccupation with their own parents. Incoherent discourse. They have angry or ambivalent representations of the past.
- **Unresolved/Disorganized**: Show trauma resulting from unresolved loss or abuse.

**Questionnaire:**

Adult Attachment Interview

[http://www.psychology.sunysb.edu/attachment/measures/content/aai_interview.pdf](http://www.psychology.sunysb.edu/attachment/measures/content/aai_interview.pdf)

Use the Adult Attachment Interview Protocol by Mary B. Main
Dyadic Adjustment Scale

http://uir.unisa.ac.za/bitstream/handle/10500/2214/18Annexure7.PDF?sequence=6
Attachment Injury Measure

PRE-TREATMENT ATTACHMENT INJURY MEASURE
Please describe as thoroughly as possible the nature of the attachment injury from your point of view. Include a description of the injury, how you dealt with the injury when it occurred, how you dealt with the injury generally until treatment at the Love Map Retreat. Also include how the injury affected the a) level of trust between you and your partner, and b) the level of intimacy between you and your partner.

On a scale of 1 to 7, how do you rate the injury:
1 Not a Problem
2 Slight Problem
3 Moderate Problem
4 Very Much a Problem
5 Very Serious Problem
6 Severe Problem
7 Extremely Severe Problem

POST-TREATMENT ATTACHMENT INJURY MEASURE
Now that you have completed therapy, how do you rate how the injury affects you now:

1 Not a Problem
2 Slight Problem
3 Moderate Problem
4 Very Much a Problem
5 Very Serious Problem
6 Severe Problem
7 Extremely Severe Problem