Creating Relationships That Heal

A graduate project submitted in partial fulfillment of the requirements
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Marriage and Family Therapy

By

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DEDICATION

My project is dedicated to Justin, a kind, patient and loving man with whom I’ve created a secure attachment to and together created a relationship that heals.
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I would like to acknowledge my project committee, for all their time, help and hard work. I would like to thank Wendy Burke for always being available to review and discuss my work and Justin, for being my biggest support and putting up with graduate school.
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Insecure attachments are reflected in distressed adult intimate relationships. The infant who never learned to trust or depend on another, as an adult is faced with the task of doing so in an intimate relationship. The task of allowing oneself to depend on another comes at great risk to the individual with the insecure attachment. Those who are not able to securely attach throughout their life have a higher rate of health and development issues and endure greater stress than those who are able to establish a healthy attachment and relationships. This project develops a multi-couple group with the Emotionally Focused Therapy model, helping couples learn how to develop a secure attachment with each other.
Chapter I

Introduction

“...the stark nakedness and simplicity of the conflict with which humanity is oppressed - that of getting angry with and wishing to hurt the very person who is most loved.”
- John Bowlby (1958, p. 307)

Background of the Problem

The relationship between an infant and his or her primary caretaker is pivotal in shaping future relationships for that child. This relationship determines the infant’s experience of the world, determining whether it is a safe or unsafe place and will further play out in future relationships for the infant (Mikulincer & Shaver, 2007). The infant’s relationship to the caretaker, explained through an attachment lens, is described in two forms, secure attachment or insecure attachment (Simpson & Overal, 2014).

An infant that is able to develop a secure attachment to his or her caretaker has had his or her fundamental needs met and have learned to trust that his or her needs will continue to be met. The infant is cared for and nourished (Simpson & Overal, 2014). The infant has learned from this caretaker, even before language has developed that his or her world is safe (Wallin, 2011). This experience also sets the tone for the child’s proper brain development and sense of self and becomes the touchstone for emotional and affective regulation throughout his or her life (Bowlby, 1969; Wallin, 2011).

The caretaker, who is unable to meet the needs and demands of the child, creates an insecure attachment with the infant and instills the sense that the world is not a safe place. There is more than one type of insecure attachment, which is dependent on how available and consistent the caretaker is towards the child (Teyber & McClure, 2011).

In two questionnaire studies conducted by Hazan and Shaver (1987), the researchers discovered that out of 620 people who responded, 205 males and 415
females, ages ranging from 14 to 82 and a median age of 34, 25% percent of the general population consider themselves to have an anxious attachment and 19% respectively have an anxious/ambivalent attachment. 56% percent reported having a secure attachment (Hazan & Shaver, 1987). The insecure attachment is reflected in distressed adult relationships. The infant who never learned to trust or depend on another, as an adult is faced with the task of doing so in an intimate relationship. The task of allowing oneself to depend on another comes at great risk to the individual with the insecure attachment (Mikulincer & Shaver, 2007). Oftentimes what manifests during this process is a response to old attachment wounds inflicted by the primary caretaker, triggering fear of abandonment, fear of failure, and fear of disappointment (Wallin 2011). Those who are not able to securely attach throughout their life have a higher rate of health and development issues and endure greater stress than those who are able to establish a healthy attachment and relationships (Kay Hall & Geher, 2003).

Adults with different attachment styles experience love in different ways (Mikulincer & Shaver, 2007). A secure attachment can defend a child from a multitude of problems throughout life. The infant’s attachment style is generally pervasive throughout their life but it is possible to learn how to securely attach to another person with the right conditions and feelings of safety (Wallin, 2011).

If the insecurely attached adult learns how to mentalize (which is later described in chapter 2) their attachment style connected to their primary care taker, they can begin to have a greater understanding of the relational issues they experience in current relationships. They will also develop the ability to understand their partner’s attachment
style, which will open more avenues towards empathy and understanding towards themselves, the other, and the relationship.

Statement of the Problem

Each year, in America, over two million people get married (Tejeda-Vera & Sutton, 2009). But, at the same time, over one million marital relationships fail and an unknown number of non-married failed relationships. The National Center for Health Statistics contends that even these relationship failure rates are underreported because of many state’s inconsistent collection and dissemination of their divorce statistics (Tejeda-Vera & Sutton, 2009).

There are many reasons relationships fail. According to Hawkins, Willoughby, and Doherty (2012), in a survey study conducted in Minnesota in 2008, the most common reason for divorce was “growing apart” by 55% of the 866 people who responded as well as “not able to talk” reported by 53% (Hawkins, Willoughby, & Doherty, 2012).

Among the reasons for the failure of adult intimate relationships to thrive are attachment injuries and bonding disruptions with the individual’s primary caretakers during childhood (Gurman, 2002). In Johnson’s (2004) *The Practice of Emotionally Focused Couples Therapy* (p. X), Gurman states, “There is nothing more fundamental, undeniable, and human about intimate relationships than attachment bonding. It is a scientifically substantiated basis for understanding human relatedness, with deep-lying roots in modern neuroscience as well as modern family psychology”.

While there are many kinds of group therapies that address attachment issues, almost all are for individuals (Marmarosh & Tasca, 2013). There have been groups
developed to help regulate anxious attachments, but not implemented with an intimate partner. Often, the focus of such therapy groups is on negative behavioral issues that manifest because of the anxious attachment (Marmarosh & Tasca, 2013). Other kinds of groups treat didactic relationships between a child and their mother who suffers from a personality disorder (Compés, Iniesta, Pereira, Martínez, & Justo, 2016).

There are groups that utilize Emotionally Focused Therapy (EFT) but the majority focus on maladaptive behavioral issues such as eating disorders. Some groups use EFT as a way to address the psychopathology of binge eating and body dysmorphia (Compare, Calugi, Marchesini, Shonin, Grossi, Molinari, & Dalle Grave, 2013).

EFT is also used in family group settings (Hirschfeld & Wittenborn, 2016). In the family context this therapeutic intervention is called Emotionally Focused Family Therapy (EFFT) and often includes play therapy when children are involved. This technique is helpful in restructuring poor interaction/communication cycles between family members, when the parents are getting divorced. EFFT is especially helpful strengthening attachment bonds for children during this time (Hirschfeld, & Wittenborn, 2016).

There is a gap in the knowledge of couple’s group therapy because EFT has not been researched in a group setting specially with couples, addressing attachment issues. The couples that participate in this group will be able to utilize the evidence-based practice, EFT, but also be able to relate to, reflect on and mirror the experience of others in this group. Learning about the experience of other couples and how they have responded to their own and their partner’s attachment issues will be an invaluable experience for each couple in the group.
Couples, who engage in an Emotionally Focused Therapy group with an emphasis on early to current attachment, gain greater knowledge about relationships with their family of origin, their attachment to their primary caretaker and how these experiences are affecting their current intimate relationships. The couples will learn to have greater empathy and understanding for themselves and their partner through the psychoeducational aspect of attachment and interaction cycles. The couple will have new coping and communication strategies to further engage in a more vulnerable and transparent relationship (Simpson & Overal 2014).

The focus on EFT will help each couple to identify negative interaction cycles and give each couple the opportunity to explore the emotions underneath their negative cycles. The group experience will validate and solidify the new skills that the couple will be integrating into their life. This proposal is contributing to the mental health field by providing a template for a group that focuses on attachment theory and EFT only, while working with couples coping with insecure attachments.

**Statement of Purpose**

The purpose of this project is to create a group for adults who developed insecure attachment styles as infants and are now looking to learn how to securely attach to their partner. A group task will be to introduce what attachment styles are and help the members to identify their own. In addition, the group will help each member learn to identify their own needs as well as the needs of their partner.

A primary goal of the group is to help increase empathy between partners, identify poor communication styles and maladaptive coping mechanisms. Every group session will have a specific topic, psycho-education, interventions, self-reflection, and
time for feedback from the group. The main purpose of this group is to provide education and support to those struggling in their romantic relationship.

**Terminology**

For the purpose of this project and group curriculum, the following terms will be used:

**Avoidant attachment:** Avoidant attachments are developed in the child when the primary caretaker is unable to respond to the child’s needs (Teyber & McClure, 2011).

**Emotionally Focused Therapy:** Evidenced based couples therapy treatment model with an emphasis on emotions, emotional communication, and interactional patterns between the couple. Includes elements of humanistic psychology and attachment theory (Johnson, 2004).

**Internal working model:** A person’s experience of their inner world (Bateman & Fonagy, 1999).

**Mental models:** Individuals all carry a mental representation of their external world and how they relate to it. These internal representations are the lenses through which an individual perceives the world and interprets past experiences and how each will encompass current and future circumstances (Craik, 1943).

**Mentalizing:** The ability to have reflective functioning. The ability to mentalize can help to override the negative patterns that can generate insecure attachments (Fonagy & Allison 2014).

**Proximity seeking:** The response of an infant, seeking closeness to its trusted caregiver in unfamiliar or possibly threatening situations (Wallin, 2011).
Resistant/Preoccupied attachment: The infant who experiences the caregiver as inconsistent in the ways they respond to or attune to the infant’s needs, will develop a resistant attachment with his or her caretaker. This inconsistent response from the caretaker is disorienting and confusing for an infant (Teyber & McClure, 2011).

Secure attachment: A secure attachment is a feeling of stability and safety established by the caregiver who is attuned to the infant and is able to consistently respond to the infant’s needs. The caregiver’s ability to empathically attune to the child allows the child to develop a sense of safety and will enhance the development of greater coping skills and higher self-esteem (Teyber & McClure, 2011).

Summary

Adults who have not able to securely attach throughout their life have a higher rate of health and development issues and endure greater stress than those who are able to establish a healthy attachment and relationships (Kay Hall & Geher, 2003). The following chapter reviews the literature on the history of attachment theory and Emotionally Focused Therapy, which explores how adult attachment affects intimate relationships. The purpose of this project is to develop a therapeutic process and psychoeducational group that will help couples learn the foundation of attachment, understand and change negative interaction cycles, and enhance empathy and understanding for their partner.
Chapter II

Literature Review

This chapter begins with a brief overview of attachment theory and how it developed. The literature review will then focus on factors contributing to the theory and adaptations of the attachment experience.

What Does Attachment Mean?

The role of the primary caretaker is critical to the developing infant. Wallin (2011) states that even before acquiring language skills, infants are able to pick up on preverbal cues from their primary attachment figure as they begin to develop their internal working model of the safety of the world. The internal working model is what Bowlby used to explain a person’s experience of their inner world (Bateman & Fonagy, 1999). Bowlby explains, “The position taken here is not only that it is reasonable to postulate that the brain builds working models of its environment, but that, in order to understand human behavior, it is difficult to do so without such a hypothesis, which squares, of course, with such introspective knowledge of our own mental process that we have” (Bowlby, 1969 p.81). This unconscious learning will be reflected in emotional growth, and emotional regulation, meaning, how the infant sees the world as well as how it interacts in future relationships (Wallin, 2011).

The first experience of a relationship for an infant is with its primary caretaker. According to Bowlby (1973), the emotional bonds that are created between a child and caregiver are an evolutionary phenomenon to ensure survival. Mikulincer and Shaver (2007) posit that these bonds between the primary caregiver (attachment figure) and infant establish a sense of safety or unrest for the infant, which in turn sets the tone for
the person’s attachment orientation and ways of relating to attachment figures (friends, intimate partners) throughout life (Mikulincer & Shaver, 2007).

**Secure attachment.** Simpson and Overal (2014) assert that infants who securely attach to their caregiver have been provided for, nurtured, and have developed a sense of support. This builds a more positive view of self and others. The caregiver-child relationship teaches children that it is safe to turn to their attachment figures to ask for and be comfortable with nurturance and support, establishing trust that will endure as they develop into adults. An infant’s secure attachment to their caregiver’s leads to his or her ability to tolerate stress as life unfolds (Simpson & Overal 2014). This attachment allows a person to more easily establish trust, intimacy, and closeness with future partners in intimate relationships (Mikulincer & Shaver, 2007).

**Insecure attachment.** When the primary caregiver is unable to provide a sense of safety and is unable to meet the needs of the infant, an insecure attachment is formed. According to Teyber and McClure (2011), there are two types of insecure attachments: anxious/ambivalent/preoccupied and avoidant. The person who falls into the anxious category was most likely taken care of by their attachment figure in an inconsistent manner. In adulthood, an anxiously attached person might seek acceptance and yearn for closeness with a heightened state of anxiety because of early childhood experiences with their caregiver (Teyber & McClure, 2011). Infants are taught that their needs may not always be tended to and the person they love and depend on is only capable of tentatively responding (Mikulincer & Shaver, 2003).

**Anxious attachment.** Simpson, Rholes, and Phillips (1996) contend that the anxiously attached person becomes fixated on the possibilities of love and rejection from
his or her intimate partner. The anxious person can be overly cautious in relationships, causing intrinsic stress, often leading to dysfunctional behavior and acting out in the relationship, especially when the anxious person feels the relationship is threatened (Simpson et al., 1996). Downey, Freitas, Michaelis, and Khouri (1998) state that this type of behavior and comfort seeking can create frustration and dissatisfaction in the relationship for the other partner.

**Avoidant attachment.** According to Mikulincer and Shaver (2007), the avoidantly-attached person is neglected or rejected by the primary attachment figure. The child learns that he/she cannot depend on or trust people. The child learns that he or she needs to be self-reliant and independent and suppresses their need for intimacy as well as their intrinsic desire to bond. The avoidance remains steady in intimate relationships and the avoidant person often distances him or herself and withdraws from his or her partner. This avoidant behavior is generally enacted to avoid dependency on the other partner and to regulate the avoidant person’s own emotions (Mikulincer & Shaver, 2007).

**How Attachment Theory Developed-Bowlby and Successors**

According to van der Horst, LeRoy, and van der Veer (2008), the father of attachment theory, Jon Bowlby (1907-1990) was a British child psychologist who formulated new ways of thinking about the bond between a child and caregiver. Bowlby trained under psychoanalyst Melanie Klein who believed that human behavior is motivated by intersubjective feelings, while Bowlby began to see that the way a parent or caregiver interacted with a child played a larger role in their exhibited behaviors. As Bowlby continued to work with children, he began to observe the parents and how they
interacted with the child. Bowlby increasingly wanted to make the parents a part of the child’s treatment. Klein disagreed with Bowlby and dismissed the idea to observe the parents (van der Horst et al., 2008).

Bowlby, Robertson, and Rosenbluth (1952), believed that children who experienced separation from their caretaker for long periods of time or permanently, were more vulnerable to mental illness than children who were not separated from their caretakers. Bowlby (1958) tested this hypothesis likening the separation experience of a caregiver and child to that of a pathogenic disease. The profound psychological experience of such losses opened the door to mental illness, personality disorders, and physical ailments.

Bowlby (1960) worked with social worker James Robertson to study children, ages 1-4 years old to observe and track the reactions of the children when removed temporarily from their mother or primary attachment figure. Following these studies, Bowlby (1960) joined with the World Health Organization (WHO) and published findings of a literature survey of the gradually increasing rate of homeless children that was occurring after World War II.

According to van der Horst et al. (2008), Bowlby became aware of an American animal psychologist Harry Harlow in the late 1950s who was also familiar with Bowlby’s work, as he was formulating his own ideas about the effects of attachment bonds while studying rhesus monkeys. Bowlby and Harlow began to correspond with each other and exchange their research findings to provide empirical evidence and to greater support their attachment theories. They later met and began working together on further studies of the attachment bond and the negative effects created when there is no attachment
formed with the primary caregiver. They continued to use each other’s findings through the 1960’s, careful to not generalize from one species to another (van der Horst et al., 2008).

**Proximity Seeking.** As Bowlby continued to expand his theoretical beliefs; he presented the idea of proximity seeking by the infant. Proximity seeking is the response of infants seeking closeness to their trusted caregiver in unfamiliar or possibly dangerous situations (Wallin, 2011). Young children have a biological drive to feel safe and protected. Examples include a toddler looking back for their caretaker after taking a few steps away or a young child crying in an unfamiliar situation, reaching for the caretaker to come closer is an example of proximity seeking (Wallin, 2011). Bowlby (1982) asserts that when there is a secure attachment with the primary caretaker, the infant is able to use the caregiver as a secure base from which to explore the environment. A powerful caregiver-child relationship is strongly rooted in the attunement of the caregiver to the child’s perceptions of the caregiver’s response (Bowlby, 1982).

**Internal working model.** According to Craik (1943), Bowlby’s development of the internal working model was inspired by Craik’s concept of ‘mental models’. Craik hypothesized that individuals all carry a mental representation of their external world and how they relate to it. These internal representations are the means by which an individual perceives the world, interprets past experiences and how that will encompass current and future circumstances (Craik, 1943).

Bowlby (1982) incorporated Craik’s ideas into his theory that the caregiver’s attunement and how these persons cater to the infant’s needs will establish a model that will influence the child’s standards and expectations of future relationships. The internal
working model is a person’s interpretation of three core fundamentals of a relationship: ability to trust another person, ability to value another person, and one’s interpretations of their own ability to engage in a relationship with another person (Bowlby, 1982).

Bowlby (1982) further explains that the internal working model serves as a reference point from which to refer to safe or unsafe attachments. A person’s ability to trust another comes from the relationship with their primary caretaker. If a person felt safe and secure with their early caretaker, they will be able to trust in future relationships. If a person feels valued by their caretaker and subsequently learns to value himself or herself, it serves as a reference to valuing another person in a relationship. A child who trusted their caretaker and valued them because their caretaker modeled it, now has the reference to be able to engage in a healthy relationship with another person and share these qualities (Bowlby, 1982).

**Strange Situation-Ainsworth**

According to Ainsworth, Blehar, Walls, and Waters (1979), one of Bowlby’s colleagues, Mary Ainsworth, was also very interested in the role of the primary caregiver with the infant. This interest lead Ainsworth to develop what is now a famous laboratory study called The Strange Situation. The Strange Situation was developed as a series of laboratory experiments to evaluate and analyze attachment styles between an infant and caregiver to empirically support attachment theory. The study consisted of approximately 100 middle class American caregivers/parents and their infant child. The infants were age 12-18 months old. The Strange Situation was carried out through eight, three minute, observable episodes. Each episode consisted of a caretaker, stranger, and baby in the room; the caretaker and baby in the room; the stranger and the baby in the
room or the baby was left alone, with different variations of these combinations. There was a one-way mirror in the room where the experimenter was able to observe (Ainsworth et al., 1978).

During the study, Ainsworth et al. (1979) noticed two main styles of attachment: secure and insecure. Children who exhibited a secure attachment to their caregiver were able to explore their environment comfortably when the caregiver was in the room. These children may have experienced anxiety when left alone or with a stranger, but were easily soothed once the mother/caregiver returned. The caretakers were able to help the child feel securely attached because of their ability to attune and respond to the needs of their child.

Ainsworth (1979) noticed that the children who exhibited an insecure attachment responded in two distinct different ways. She classified these two attachment styles as insecure-avoidant and insecure-resistant (Ainsworth et al., 1979).

The insecure-avoidant infant was seen as very independent and did not use their caretaker as a base when exploring their environment. When these infants experienced distress they did not reach out for their caretaker. The caretaker of this kind of child acts in an avoidant or rejecting manner and is not able to attune to the child. When the child is experiencing distress the caretaker acts withdrawn (Ainsworth et al., 1979).

The insecure-resistant infant would behave in a dependent or needy manner towards the caretaker but would also reject the caretaker when the caretaker tried to engage with the child (Ainsworth et al., 1979). These children were difficult to soothe, even when the caregiver would return to the room. This attachment was created by a lack of attunement and inconsistent responses to the infants needs.
Considering the Caregiver’s Attachment- Main

According to Wallin (2011), Mary Main came into prominence in the 1980’s providing the third stage to the development of attachment theory. After the Strange Situation study, Main was interested in looking at a child’s level of representation of his or her attachment figure and created a longitudinal study. Main followed up with each child and mother who had been a part of the Strange Situation after six years had passed. Main gave the child activities to engage in such as drawing family pictures, and she recorded the child’s responses when their caregivers were once again asked to leave. Wallin found that the infant’s attachment during the Strange Situation study predicted the child’s attachment six years later.

Main began a longitudinal study in the 1970’s when she began to question the enduring impact of attachment into adulthood (Wallin, 2011). Main (2000) developed interview questions to assess attachment in adults called the Adult Attachment Interview [AAI]. These questions were designed to tap into the participant’s memory, recalling relationship’s that occurred during impressionable, important developmental years with their own primary caretaker.

Main (2000), in 1982, created the “Berkeley Longitudinal Study”. Main used the infant/caretaker pairs from The Strange Situation who were located in the Bay Area and studied them again at age 6 and then again at age 19. The pairs were once again placed in a Strange Situation study when the children were 6 and the children were also given a Separation Anxiety Test (SAT). The SAT exposed the children to images of children being separated by from their parents and they were then asked to talk about how the
images made them feel. The SAT test was administered away from the caretaker. The caretakers were given the AAI, test without the presence of their child (Main, 2000).

Main (2000) found that the children’s responses were highly correlated to their original responses from The Strange Situation, as well as their response to the SAT test. The caretakers AAI results also had a strong correlation to their child’s results from The Strange Situation. The caretaker’s recollection of attachment style to that of their child’s attachment style, matched about 75% of the time. Main also saw a difference in how the securely attached parents were able to communicate their histories, expressing their narrative more clearly and more coherently (Main, 2000).

The subjects were again studied at age 19 and were asked to take the AAI. Main found the exact same correlation from The Strange Situation, to the test that was administered when the children were 6 years old as well as a high correlation again to their caretaker’s original results (Main, 2000)

**Attachment Styles (Secure and Insecure): Relationship Blueprints**

**Secure attachment.** According to Teyber and McClure (2011), a secure attachment is established by the caregiver who is attuned to the infant and able to consistently respond to the infant’s needs. The caregiver’s ability to empathically attune to their child allows the child to develop a sense of safety leading to the development of greater coping skills and higher self-esteem (Teyber & McClure, 2011). The infant learns that the primary caretaker will respond to his or her needs, resulting in both the child and caregiver forming a secure attachment bond (Wallin, 2011). Secure attachment in childhood is a good indicator of an enduring ability to develop secure attachment in
later adult intimate relationships, with securely attached individuals experiencing fewer difficulties with anxiety and avoidance (Teyber and McClure, 2011).

**Insecure Attachments Style**

**Avoidant attachment.** Teyber and McClure (2011) state that avoidant attachments are developed within the child when his or her primary caretaker is unable respond to the child’s needs. Infants and children are completely dependent on their caretakers. An infant’s only way to communicate is to cue caretakers by crying out. If the caretaker does not respond to the infant’s cries, the infant will have to learn to adapt at great emotional cost and eventually stop crying. This is the underlying perilous factor of avoidant attachment. The infant learns to deal with emotions through dysregulation before they are able to even communicate verbally. Emotional dysregulation inhibits emotional control and regulation to appropriate stimulus (Teyber & McClure, 2011). The infant learns early on that he or she will not be protected when experiencing feelings of insecurity. This infant will lack a sense of safety and will learn that his or her needs are not going to be met by the caretaker on whom they are supposed to depend (Wallin, 2011).

**Resistant/Preoccupied.** According to Teyber and McClure (2011), the infant who experiences the caregiver as completely inconsistent in the ways in which needs are responded to or attuned to will develop a resistant attachment with his or her caretaker. This inconsistent response from the caretaker is highly confusing to an infant. The infant does not know when the caretakers will respond to its needs or if the infant will be left to cry out their discomfort. This infant becomes distressed in the absence of caretaker and
will display hesitancy and ambivalence when their caretaker returns (Teyber & McClure, 2011).

The resistant/preoccupied attachment style can lead to a preoccupied attachment style in adult relationships. The preoccupied person’s locus of a sense of self becomes obtainable only through external means. An example of this would be the preoccupied person idealizing another individual and behaving in ways that attract or gain the attention, approval or validation from this person. The preoccupied individual is often left disappointed when the idealized person does not turn out to be everything that was expected. The avoidant attachment style as well as the resistant/preoccupied attachment style elicits a great deal of anxiety and high arousal (Teyber and McClure, 2011).

Children with insecure attachment have a greater risk for emotional difficulties throughout their lives. The range in which a child experiences these difficulties will vary. Kay, Hall and Geher (2003) indicate that insecure attachments can be a precursor to developmental disorders and delays as well as hindering school readiness. Some children will experience an underdeveloped sense of moral integrity. As an insecurely attached person develops into adolescence, he or she will become more susceptible to risky behaviors and may exhibit poor impulse control and often becomes involved in unhealthy, unstable relationships (Kay, Hall, & Geher, 2003).

**Becoming Aware**

**Mentalizing.** The type of relationship an infant has with his or her primary caregiver establishes a set of relational guidelines that the child unconsciously internalizes even before they acquire language. These guidelines set the tone for relationship patterns in adulthood (Wallin, 2011). According to Wallin, children and
adults will act out as well as enact behaviors and communication style that they are unable to verbalize. To further explain, if a child develops an insecure, resistant attachment to their caretaker because the primary caretaker was only able to inconsistently meet the child’s needs the child will often repeat that dynamic in adult relationships. This type of behavior is experienced by the other partner as not being emotionally available or as the partner lacking the ability to commit to the relationship (Wallin, 2011).

When trauma in attachment occurs as when the caretaker is unable to meet the needs of the infant, the development of trust is inhibited. Allen (2013) believes that when the development of trust is inhibited an emotional rigidity evolves replacing the fragile sense of trust. Lacking a basic sense of trust creates a schema that has little room for change and growth. He or she can grow into an adult who is relationally cold and distant (Fonagy & Allison, 2014). The ability to mentalize facilitates self-reflection and a greater ability to be more objective to one’s own experience with the attachment trauma.

A predictor of the caregiver’s ability to meet the child needs, as well as a predictor of a child being able to overcome an insecure attachment in later adult relationships, is the ability to mentalize. Mentalizing is the ability to have reflective functioning (Fonagy & Allison 2014). Fonagy and Allison (2014) believe that the ability to mentalize can help to override the negative patterns that can generate insecure attachments. A caretaker’s ability to utilize mentalization related to past trauma or ineffective behaviors will directly benefit the type of attachment that occurs between the caretaker and the child. A child who had an insecure attachment to a caregiver can use
mentalization to formulate a more secure attachment in an intimate relationship in the future (Fonagy & Allison 2014).

The caregiver’s ability to mentalize directly correlates to the child’s social-cognitive development as well as affect regulation. The ability to mentalize and engage in reflective functioning aids in the caregivers attunement to the child, creating a stronger secure attachment (Meins, Fernyhough, Wainwright, Clark-Carter, Das Gupta, Fradley, & Tuckey, 2003). Mikulincer (1997) postulated that those who develop insecure attachments were more susceptible to distress when personally challenged because their sense of self remained vulnerable. Those with an insecure attachment, who are unable to mentalize also have a harder time emotionally regulating themselves as well as difficulty learning from social experiences (Mikulincer, 1997).

**Regulating affect.** Children learn how their needs will be met through observing their parent’s own ability to emotionally regulate. The parent’s reaction to the demands of the child teaches the child what emotional response will help them gain their immediate desired goal as well as a more long-term general goal of helping them learn how to appropriately conduct themselves in society. Essentially, the infant adjusts his or her behavior to the emotional behaviors of the caretaker as a learned strategy (Cassidy, 1994).

According to Cassidy (1994) infants who have developed an avoidant attachment may have learned to regulate their negative emotions in order to guard their vulnerabilities and avoid rejection from an inaccessible rejecting caregiver. These infants grow to be more independent at an early age inhibiting their ability for healthy dependence. Ambivalently attached infants may express more dramatic emotions such as...
tantrums as a response to their caregiver’s inconsistent attempts to attune to the child’s needs. Both these reactions from the insecurely attached infants are survival tactics to keep their caregiver as close as possible in order to ensure their survival. Because of these early developed responses, insecurely attached infants as well as adults find it much more challenging to process challenging emotions (Cassidy, 1994).

**Regulating affective triggers.** The securely attached parent has taught the child to embrace positive emotions and share in the joy with the child as well as soothe and comfort the child when they are in distress. This is the first step in how caregivers teach children to process emotions. The caregiver allows the child to experience each emotion without judgment. Processing emotions is an essential part of being an emotionally regulated adult. Understanding emotions and being able to be more communicative aids individuals in developing secure connections with other people (Hartzell & Siegel, 2003).

Siegel (2012) found that the ability to mentalize could alter the course of how a person processes emotions. A person who is able to identify difficult emotions as they are experiencing them, like anger, can better control themselves and make better decisions in response to their affective state. This is in contrast to an individual who is experiencing these emotions unconsciously with lack of awareness. For example, unconscious anger may surface as impulsive and erratic behavior (Siegel, 2012). Since securely attached children are much more able to experience and process difficult emotions, Cassidy (1994) purports that securely attached individuals may not be as susceptible to unconscious emotions and the negative effects.

Hartzell and Siegel (2003) assert that as insecurely attached infants continue to develop into mature adults and enter into adult relationships, they bring with them the
emotional scars and attachment injuries imposed by their experiences from their family of origin. When these scars are untouched, unprocessed, and not reflected on they can become affective triggers in adult relationships.

**The Neuroscience Behind Attachment Theory**

**Interpersonal neurobiology.** Hartzell and Siegel (2003) explain interpersonal neurobiology as the science of relationships, relational experiences, and how they both shape an individual’s brain. Siegel (2012) believes that the caregiver’s communication patterns directly shapes their infants brain. The infant’s brain is further shaped by the interactions and experiences with nature and from nurture (Siegel, 2012).

**Memories: implicit and explicit.** Hartzell and Siegel (2003) believe that when connecting new neural connections in the brain happens, the brain stores experiences in two different ways. The implicit memory, one example of stored experience, is in charge of creating the neural connections that are responsible for a person’s perception, emotions, and relational models. To elicit an implicit memory, one is unconsciously reacting to an early experience that is being projected onto a current one sometimes reminiscent of the earliest attachment relationship with the primary caregiver. An example of implicit memory is the feeling of anger in the present time that is instigated by unconscious early memories of abandonment or neglect. This unconscious memory may cause a feeling of personal inadequacy or abandonment fears (Hartzell & Siegel, 2003).

The ability to form implicit memory is present at birth and develops prior to the development of language (Siegel & Hartzell, 2003). Implicit memories of experiences help to shape the prefrontal cortex, which in turn aids in molding explicit memories.
Interpersonal experiences directly affect both types of memory. The prefrontal cortex continues to develop and change into young adulthood. This continued development allows a person who is insecurely attached to not be imprisoned by this orientation. Hopefully, through the development of mentalization, the insecurely attached individual can learn how to securely attach to another securely attached individual, thereby eventually establishing a healthy relationship (Siegel & Hartzell, 2003).

Mentalization can help a person to regulate affect and behavior. If a person’s previous experience remains unconscious, the ability for them to self regulate their emotional response is very low. But if a person is able to self reflect on the affective trigger and what experience initially caused and reinforced the feeling, that person can make conscious choices about how to respond to it (Siegel & Hartzell, 2003).

Siegel and Hartzell (2003) describe explicit memory as a function that is not present at birth (as implicit is) but develops around the age of two. This is also during the time that the prefrontal cortex is able to store and access explicit memories like autobiographical memories. These autobiographical memories help to establish a sense of self and a conscious awareness. The other type of explicit memory includes factual memories. For either type of explicit memory to be accessed, a conscious awareness is necessary.

**Attachment and Intimate Relationships**

Seedall and Wampler (2013) believe that like the infant, adults will also react to difficult emotions based on the coping skills they learned with the development of their attachment styles. Adult attachment, according to Hazan and Shazer (1987), is strongly based on the blue print of attachment that is established by the primary caretaker. The
type of attachment style a person has dictates how a person believes others will respond to their own needs.

Wallin (2011) proposed that these beliefs are deeply rooted in the unconscious, like implicit memories, which can be a powerful factor in how a person interacts with their significant other. By mentalizing, one can gain insight to their own attachment patterns and hopefully reflect on their partner’s attachment patterns as well. This type of insight oriented, therapeutic work can help a couple become more secure in their attachment. In doing so, it also allows the couple to work on maladaptive behaviors and emotional processing (Wallin, 2011).

**Attachment style: Crossing over into adulthood.** Hazan and Shazer (1987) found that adults in each attachment category have vastly different experiences of love. Teyber and McClure (2011) assert that similar to the original attachment relationship between an infant and their primary caretaker; adult attachment is either secure or insecure. Adults who have a secure attachment experience intimate relationships as loving and supportive. Insecure attachment is broken down into two categories: anxious/ambivalent/preoccupied, and avoidant. Those classified as avoidant tend to describe their adult relationship experiences as explosive and unsafe, using descriptive words like, jealousy and instability. Anxious/ambivalent/preoccupied adults speak of their experience of being in love or in an intimate relationship as being all encompassing and these adults long for the reciprocation of the same love they feel they are giving to their partner. Anxious/ambivalent/preoccupied adults experience feelings of abandonment and rejection when the love they receive does not mimic the all-encompassing love they believe are giving (Hazan & Shazer 1987).
The adult relationship descriptions shed light on how attachment styles are directly correlated to affect regulation capability (Seedall & Wampler, 2013). Hazan and Shazer (1987) designed a “Love Quiz” that was printed in the Rocky Mountain News in July of 1985. There were 19 questions with instructions on where and how to send it back. The analysis was based on the first 620 responses that were mailed in, out of more than 1,200. The study consisted of 205 men and 415 women, ages ranging from 14-82.

Hazan and Shazer (1987) found that 19% of adults self report as anxious/ambivalent/preoccupied. This group of people, in intimate relationships, tends to be more reactive and engage in higher conflict communication. These people also have a more difficult time repairing relationship ruptures when they occur and tend to have more negative feelings surrounding the experience of the rupture (Seedall & Wampler, 2013).

Twenty-five percent of adults self-report having an avoidant attachment style in intimate relationships (Hazan & Shazer, 1987). Avoidant adults tend to be less reactive and less expressive with their partners in intimate relationships. They utilize less insight with their partners and are also less responsive to the needs of their partners. Because insecurely attached individuals have a difficult time with emotional regulation, they tend to be less satisfied and feel less fulfilled by intimate partnership (Seedall & Wampler, 2013).

**Attachment Styles and Coupling**

Davila (2005) views conflicts that occur between couples through an attachment theory lens. Davila believes that this there are three ways in which using the attachment theory lens can help couples. The first way in which attachment theory can help couples is by identifying and predicting the most at risk couples. Members of a couple who have
an insecure attachment style struggle with affect regulation, vulnerability, support and other factors that lead to distressed relationships (Davila, 2005).

The second way in which attachment theory is able to help couples in counseling is through empathy, understanding, and the exploration of “why”. Why do these problems exist and where are they stemming from? Understanding the perceptions of each individual in the relationship begins the process of finding the underlying issues. Insecure attachments can play out in a relationship in ways that feel rejecting to each partner, which may cause another insecurely attached member of the relationship to struggle with their affective response and feelings of neediness. What is more is that an insecurely attached person may also experience trouble regulating their emotions (Davila, 2005).

The third way in which Davila (2005) believes that the attachment lens can help couples is through understanding the behaviors and perceptions of one another and how that affects the interactions within the relationship. Looking at relational patterns between the couple and helping them understand these unhealthy communication styles (the pursuer-distancer pattern and the blamer-placater pattern) may increase insight and understanding of their behavior and allow for meaningful change (Davila, 2005).

An Attachment Primer for Couple’s Therapists: Research and Clinical Implications by Seedall and Wampler (2013), explains that a person’s ability to empathize with their partner greatly increases as they increase their understanding of what attachment means. This also allows for more understanding of what attachment style their partner is manifesting (as well as themselves) and how they behave in the present relationship in response to relational experiences they had during infancy. Davila (2005)
believed that helping the couple reframe their past experiences and behavior as a reaction to the perceived threat of attachment injury or loss of the current relationship, enables the couple to conceptualize their relationship patterns in a new light. With reframing using an attachment framework, members of the couple will experience greater awareness and insight, aiding distressed couples in working together to find security and form a secure attachment between them (Davila, 2005).

Davila (2005) describes the ideal relationship as both members being able to communicate their needs, talk about experiences, show distress in an appropriate manner, and allow the other partner to comfort and support them. Ability to stay empathically attuned and address issues before conflicts erupt are also characteristics of an ideal relationship. It is important for the couple to know that mistakes will be made and challenges will arise but empathy and understanding of attachment with regard to each member in the couple will aid in returning the couple back to a healthier homeostasis (Davila, 2005).

**Couples Therapy: Emotionally Focused Therapy (EFT)**

According to Johnson and Greenberg (1987) couples that are in repeated patterns of conflict and turmoil and are trapped in a negative communication cycle could have an insecure attachment style. Often, each member is trying to communicate his or her needs but will also act in a defensive manner to protect him or herself from being vulnerable, hurt, or abandoned by their partner. These attempts to communicate needs are often shown in forms of anger and frustration (Johnson & Greenberg, 1987).

**Understanding emotions.** Gehart (2014) explains that anger and frustration are examples of secondary emotions. The anger is a response to a primary emotion. A
primary emotion is the initial response to the given situation, often triggering the prevailing fears of the attachment style, like abandonment, feelings of inadequacy and vulnerability (Gehart, 2014). Secondary emotions arise to defend a true (primary) emotion. As an example, a person may get angry (secondary emotion) while they are fighting with their partner because they may fear (primary emotion) that their relationship is threatened. A person may also get angry (secondary emotion) if they feel their partner is criticizing them (They feel hurt; primary emotion). (Gehart, 2014).

According to Johnson and Greenberg (1987) the EFT therapist helps the clients understand their situation, themselves, and each other more empathically and channel their reactions in a more productive direction. In essence, EFT helps the couple change the experience of their relationship and how they experience each other. This in turn improves their communication (Johnson & Greenberg, 1987). EFT incorporates elements of attachment theory with Gestalt therapy, experiential therapy, and draws heavily from Rogerian, and systemic therapies; specifically structural, for couples work (Gehart, 2014).

Johnson (2004) believes that the desire for a secure attachment is a basic human need starting in infancy and lasting a lifetime. McWilliams and Bailey (2010) assert that medical studies have shown and are still validating that secure attachments improve physical and emotional health while insecure attachments are specifically connected to health problems. Avoidant attachments have been associated with pain disorders and individuals with an anxious attachment have a higher rate of cardiovascular diseases. Siegel (2010) cites neurological research supporting that a secure attachment is necessary for self-regulation of affective states.
Stages of EFT

EFT is conducted in three stages in which the therapist guides their client while tracking evidence of the couple moving forward and healing as well as when a couple takes a step backwards and old conflicts or behavior arise again (Johnson, 2004). The first stage of EFT is to subdue the negative interaction cycles by identifying them and stabilize the couple. The second stage is to challenge and change the interactional patterns by exploring deeper meaning of the negative interaction cycles and examining primary and secondary emotions that arise in these interactional patterns to create a healthier style of engagement. The third stage is to find new solutions to old issues and have a greater understanding of the relationship of each person’s attachment style as well as form new attachment interaction (Johnson, 2004).

Tasks within the Stages

Johnson (2004) created three main tasks within these three stages. The first task is for the therapist to create and maintain an alliance with the couple so each person feels heard and feels compassion from the therapist. The therapist views the relationship as the client, not the individuals themselves. The second task is assessing and formulating emotions. The therapist helps each person to explore and identify primary and secondary emotions. Gehart (2014) notes that the second task is quite particular to EFT. During the second stage, the therapist views the couple’s interaction cycles through an attachment needs lens and targets attachment emotions. In the third task the therapist helps the couple implement what they have learned about the other person and their early attachment style, their experience of the relationship, and how they relate and communicate, through experiential means. The therapist helps the couple to track and
reframe their negative interaction cycles. These tasks aid in creating a stronger bond, sense of safety and intimacy between the couple (Johnson, 2014).

Johnson (2004) asserts that EFT is focused on emotions and helping the couple’s reprocessing of vulnerable experiences. It is imperative to the process, that the therapist be completely present, grounded, and nonjudgmental, to have genuine empathy and the ability to empathically attune to their client (Johnson, 2004). Johnson frames the therapist’s role as a process consultant, to reprocess the couple’s past emotional experiences, a choreographer to help the couple take different steps to become more in sync, and a collaborator with the couple as opposed to an authority figure. The therapist is there to join the couple system, which means accepting each person and the relationship just as it currently is. While facilitating joining, the therapist assesses for negative interaction patterns and reflects back to the couple to help them find a deeper insight (Johnson, 2004).

During EFT, Johnson (2005) believes that the therapist must assess for what type of negative interaction cycle the couple is engaged in. An example is the Pursue/Withdraw cycle. The pursuer’s behavior would be representative of an anxious attachment style. The pursuer is protesting against the perceived distance or withdrawing that they are experiencing from their partner. A pursuer tries to manage conflict and more often than not, is the one to bring up relational issues in the relationship. If the pursuer is trying to get a point across and their partner is not engaging, they will repetitively approach the same topic from different angles. The experience of the pursuers overall behavior might be interpreted by the distancer as highly critical, incessantly nagging, and
overwhelming when the pursuing partner attempts to force closeness between the two (Johnson, Bradley, Furrow, Lee, Palmer, Tilley, & Wooley, 2005).

The distancer’s objective is to create space between themself and their partner because the relationship does not feel safe (Johnson et.al, 2005). The distancer often feels tense or anxious when faced with conflict. The withdrawer anticipates the pursuers repetitive communications style and often feels anxiety at the hint of conflict. The ways in which a withdrawer tries to create space can be quite hurtful. The distancer may also try to criticize or reject their partner to force space between them, which can create an attachment injury. The withdrawing partner’s hurtful responses stem from the same feelings they project on their partner; feelings of inadequacy and rejection. The distancing patterns are indicative of an avoidant attachment style (Johnson et.al, 2005).

Furrow (2011) describes an attachment injury as a distinct deception, violation, abandonment or betrayal of trust inflicted by a member of the relationship. Gehart (2014) explains attachment injuries as specific incidences in which a partner feels vulnerable and needs to be able to depend on their partner but the other is unable to meet those needs. These moments change the course of the relationship creating a lack of safety within the relationship. This in turn can lead to an individual’s defenses rising to protect themselves from being vulnerable or hurt in the couple relationship (Gehart, 2014).

Johnson (2005) identifies four patterns of the negative communication stances found in high conflict couples. These four types are pursue/withdraw, attack/attack, withdraw/withdraw, and complex cycles. Complex cycles involve individuals who both have a history of trauma. The stance of the pursuer and withdrawer will vacillate
between each member creating intense feelings of anxiety and avoidance (Johnson, 2005).

Johnson (2004) describes the pursue/withdraw cycle as a partner protesting against feeling alone and rejected. The more distance the pursing partner interprets, the harder they pursue. The withdrawer withdraws to defend against the anxiety and overwhelming feelings that occur as the pursuer pushes towards them. Both behaviors are a response to the others behaviors, and both reinforce the negative interaction cycle. The attack/attack cycle oftentimes occur when a withdrawer is provoked to the point of firing back at the pursuer. This can look like each member of the couple playing the blame game without hearing the other. The withdraw/withdraw cycle is usually portrayed when a pursuer has burned out and given up on trying to make a connection with their partner (Johnson, 2004).

Gehart (2014) explains that the therapist identifies these negative interaction patterns by asking the couple to break down their experience of the interaction and encourages expression of primary and secondary emotions. The therapist engages with the couple to help them express their emotional experience and draw parallels between their feelings, actions, and experiences. Therapy eventually enables the couple to acknowledge their primary attachment feelings and develop empathy and compassion for their partner (Gehart, 2014).

Johnson (2008) discusses three negative behaviors seen in high conflict couples. She labeled these repetitive negative behaviors as ‘demon dialogs’. This first dialog is the ‘blame game’. Both members of the couple are attacking each other. Johnson believes that if the couple can learn to identify when they are engaging in this behavior
and view the cycle as bad as opposed to their partner being bad, they can begin to slow this cycle down and turn it into an opportunity to communicate with each other in a more productive manner (Johnson, 2008).

The second dialog for the couple arises from feeling that the relationship is threatened (Johnson, 2008). The person perceiving this threat will try to find assurance and validation from their partner. The ways in which a partner might push for validation and assurance can be experienced by the other partner as overwhelming and berating, depending on how it manifests, creating feelings of inadequacy and a “not good enough” partner. A common reaction to these feelings is for an individual to pull away from their partner. Johnson again believes that being able to identify this behavior pattern, acknowledge and metalize the fact that the cycle is stemming from their own and their partner’s insecure attachment style will help the couple develop empathy for one another. The capacity for the couple to understand that each partner is essentially fighting to feel safe will, in theory, encourage each member to find empathy and communicate in a kinder, safer manner (Johnson, 2008).

The third dialogue is when the pursuer burns out, loses hope, and completely stonewalls their partner. Johnson finds that this couple, now both withdrawing, is the most difficult to reach because their defenses are intractable, making treatment very complicated. From this point, the couple has to restart but further back than the beginning. This means dealing with two people who have to rebuild trust but have, for good reason, built their defenses to protect themselves (Johnson, 2008).

As stated earlier for each dialogue, Johnson (2008) believes that if each person is able to see that they are fighting to feel safe and recognize that because of this their
coping skills are faulty, that the couple can slowly lower their defenses to create a new experience and new communication styles (Johnson, 2008).

Through the EFT process, couples begin to understand and identify their negative communication styles and develop a greater sense of empathy for one another. Once this occurs and the couple is in a more emotionally stable and safe state, the therapist helps the clients to understand the emotional triggers of each member. The therapist will explore what the experience is like when a partner makes the other feel threatened; triggering the others fears stemming from their attachment (Johnson 2008).

As the couple becomes more comfortable sharing their vulnerabilities and fears, they have a greater chance of gaining insight into their partner’s emotional triggers. This new awareness helps the couple to identify and support each other when one begins to feel triggered or threatened. Johnson (2008) asserts that discussing the progression of past ruptures can also help with current relational repairs. Past ruptures are then dissected to allow the couple to take responsibility for their behavior and ‘to clean up their side of the street’. The emotions that come up during this process and feelings about how each person feels that have affected their partners are discussed in session. This open forum allows for each partner to either validate what the other is assuming or explain how they actually did feel. Teaching each partner to mirror the other is a useful tool in helping couples understand each other (Johnson, 2008).

Along side the three stages and three tasks, Johnson (2012) explains that the therapist is responsible for five basic interventions in Emotionally Focused Therapy. The therapist first identifies the couple’s negative interaction style. The therapist then elicits exploration of the primary emotion/s that are underlying their interactions. The
therapist uses the attachment lens to psycho-educate and reframes each person’s experience in the relationship (Johnson, 2012).

**Therapeutic Interventions**

**Role-play and role reversal.** Role-play demonstrates different ways for couples to communicate with each other (2009). The therapist can role-play with one person from the couple and the on looker can mirror back what they have seen within the interaction. The couple can role-play as well while the therapist coaches the interaction. Couples can safely learn the difference between dysfunctional and functional communication through acting out different scenarios from their perspective as well as their partners (Johnson, 2009).

Similar to role-play, is role reversal. Role reversal entails each member of the couple assuming the position of his or her partner. This allows for each partner to try understanding the experience of the other as well as the experience of themselves (Fow, 1998).

**Enactments.** An intervention that is a valuable tool to use with couples is called an enactment. An enactment is a tool that a therapist uses to gain greater insight into the meaning of couples dysfunctional communication styles (2009). The therapist will explore with the clients and suggest what vulnerable emotions might be behind the negative affect in the couple’s dysfunctional communication style (Sprenkle, Davis, & Lebow, 2009). An example of this would be discovering primary emotions behind defensive statements that feel threatening to the other partner. As the couple begins to gain empathy for one another and understand attachment the therapist can use this
intervention to reinforce new healthier patterns of communication that express primary emotions (Sprenkle, Davis, & Lebow, 2009).

**Reframing attachment injuries.** Attachment injuries that occur within a couple create emotional distress. Attachment injuries are experienced when a member of the couple discerns feelings of betrayal, abandonment, or violations of trust during a pivotal moment of need and support between the couple (Johnson, Makinen, & Millikin, 2001). These types of interactions can perpetuate into a reoccurring theme creating less space for repair in the relationship (Makinem & Johnson, 2006).

The therapist listens to the couple while keeping note of any attachment injuries or past attachment needs that were unmet for each member of the couple (2013). Using reframing as an intervention will aid in correcting the injury and emotional experience and will help to create a better bond between the pair. The relational reframe allows space for rupture and repair between the couple and their attachment needs (Diamond, 2013).

**Utilizing Group Therapy for Couples**

Chambers, Christensen, Johnson, and Lebow, (2012) reviewed the research on couples therapy over the last decade and found that couples in counseling have a 70% success rate and positive experience. In their review they were able to compare the effectiveness of couples counseling to the positive success rate of individual counseling, noting the superiority in care to those in control groups, not receiving therapy (Chambers, Christensen, Johnson, & Lebow, 2012).

Gehart states that using group scenarios called multicouple groups, to enrich relationships is also highly beneficial and yields positive outcomes. Couples who
successfully complete these enrichment groups have a higher rate of contentment with their partner that can last from 5 to 10 years (Gehart, 2014). According to Chambers, Christensen, Johnson, and Lebow, evidenced based practices such as EFT and integrative behavioral couples therapy have been especially promising (Chambers, Christensen, Johnson, & Lebow, 2012).

Vogel’s (2003) reports that multicouple groups, couples have the experience of sharing their stories and relational experiences and hear the same from others. Couples are able to interact with each other and learn from the trials and tribulations of their personal experiences and the experiences of other couples that are also learning about attachment and how it has affected their relationship. Together with the help of the group leader or leaders the couples can explore what each shares in common with one another as well as the differences each family has experienced. This helps to promote a sense of community at a time when involvement in distressed romantic relationships can feel very isolating (Vogel, 2003).

Essentially couple therapeutic groups help teach couples how to better communicate in a positive and supportive way (Vogel, 2003). The belief is that the poor communication style, learned from each person’s original attachment to their caretaker, has created a toxic environment for the couple. The couple’s distress and conflict are exacerbated because of the lack of awareness of their own and their partner’s communication style as well as attachment needs (Gehart, 2014; Johnson, 2012).

There are many important therapeutic factors that are learned in group therapy settings. Irvin Yalom (2008) believes there to be eleven. The first four are the instillation of hope, universality, imparting information, and altruism. These four factors
empower individuals and the couple. Removing or at least tempering a sense of hopelessness allows for a sense of optimism. Universality creates an environment that diminishes isolation and feelings of being the only one experiencing relational distress. Knowing that others are dealing with similar issues helps to show that an individual is not failing. Imparting information arms individuals and couples with knowledge and altruism helps group member regain confidence and self value by helping others (Yalom & Leszcz, 2008).

The next four therapeutic factors, according to Yalom (2008) are corrective recapitulation, socializing techniques, imitative behavior, and interpersonal learning. Corrective recapitulation helps the group members resolve past attachment injuries and helps to explore the origin or the insecure attachment style. Socializing techniques help to correct and strengthen interpersonal skills as well as empathy and tolerance for others. Couples can develop better and more functional coping strategies from witnessing other members (couples) who are or have found success with certain interventions. This development occurs through imitative behaviors and through interpersonal learning. The couple can use these newly learned coping strategies to manage a more supportive relationship (Yalom & Leszcz, 2008).

The final three therapeutic factors, according to Yalom, are group cohesiveness, catharsis and existential factors (2008). The cohesion of the group can help members establish feelings of acceptance and belonging. Catharsis and disclosure of information are an essential part of healing and the existential factors help group members to see that there is so much more in life that is more important than their current distress, teaching group members greater forms of acceptance (Yalom & Leszcz, 2008).
Catharsis and disclosure of information are therapeutic releases of emotional strain. This experience can be a release of conscious feelings or unconscious emotions that an individual did not even realize they were harboring. Catharsis can lead to instant and long term healing and relief. These factors can be an element of learning emotional intelligence as well as a greater understanding of emotions on an intellectual level. These types of experiences can also serve as an example for positive imitative behavior by other group members (Yalom & Leszcz, 2008).

**Conclusion**

Jon Bowlby, whose interest in the psychological development of children affected by separation from parents during World War II, began to observe and study maternal parent and child dyads. He focused on the profound importance of the relationship between the caretaker and the infant. His work and observations expanded to include the effect that the caregiver-child relationship would have on long term psychological relationships and well being especially with regard to emotional regulation, and physical and psychological health (Bowlby, 1982 & van der Horst et al., 2008)

Bowlby’s research became what is known as attachment theory. Since this initial work, there has been a growing body of research about the importance of early attachment relationships. Much of this work has been focused on how an infant’s attachment structure develops into adult hood, how memories affect both the infants and adults ability to attach in future relationships, and their ability to self soothe in response to these relationships (Siegel & Hartzell, 2003). Research on the neurobiology of attachment has also been studied to examine just how important early caregiver-child relationships are in shaping the adults we become (Siegel, 2012).
Emotionally Focused Therapy came from attachment theory and created an evidenced based treatment to help couples who did not experience strong attachment bonds in their early years (Johnson, 2005). EFT helps to uncover deep emotions and gives permission to experience emotions that create vulnerability in the presence of a partner. EFT also gives room to explore and identify the needs of each partner in a way that is safe for each person to hear and respond to. Early attachment injuries create fears of connection as well as difficulties in allowing oneself to be vulnerable to another person. This inhibits the natural inclination of the human experience to be able to connect with a loved one (Johnson, 2005).

The next chapter will outline how the reviewed literature and previous research influenced the development of this therapeutic group. Chapter 3 will expand on the development of the project as well as the intended audience, qualification requirements for the group leaders and an outline of the intended group.
Chapter 3

Project Development

The purpose of this project is to create a therapeutic group for couples seeking to learn how to change their negative communication styles and heal their relationship. The therapeutic group curriculum is based on the empirically supported practice of Emotionally Focused Therapy. Clients will be exposed to psycho-education about Attachment Theory in conjunction with group processing as well as time to allow the rest of the group to provide feedback and self-reflection.

The group curriculum will include education about each type of attachment style and how each style effects childhood and how it reflects in adult relationships. Group members will have the time and support from the group and group leaders to explore their attachment history and apply it to their current relationship and communication style.

Development of Project

Though there are therapists who specialize in treating couples and EFT, there is a need for the group format to aid in the therapeutic process for couples. So often therapy groups for couples entail parenting skills and techniques. They are not focused on the couple alone as a unit nor does the group focus on Attachment Theory throughout an individual’s lifetime.

Unique to this kind of group is the process of metalizing: reflective functioning. The way in which it is used for this group will help each participant gain a greater understanding of their insecure attachment origins and separate that from their attempts to build a secure bond with their partner. In conjunction with this, the group allows space
for group feedback. During this time group members can connect and unify in their struggles. Group members will gain support and be able to explore and share similar experiences related to their insecure attachment. The group member will begin to see areas in which they struggle with their partner by having it mirrored back from watching other couples struggle through a similar experience.

Attachment theory and EFT expand on relational and personal issues that greatly affect a person who has developed an insecure attachment to their primary care taker. Attachment theory and EFT can also detail how this type of attachment plays out in a person’s adulthood intimate relationships. The information gathered for this group is prepared in a manner that is easy to understand and allows space for group cohesion and deeper relationships.

**Intended Audience**

Those appropriate for this group include all couples in a monogamous relationship who have sought couples therapy prior to attending the group or who are attending couple therapy concurrently. To be considered for this group each couple must be screened by the therapist/group leader(s) running the group prior to attending a private hour session where attachment quizzes will be distributed.

**Qualifications of Group Leaders**

The group leader(s) for the intended group should be licensed mental health providers including marriage and family therapists, professional clinical counselors and psychologist or therapist trainees and interns under supervision. The leaders should have experience and training in working with couples as well training for EFT. It is important that the therapist be culturally competent.
Necessities and Orientation

The location of this group must be large enough to hold at least 12 people comfortably. The location for the initial screening of each couple will take place in a private office. The location must also be able to protect the client’s privacy and anonymity. The leaders must be prepared with any tools including providing worksheets or study materials to distribute during a given meeting. During the first meeting, the first ten minutes should be dedicated to discussing confidentiality, informed consent, attendance contract and any other forms that will be collected by the group leaders.

The basis of this group focuses on attachment and how attachment affects intimate relationships as well as the ability to communicate with your partner in a healthy manner. Once the attachment style is identified by the individual and understood by both partners, empathy should begin to develop in new and deeper ways. The couple will work together to build a more secure attachment with each other and make efforts towards healthier communication.

Project Outline

Week 1 - Introduction and overview of the group

Objective: Facilitate rapport with and between group members

Week 2 – Personal Attachment Style and Intimate Relationships

Objective: Each member will gain a greater understanding of their own attachment style and how it manifests in their adult intimate relationship.

Week 3 – Personal Attachment Style Continued and Understanding Your Partners

Attachment Style.

Objective: Participants will gain greater understanding of their own attachment style as
well as their partners. Participants will engage in discussion that will aid in empathic attunement. Empathy in the relationship and for each other’s partners will be explored.

**Week 4 – Understanding Interaction Cycles**

*Objective:* Participants will identify their interactional position in negative interaction cycles and gain a greater understanding of the negative interaction cycle that the couple is perpetuating.

**Week 5 – Challenging Interaction Cycles and Vulnerability**

*Objective:* Participants will challenge their beliefs that solidify their position in their interaction cycles and feelings that may unearth as the couple begins to learn new ways

**Week 6 – Finding New Solutions for Old Problems**

*Objective:* Participants will be able to identify affective triggers.

**Week 7 and 8 – Process and Play**

*Objective:* Allow space and time for each member to process what they have learned in the group and how it has affected their relationship.

**Termination**
Summary of Project

The purpose of this project is to develop a comprehensive therapeutic group for couples with insecure attachment styles looking to improve their intimate relationship using evidence based Emotionally Focused Therapy techniques. Hazan and Shazer (1987) found that 19% of adults self report as anxious/ambivalent/preoccupied. This group of people, in intimate relationships, tends to be more reactive and engage in higher conflict communication. These people also have a more difficult time repairing relationship ruptures when they occur and tend to have more negative feelings surrounding the experience of the rupture (Seedall & Wampler, 2013). Unfortunately most groups that focus on couples have an emphasis on parenting. This group will provide a safe place for couples, married or not, to explore and work on themselves and their relationship.

This group is a great resource for couples to learn to reflect on their ability to effectively regulate themselves, mentalize, and identify poor coping and communication skills and poor interaction cycles. Members will learn to be open to feed back from their partner after gaining greater empathy though understanding their own and their partner’s primary and secondary emotions and attachment styles. A benefit of the group scenario is learning to give and accept feedback in a constructive manner. As stated, the group will learn to provide support and effective mirroring to help each couple.

Discussion
It is important to me that this project be used as a tool to strengthen bonds and create a safe space to allow vulnerability and not be used as a guarantee to save a relationship. Not all relationships were meant to survive. What I do want to highlight from my collected research is that many issues that break couples apart can be examined and reevaluated in a manner that creates stronger bonds. Couple’s that really want to make their relationship work but do not have the tools or have not had examples of positive relationships in their life that demonstrated a healthy partnership can especially benefit and learn how to strengthen their bond.

I was inspired to use Sue Johnson’s Emotionally Focused Therapy because of her focus on communication patterns and how primary and secondary emotions reinforce the couple’s negative interaction cycles. I believe that using this type of therapy in a group setting will be useful because each couple will find comfort in knowing others are experiencing similar roadblocks to their relationship. In addition, struggling couples will be able to witness positive communication changes in other relationships. The feedback from other couples will be an invaluable aspect of the group.

I focused my project on couples because in my experience as a clinician, the majority of the couples that I have treated have difficulties in their interaction/communication cycles as well as difficulty identifying their primary emotions. Oftentimes each member of the couple has an easier time accessing secondary emotions like anger and frustration and need some guidance on how to access the feelings that the anger is protecting. This is not something that is easily accomplished if the environment is not a safe place. Therapy and the clinician help to provide that safe space.
It seemed like an obvious choice to design a group with this type of orientation for couples because of the benefits of group therapy. When a safe space is created within the group, the cohesion, support, and reflections from the other group members can be invaluable to a person and their relationship.

**Recommendations for Future Research**

The group curriculum should be updated as evidence based research on couples therapy continues. Each participating leader will bring their own experience and knowledge to the group and are encouraged share and adjust the group accordingly. Feedback from the participants at the end of the group will also help facilitators to adjust the group for future reference.

Though attachment is a cross-cultural theory, future research on individual cultures and how each culture teaches a primary caretaker to attune to their child and the child’s needs should be established. Cultural norms of adult intimate relationships should also be a factor in further cultural research on couples attachment and communication.
References


Available from ProQuest Dissertations & Theses Full Text: The Humanities and Social Sciences Collection. (305016128).


Appendix

Creating Relationships that Heal:
A Couple’s Therapy Group
Created by: Lauren Burke

Introduction

Attachment Styles and Coupling

Conflicts that occur between couples can be viewed through an attachment theory lens. There are three ways in which using the attachment theory lens can help couples. The first way in which attachment theory can help couples is by identifying and predicting the most at risk couples. Members of a couple who have an insecure attachment style struggle with affect regulation, vulnerability, support and other factors that lead to distressed relationships (Davila, 2005).

The second way in which attachment theory is helpful for couples in counseling is through empathy, understanding, and the exploration of “why”. Why do these problems exist and where are they stemming from? Understanding the perceptions of each individual in the relationship begins the process of finding the underlying issues. Insecure attachments can play out in a relationship in ways that feel rejecting to each partner, which may cause another insecurely attached member of the relationship to struggle with their affective response and feelings of neediness. What is more is that an insecurely attached person may also experience trouble regulating their emotions (Davila, 2005).
The third way in which the attachment lens can help couples is through understanding the behaviors and perceptions of one another and how that affects the interactions within the relationship. Looking at relational patterns between the couple and helping them understand these unhealthy communication styles (the pursuer-distancer pattern and the blamer-placater pattern) may increase insight and understanding of their behavior and allow for meaningful change (Davila, 2005).

A person’s ability to empathize with their partner greatly increases as they increase their understanding of what attachment means. This also allows for more understanding of what attachment style their partner is manifesting (as well as themselves) and how they behave in the present relationship in response to relational experiences they had during infancy. Helping the couple reframe their past experiences and behavior as a reaction to the perceived threat of attachment injury or loss of the current relationship, enables the couple to conceptualize their relationship patterns in a new light. With reframing using an attachment framework, members of the couple will experience greater awareness and insight, aiding distressed couples in working together to find security and form a secure attachment between them (Davila, 2005).

The ideal relationship involves both members communicating their needs, talking about experiences, showing distress in an appropriate manner, and allowing the other partner to comfort and support them. The ability to stay empathically attuned and address issues before conflicts erupt are also characteristics of an ideal relationship. It is important for the couple to know that mistakes will be made and challenges will arise but empathy and understanding of attachment with regard to each member in the couple will aid in returning the couple back to a healthier homeostasis (Davila, 2005).
The intention of this group is to help couples gain a greater understanding of their relationship with their primary care taker and explore how the mishaps of this first relationship affect their current intimate relationship. This group, though set up with guidelines, is intended to allow the therapist leading the group to use their own experience and artistic liberty to make each group unique. Moving beyond the qualifications needed to be a group leader, group facilitators need to also be warm, empathic, open, and nonjudgmental. Whether or not the leader chooses to self disclose will be up to the leader. The leader will follow the intended outline and present the appropriate PowerPoint slides in each group.

**Overview of Attachment Concepts for the Group Leader**

**Secure Attachment**

Infants who securely attach to his or her caregiver have been provided for, nurtured, and have developed a sense of support. This builds a more positive view of self and others. The secure caregiver-child relationship teaches children that it is safe to turn to their attachment figures to ask for and be comfortable with nurturance and support, establishing trust that will endure as they develop into adults. An infant’s secure attachment to their caregivers leads to his or her ability to tolerate stress as life unfolds (Simpson & Overal 2014). This attachment allows a person to more easily establish trust, intimacy, and closeness with future partners in intimate relationships (Mikulincer & Shaver, 2007).

**Insecure Attachment**

When the primary caregiver is unable to provide a sense of safety and is unable to meet the needs of the infant, an insecure attachment is formed. According to Teyber and
McClure (2011), there are two types of insecure attachments: anxious/ambivalent/preoccupied and avoidant. The person who falls into the anxious category was most likely taken care of by their attachment figure in an inconsistent manner. In adulthood, an anxiously attached person might seek acceptance and yearn for closeness with a heightened state of anxiety because of early childhood experiences with their caregiver (Teyber & McClure, 2011). Infants are taught that their needs may not always be tended to and the person they love and depend on is only capable of tentatively responding (Mikulincer & Shaver, 2003).

**Anxious attachment.** An anxiously attached person becomes fixated on the possibilities of love and rejection from his or her intimate partner. The anxious person can be overly cautious in relationships, causing intrinsic stress, often leading to dysfunctional behavior and acting out in the relationship, especially when the anxious person feels the relationship is threatened (Simpson et al., 1996). Downey, Freitas, Michaelis, and Khouri (1998) state that this type of behavior and comfort seeking can create frustration and dissatisfaction in the relationship for the other partner.

**Avoidant attachment.** The avoidantly-attached person is neglected or rejected by the primary attachment figure. The child learns that he/she cannot depend on or trust people. The child learns that he or she needs to be self-reliant and independent and suppresses their need for intimacy as well as their intrinsic desire to bond. The avoidance remains steady in intimate relationships and the avoidant person often distances him or herself and withdraws from his or her partner. This avoidant behavior is generally enacted to avoid dependency on the other partner and to regulate the avoidant person’s own emotions (Mikulincer & Shaver, 2007).
Attachment Styles and Coupling

Conflicts that occur between couples can be viewed through an attachment theory lens. There are three ways in which using the attachment theory lens can help couples. The first way in which attachment theory can help couples is by identifying and predicting the most at risk couples. Members of a couple who have an insecure attachment style struggle with affect regulation, vulnerability, support and other factors that lead to distressed relationships (Davila, 2005).

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nonjudgmental. Whether or not the leader chooses to self disclose will be up to the leader. The leader will follow the intended outline and present the appropriate PowerPoint sides in each group.

**Putting the Group Together**

A licensed therapist or psychologist who is competent in relational issues, couples therapy, Emotionally Focused Therapy and process groups will lead the group. It is recommended that the group have a male and female facilitator to create balance in each group but especially when exploring positions in negative interaction cycles that are oftentimes seen primarily in one sex or the other.

The group should take place on a weeknight or on the weekend to not cause scheduling stress and allow for flexibility for the average 9-5-work schedule. It is critical and mandatory for each member of the couple to attend all sessions.

The group will take place once a week for 8 weeks. Each group will meet for two hours with a ten-minute break between each hour. The first hour will be dedicated to psycho-education lectures where questions and discussion are welcomed while the second hour will focus on processing, self-reflection, and feedback among the group members.

The group will be comprised of four to five couples. Because of the sensitive nature of the topic at hand and to help group members feel safe in sharing, the intended group will be a closed group. It is mandatory for each member of the couple to attend all sessions.

Participants need to have attempted couples therapy previously in the past year or they may be currently in couples counseling. Ideally, a psychotherapist will refer couples
to this group. The group leaders will spend an hour meeting with each couple and identifying their interactional patterns to assess if they are appropriate for the group.

Each couple must be screened for potential risk for the group. Ideal participants include those who are willing to share; lack negative judgment towards different ethnicities and sexual orientations, as well as the ability to abide by rules of confidentiality. Those who have experienced a great deal of trauma may not be appropriate for the group because the sensitive discussions may be too triggering.

**Group Orientation: EFT**

Couples that are in repeated patterns of conflict and turmoil and are trapped in a negative communication cycle could have an insecure attachment style. Often, each member is trying to communicate his or her needs but will also act in a defensive manner to protect him or herself from being vulnerable, hurt, or abandoned by their partner. These attempts to communicate needs are often shown in forms of anger and frustration (Johnson & Greenberg, 1987).

**Understanding emotions.** Anger and frustration are examples of secondary emotions. The anger is a response to a primary emotion. A primary emotion is the initial response to the given situation, often triggering the prevailing fears of the attachment style, like abandonment, feelings of inadequacy and vulnerability (Gehart, 2014). Secondary emotions arise to defend a true (primary) emotion. As an example, a person may get angry (secondary emotion) while they are fighting with their partner because they may fear (primary emotion) that their relationship is threatened. A person may also get angry (secondary emotion) if they feel their partner is criticizing them (They feel hurt; primary emotion). (Gehart, 2014).
The EFT therapist helps the clients understand their situation, themselves, and each other more empathically and channel their reactions in a more productive direction. In essence, EFT helps the couple change the experience of their relationship and how they experience each other. This in turn improves their communication (Johnson & Greenberg, 1987). EFT incorporates elements of attachment theory with Gestalt therapy, experiential therapy, and draws heavily from Rogerian, and systemic therapies; specifically structural, for couples work (Gehart, 2014).

The desire for a secure attachment is a basic human need starting in infancy and lasting a lifetime (Johnson, 2004). Medical studies have shown and are still validating that secure attachments improve physical and emotional health while insecure attachments are specifically connected to health problems. Avoidant attachments have been associated with pain disorders and individuals with an anxious attachment have a higher rate of cardiovascular disease (McWilliams and Baily, 2010). Neurological research supports the idea that a secure attachment is necessary for self-regulation of affective states (Siegel, 2010).

**Therapeutic Interventions**

**Role-play and role reversal.** Role-play demonstrates different ways for couples to communicate with each other (2009). The therapist can role-play with one person from the couple and the on looker can mirror back what they have seen within the interaction. The couple can role-play as well while the therapist coaches the interaction. Couples can safely learn the difference between dysfunctional and functional communication through acting out different scenarios from their perspective as well as their partners (Johnson, 2009).
Similar to role-play, is role reversal. Role reversal entails each member of the couple assuming the position of his or her partner. This allows for each partner to try to understand the experience of the other as well as the experience of themselves (Fow, 1998).

**Enactments.** An intervention that is a valuable tool to use with couples is called an enactment. An enactment is a tool that a therapist uses to gain greater insight into the meaning of couples dysfunctional communication styles (2009). The therapist will explore with the clients and suggest what vulnerable emotions might be behind the negative affect in the couple’s dysfunctional communication style (Sprenkle, Davis, & Lebow, 2009). An example of this would be discovering primary emotions behind defensive statements that feel threatening to the other partner. As the couple begins to gain empathy for one another and understand attachment the therapist can use this intervention to reinforce new healthier patterns of communication that express primary emotions (Sprenkle, Davis, & Lebow, 2009).

**Reframing attachment injuries.** Attachment injuries that occur within a couple create emotional distress. Attachment injuries are experienced when a member of the couple discerns feelings of betrayal, abandonment, or violations of trust during a pivotal moment of need and support between the couple (Johnson, Makinen, & Millikin, 2001). These types of interactions can perpetuate into a reoccurring theme creating less space for repair in the relationship (Makinen & Johnson, 2006).

The therapist listens to the couple while keeping note of any attachment injuries or past attachment needs that were unmet for each member of the couple (2013). Using reframing as an intervention will aid in correcting the injury and emotional experience
and will help to create a better bond between the pair. The relational reframe allows space for rupture and repair between the couple and their attachment needs (Diamond, 2013).
Overview of Group Curriculum

Week 1- Introduction and overview of the group

- Introductions
- Confidentiality
- Rules
- Goals
- Attachment

Objective: The therapists/group leaders will start the group by introducing themselves. They will explain their credentials, experience and why they feel this type of group and topics discussed are important. Therapists running the group will go over the importance of confidentiality and distribute a confidentiality agreement. Included in this discussion will be the importance of creating a safe space, allowing the group members to trust that they can explore sensitive topics. The rules and goals of the group will also be explained. The group leaders will then ask each person to introduce himself or herself, say a few words about why they are participating in the group, what they hope to learn/gain from the group and how they hope it will help their relationship.

Psychoeducation-Attachment

The group leaders will spend the second hour of the group lecturing on attachment theory history, the evidence supporting the theory, neuroscience and different attachment styles in infancy. Group leaders will open the lecture for discussion, encouraging comments and questions.

Handout A: This hand out will provide provocative questions for the couple to take home a fill out on their own.

Handout B: Participants will also be given a hand out to take notes. Please provide extra paper for notes.
Homework

Group leaders will distribute a link to an online quiz that will help each member determine their attachment style. Group members will prepare at home to discuss results in the next meeting.

Session 1 (Hand Out A- Take home)

ATTACHMENT

What did your family of origin teach you about experiencing and expressing different emotions and vulnerability?

When you were little, what would happen when you were feeling hurt? Who was there for you? Was it ok to talk about these feelings? How did the person whom you would turn to generally respond to you?

Do you remember it feeling safe to open up to someone in your family? Who was that person? How did you know it was safe?
Attachment Notes

Prompt: In your own words, after discussing the appropriate slide, what do these terms mean to you?

Secure attachment:

Insecure attachment:

Mentalizing:

Emotional Triggers:
Week 2 – Personal Attachment Style and Intimate Relationships

- Check in
- Reflect on the past group and homework experience
- Discuss in greater depth, attachment style in intimate relationships
- Lecture on primary and secondary emotions

Objective: Each member will gain a greater understanding of their own attachment style and how it manifests in their adult intimate relationship.

Check in:

Group leaders will open up a discussion about the homework assignment. Group leaders will also explore how the new information from the last meeting, as well as how the homework may have impacted the individual or couple and what they have learned.

Psychoeducation: Adult Attachment

Group leaders will discuss how childhood attachment crosses over into adult attachment. The lecture will entail greater detail about each attachment style and how understanding personal attachment style, as well as their partner’s attachment style, will help shed light on to repeated patterns that arise within the couple as well as failed communication attempts. The group leaders will also lecture on primary and secondary emotions.

Handout C: Distribute hand out C for the participants to takes notes. Handout C includes prompt questions.

Discussion

The group will then be opened up for discussion. Each person will share his or her attachment style. Members will then share an example of how their attachment style has poorly affected the relationship. This will help the leaders perceive whether or not
each person understands their attachment style. The group leaders will open up a discussion about primary and secondary emotions and encourage feedback to make sure the participants understand the lecture.

**Discussion prompt:** Provide on Handout D

“Emotion is not a noun, but rather a verb. It may be useful to sit with this thought that emotion is a verb for a moment. Emotion-related words and concepts are active processes, not fixed entities. Seeing emotion as a verb opens our mind to a fluid moving mechanism that acts, changes and transforms.”

*The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice* - Fosha, Siegel, & Solomon (p.148-149)

**Homework**

The group will be asked to individually think about an argument that occurs between the couple. This has to be an argument which has been resolved and the couple feels comfortable talking about (The intention here is not to engage in another fight). The couple will take time to discuss with each other and discover what the primary and secondary emotions were during this conflict.
Session 2 (Handout C)

Attachment in Adulthood

Ideal communication in your relationship:
  What is already taking place and what would you like to see change?

Primary Emotion:

Secondary Emotions:

Is there a common secondary emotion that comes up for you during an argument? What do you think is the underlying primary emotion?
Session 2 (Handout D)

**Emotion is a Verb**

“Emotion is not a noun, but rather a verb. It may be useful to sit with this thought that emotion is a verb for a moment. Emotion-related words and concepts are active processes, not fixed entities. Seeing emotion as a verb opens our mind to a fluid moving mechanism that acts, changes and transforms.”

*The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice* by: Fosha, Siegel, & Solomon (p.148-149)
Week 3 – Personal Attachment Style Continued and Understanding Your Partners

Attachment Style.

- Check in
- Reflect on homework assignment
- Discuss empathy and how it pertains to the relationship (before and after homework assignment).
- Further explore personal attachment and partners attachment

Objective: Participants will gain greater understanding of their own attachment style as well as their partners. Participants will engage in discussion that will aid in empathic attunement. Empathy in the relationship and for each other’s partners will be explored.

Check in:

Group leaders will open up a discussion about the homework assignment. Group leaders will help participant to explore how this new information discussed in the group as well as how the homework may have impacted the individual or couple and what they have learned thus far.

Process: (This week there will not be any psychoeducation)

The group will continue to process attachment styles, primary and secondary emotions and empathic attunement in the relationship.

Discussion question prompts:

How do you feel about previous interactions with your partner?

Do you have a greater understanding of the argument you were asked to think about last week?

Homework:

No Homework this week.
Week 4 – Understanding Interaction Cycles

- Check in
- Lecture on common negative interaction cycles
- Identify and process

Objective: Participants will identify their interactional position in negative interaction cycles and gain a greater understanding of the negative interaction cycle that the couple is perpetuating.

Check in:

Group leaders will open a discussion about how each participant is processing each prior group and newly acquired knowledge.

Psychoeducation: Understanding Common Negative Interaction Cycles

The group leaders will identify and lecture on common negative interaction styles including pursue/withdraw, pursue/pursue, and withdraw/withdraw. Participants will identify their position within the cycle.

Discuss:

Participants will discuss times that they have been stuck within their interaction cycle and explore ways in which they find their cycles to perpetuate.

Process:

The participants will process feelings that surface after identifying their position and interaction cycle.

Discussion question prompts:

Can you think of a time where you and your partner were experiencing conflict? Now that you understand attachment, do you feel that you have a deeper understanding of the interaction that was happening? Can you empathize more with your partner and or
yourself?

What is your cycle? Do you and your partner agree? What meaning does your cycle hold for you? How do you feel, now knowing more about negative interaction cycles?

Handout D & E: After discussing the prompt question and reviewing handout D, have the couple fill out E, using their pattern. (Fill in emotions and behaviors).

Homework:

If conflict is to occur during the week, attempt to identify the cycle in action. Put the fight on hold if possible and bring it into the group.
Session 4 (Handout D)

Interaction Cycles

Photo credit: http://www.todaysthebestday.com/why-do-marriages-really-struggle/

Attachment Injury:
Session 4 (Handout E)

Personal Interaction Cycle

Week 5 – Challenging Interaction Cycles and Vulnerability

- Check in
- Reflect on homework
- Discuss meaning of vulnerability and fears associated with it.
- Explore ways to challenge interaction cycles with willingness to be vulnerable with your partner.

*Objective:* Participants will challenge their beliefs that solidify their position in their interaction cycles and feelings that may unearth as the couple begins to learn new ways of communication.

*Check in:*

Participants will reflect on their understanding of their negative interaction cycle and their position in it and discuss any issues or conflict that may have come up during the past week.

*Psychoeducation*

Leaders will lecture on vulnerability in intimate relationships.

*Discussion:*

Leaders will open a discussion to the group about vulnerability and how it pertains to the participant’s position in the negative interaction cycles. Participants will discuss what vulnerability personally means to them, they will take risks and discuss their fears about vulnerability and how their position in the negative interaction cycle has protected them.

*Process:*

The last portion of the group will be dedicated to processing each couples’ experience of their interaction cycle and what it feels like to have a greater understanding of the cycle. The group participants will also debrief on what their experience has been.
like to make themselves vulnerable to their partner and to the group with their newly
acquired knowledge.

**Discussion question prompt:**

**Handout F:** Distribute prompt questions

What does vulnerability mean to you?

What has it been like to make yourself more vulnerable to your partner? What would it
be like to be more vulnerable with your partner?

What has the experience of identifying your interaction cycle as well as the underlying
emotions been like for you?

What do you think your partner’s experience has been like in becoming more vulnerable
through exploring the underlying emotions of your interaction cycle?

**Homework:**

Watch Brene Brown’s, The Power of Vulnerability Ted Talk.

https://www.ted.com/talks/brene_brown_on_vulnerability?language=en
Session 5 (Handout F)

Vulnerability

What does vulnerability mean to you?

What has it been like to make yourself more vulnerable to your partner? What would it be like to be more vulnerable with your partner?

What has the experience of identifying your interaction cycle as well as the underlying emotions been like for you?

What do you think your partner’s experience has been like in becoming more vulnerable through exploring the underlying emotions of your interaction cycle?

Homework: Brene Brown: The Power of Vulnerability on Ted Talks
Homework Link: https://www.ted.com/talks/brene_brown_on_vulnerability?language=en
Week 6 – Finding New Solutions for Old Problems

- Check in
- Reflect
- Lecture on affective triggers

**Objective:** Participants will be able to identify affective triggers.

**Check in:**

Participants will process and reflect personal experiences of conflict and how the group has been able to hinder the negative interaction cycle.

**Psychoeducation**

Leaders will give a brief lecture on what affective triggers mean.

**Discussion:**

Leaders will open the discussion up to the group for the participants to speak aloud about their personal experience of what physiological symptom each person has experienced as the negative interaction cycle begins. Leaders will guide the participants to make suggestions about what can do to help each person as well as themselves to identify when their body begins to become aroused and they are experiencing an affective trigger, and how to calm themselves down as well as communicate with their partner what they are experiencing.

**Process:**

The last portion of the group will be dedicated to processing each couples experience of their affective triggers and how they have responded to them in the past. The group will explore new coping techniques. The group will also debrief on what their experience has been like to make themselves vulnerable to their partner and the group with this new information.
Discussion question prompt:

**Handout G:** Distribute Affective trigger questions

What are some of your affective triggers? Do you think your partner knows and understands them?

What are some of your partner’s affective triggers? Do you think you know and understand them?

How have you and your partner responded to triggers in the past and how are you both responding now?
Session 6 (Handout G)

Affective Triggers

What are some of your affective triggers? Do you think your partner knows and understands them?

What are some of your partner’s affective triggers? Do you think you know and understand them?

How have you and your partner responded to triggers in the past and how are you both responding now?
Week 7 and 8

- Check in
- Process
- Role play/Role reversal

Objective: Allow space and time for each member to process what they have learned in the group and how it has affected their relationship.

Role play:

Participants will role-play scenarios of negative interaction cycles as well as new ways of engaging with their partner that help to stops the cycle.

Role reversal:

Participants will role-play their beliefs about what their partner has experienced as well as their understanding of their partners experience. They will allow for feedback from their partner first and then the group.

Process:

Participants will continue to process what they have learned in the group and how it has affected them and their relationship.

Termination:

Discuss possibilities of continuing on to couple’s therapy.
Week 1

- Introductions
- Confidentiality agreement
- Rules of the group
- Goals of the group
- Attachment
THE EARLIEST RELATIONSHIP

The first experience of a relationship for an infant is with their primary caretaker. The role of the primary caretaker is critical to the developing infant.

- Even before acquiring language skills, infants are able to pick up on preverbal cues from their primary attachment figure as they begin to develop their internal working model of the safety of the world.

What is an internal working model?

INTERNAL WORKING MODEL

- The internal working model is a person's (infants) experience of their inner world.
- Is the world a safe place?

The internal working model is a person's interpretation of three core fundamentals of a relationship: ability to trust another person, ability to value another person and one’s interpretations of their own ability to engage in a relationship with another person.
INTERNAL WORKING MODEL AND ATTACHMENT

- The emotional bonds that are created between a child and caregiver are an evolutionary phenomenon to ensure survival.

- Bonds between the primary caregiver (attachment figure) and infant establish a sense of safety or unrest for the infant, which in turn sets the tone for the person’s attachment orientation and ways of relating to attachment figures (friends, intimate partners) throughout life.

- This unconscious learning will be reflected in emotional growth, and emotional regulation, meaning, how the infant sees the world as well as how it interacts in future relationships.

ATTACHMENT STYLE

Secure: Infants who securely attach to their caregiver have been provided for, nurtured, and developed a sense of support. This builds a more positive view of self and others. The caregiver-child relationship teaches children that it is safe to turn to their attachment figures to ask for and be comfortable with nurturance and support, establishing trust that will endure as they development into adults. Infants secure attachment to their caregiver’s leads to his or her ability to tolerate stress as life unfolds. This attachment allows a person to more easily establish trust, intimacy, and closeness with future partners in intimate relationships.
ATTACHMENT STYLE

Insecure: When the primary caregiver is unable to provide a sense of safety and is unable to meet the needs of the infant, an insecure attachment is formed.

There are two types of insecure attachments: anxious/ambivalent/preoccupied and avoidant. The person who falls into the anxious category was most likely taken care of by their attachment figure in an inconsistent manner. In adulthood, an anxiously attached person might seek acceptance and yearn for closeness with a heightened state of anxiety because of early childhood experiences with their caregiver. Infants are taught that their needs may not always be tended to and the person they love and depend on is only capable of tentatively responding.

ANXIOUS ATTACHMENT

The anxious person can be over cautious in relationships, causing intrinsic stress, often leading to dysfunctional behavior and acting out in the relationship, especially when the anxious person feels the relationship is threatened. This type of behavior and comfort seeking can create frustration and dissatisfaction in the relationship for the other partner.
AVOIDANT ATTACHMENT

- The avoidantly attached person is neglected or rejected by the primary attachment figure. The child learns that he/she cannot depend on or trust people. The child learns that he or she needs to be self-reliant and independent and suppresses their need for intimacy as well as their intrinsic desire to bond. The avoidance remains steady in intimate relationships and the avoidant person often distances him or herself and withdraws from his or her partner. This avoidant behavior is generally enacted to avoid dependency on the other partner and to regulate the avoidant person’s own emotions.

PREOCCUPIED ATTACHMENT

- The infant who experiences the caregiver as completely inconsistent in the ways in which needs are responded to or attuned to will develop a resistant attachment with his or her caretaker. This inconsistent response from the caretaker is highly confusing to an infant. The infant does not know when the caretakers will respond to its needs or if the infant will be left to cry out their discomfort. This infant becomes distressed in the absence of caretaker and will display hesitancy and ambivalence when their caretaker returns.

- The preoccupied attachment style can lead to a preoccupied attachment style in adult relationships. The preoccupied person’s locus of a sense of self becomes obtainable only through external means. An example of this would be the preoccupied person idealizing another individual and behaving in ways that attract or gain the attention, approval or validation from this person. The preoccupied individual is often left disappointed when the idealized person does not turn out to be everything that was expected. The avoidant attachment style as well as the resistant/preoccupied attachment style elicits a great deal of anxiety and high arousal.
Interpersonal neurobiology: The science of relationships, relational experiences, and how they both shape an individual’s brain. The caregiver’s communication patterns directly shapes their infants brain. The infant’s brain is further shaped by the interactions and experiences with nature and from nurture.

Mentalizing:

When trauma in attachment occurs, the development of trust is inhibited. When the development of trust is inhibited an emotional rigidity evolves replacing the fragile sense of trust. Lacking a basic sense of trust creates a schema that has little room for change and growth. He or she can grow into an adult who is relationally cold and distant. The ability to mentalize facilitates self-reflection and a greater ability to be more objective to one’s own experience with the attachment trauma.
NEUROSCIENCE OF ATTACHMENT

Mentalizing:

- A predictor of the caregiver's ability to meet the child needs, as well as a predictor of a child being able to overcome an insecure attachment in later adult relationships, is the ability to mentalize. Mentalizing is the ability to have reflective functioning.

- The ability to mentalize can help to override the negative patterns that can generate insecure attachments. A caretaker's ability to utilize mentalization related to past trauma or ineffective behaviors will directly benefit the type of attachment that occurs between the caretaker and the child. A child who had an insecure attachment to a caregiver can use mentalization to formulate a more secure attachment in an intimate relationship in the future.

NEUROSCIENCE OF ATTACHMENT

Mentalizing:

- Infants who have developed an avoidant attachment may have learned to regulate their negative emotions in order to guard their vulnerabilities and avoid rejection from an inaccessible rejecting caregiver. Ambivalently attached infants may express more dramatic emotions as a response to their caregiver’s inconsistent attempts to attune to the child’s needs. Both these reactions from the insecurely attached infants are survival tactics to keep their caregiver as close as possible in order to ensure their survival. Because of this, insecurely attached infants as well as adults find it much more challenging to process challenging emotions.
Regulating Affect:

- Children learn how their needs will be met through their parent's own ability to emotionally regulate. The parent's reaction to the demands of the child teaches the child what emotional response will help them gain their immediate desired goal as well as a more long-term general goal of helping them learn how to appropriately conduct themselves in society. Essentially, the infant adjusts his or her behavior to the emotional behaviors of the caretaker as a learned strategy.

- Infants who have developed an avoidant attachment may have learned to regulate their negative emotions in order to guard their vulnerabilities and avoid rejection from an inaccessible rejecting caregiver. Ambivalently attached infants may express more dramatic emotions as a response to their caregiver's inconsistent attempts to attune to the child's needs. Both these reactions from the insecurely attached infants are survival tactics to keep their caregiver as close as possible in order to ensure their survival. Because of this, insecurely attached infants as well as adults find it much more challenging to process challenging emotions.

Regulating Affective Triggers:

- The securely attached parent has taught the child to embrace positive emotions and share in the joy with the child as well as soothe and comfort the child when they are in distress. This is the first step in teaching how to process emotions. Processing emotions is an essential part of being an emotionally regulated adult. Understanding emotions and being able to be more communicative aids individuals in developing secure connections with other people.
Regulating Affective Triggers:

- The ability to mentalize could alter the course of how a person processes emotions. A person who is able to identify difficult emotions as they are experiencing them, like anger, can better control themselves and make better decisions in response to their affective state. This is in contrast to an individual who is experiencing these emotions unconsciously with lack of awareness. Unconscious anger may surface as impulsive and erratic behavior. Since securely attached children are much more able to experience and process difficult emotions, securely attached individuals may not be as susceptible to unconscious emotions and the negative effects.

- As insecurely attached infants continue to develop into mature adults and enter into adult relationships, they bring with them the emotional scars and attachment injuries imposed by their experiences from their family of origin. When these scars are untouched, unprocessed, and not reflected on they can become affective triggers in adult relationships.

Implicit Memories:

- When connecting new neural connections in the brain happens, the brain stores experiences in two different ways. The implicit memory, one example of stored experience, is in charge of creating the neural connections that are responsible for a person's perception, emotions, and relational models. To illicit an implicit memory, one is unconsciously reacting to an early experience that is being projected onto a current one sometimes reminiscent of the earliest attachment relationship with the primary caregiver.

- An example of implicit memory is the feeling of anger in the present time that is instigated by unconscious early memories of abandonment or neglect. This unconscious memory may cause a feeling of personal inadequacy or abandonment fears.
**NEUROSCIENCE OF ATTACHMENT**

- The ability to form implicit memory is present at birth and develops prior to the development of language. Implicit memories of experiences help to shape the prefrontal cortex, which in turn aids in molding explicit memories. Interpersonal experiences directly affect both types of memory. The prefrontal cortex continues to develop and change. This continued development allows a person who is insecurely attached to not be imprisoned by this orientation. Hopefully, through the development of mentalization, the insecurely attached individual can learn how to securely attach to another securely attached individual, thereby eventually establishing a healthy relationship.

- Mentalization can help a person to regulate affect and behavior. If a person’s previous experience remains unconscious, the ability for them to self-regulate their emotional response is very low. But if a person is able to self reflect on the affective trigger and what experience initially caused and reinforced the feeling, that person can make conscious choices about how to respond to it.

**HOMEWORK**

- What’s your attachment style?


  ![Attachment Styles Diagram](https://internal.psychology.illinois.edu/~rcfraley/attachment.htm)
WEEK ONE REFERENCE LIST


ATTACHMENT STYLE AND INTIMATE RELATIONSHIPS

Week 2

 وغير

Check in

 وغير

Discussion

 وغير

Reflect on the past group and homework experience

 وغير

Attachment style in intimate relationships

 وغير

Lecture on primary and secondary emotions
Attachment Style and Intimate Relationships

Like the infant, adults will also react to difficult emotions based on the coping skills they learned with the development of their attachment styles. Adult attachment is strongly based on the blueprint of attachment that is established by the primary caretaker. The type of attachment style a person has dictates how a person believes others will respond to their own needs.

These beliefs are deeply rooted in the unconscious, like implicit memories, which can be a powerful factor in how a person interacts with their significant other. By mentalizing, one can gain insight to their own attachment patterns and hopefully reflect on their partner’s attachment patterns as well. This type of insight oriented, therapeutic work can help a couple become more secure in their attachment. In doing so, it also allows the couple to work on maladaptive behaviors and emotional processing.

Attachment Style: Crossing Over into Adulthood

Adults in each attachment category have vastly different experiences of love. Similar to the original attachment relationship between an infant and their primary caretaker; adult attachment is either secure or insecure.

Adults who have a secure attachment experience intimate relationships as loving and supportive. Insecure attachment is broken down into two categories: anxious/ambivalent/preoccupied, and avoidant.
Those classified as avoidant tend to describe their adult relationship experiences as explosive and unsafe, using descriptive words like, jealousy and instability. Anxious/ambivalent/preoccupied adults speak of their experience as being all encompassing and longing for the same love they give to their partner.

The adult relationship descriptions shed light on how attachment styles are directly correlated to affect regulation capability. 19% of adults self report as anxious/ambivalent/preoccupied. This group of people, in intimate relationships, tends to be more reactive and engage in higher conflict communication. These people also have a more difficult time repairing relationship ruptures when they occur and tend to have more negative feelings surrounding the experience of the rupture.

Twenty-five percent of adults self-report having an avoidant attachment style in intimate relationships. Avoidant adults tend to be less reactive and less expressive with their partners in intimate relationships. They utilize less insight with their partners and are also less responsive to the needs of their partners. Because insecurely attached individuals have a difficult time with emotional regulation, they tend to be less satisfied and feel less fulfilled by intimate partnership.
HOW ATTACHMENT STYLES AFFECTS COUPLING

There are three ways in which using the attachment theory lens can help couples.

The first way in which attachment theory can help couples is by identifying and predicting the most at risk couples. Members of a couple who have an insecure attachment style struggle with affect regulation, vulnerability, support and other factors that lead to distressed relationships.

The second way in which attachment theory is able to help couples is through empathy, understanding and the exploration of “why”. Why do these problems exist and where are they stemming from? Understanding the perceptions of each individual in the relationship begins the process of finding the underlying issues. Insecure attachments can play out in a relationship in ways that feel rejecting which can then cause another insecurely attached member of the relationship to struggle with their affective response and feelings of neediness. What is more is that person may also experience trouble regulating their emotions.
HOW ATTACHMENT STYLES AFFECTS COUPLING

- The third way is that the attachment lens can help couples is through understanding the behaviors and perceptions of one another and how that affects the interactions within the relationship. Looking at relational patterns between the couple and helping them understand these unhealthy communication styles (the pursuer-distancer pattern and the blamer-placater pattern) may increase insight and understanding of their behavior and allow for meaningful change.

EMPATHY AND REFRAMING

- A person's ability to empathize with their partner greatly increases as their understanding of what attachment means increases, what attachment style their partner is (as well as themselves) and how they behave is in response to relational experiences they had during infancy with their primary attachment.

- Helping the couple reframe their past experiences and behavior as a reaction to the perceived threat of attachment injury or loss of the current relationship, enables the couple to conceptualize their relationship patterns in a new light. With reframing, members of the couple will experience greater awareness and insight, aiding distressed couples in working together to find security and form a secure attachment between them.
THE IDEAL

- The ideal relationship includes both members being able to communicate their needs, talk about experiences, show distress in an appropriate manner, and allow the other partner to comfort and support them. Ability to stay empathically attuned and address issues before conflicts erupt are also characteristics of an ideal relationship. It is important for the couple to know that mistakes will be made and challenges will arise but using these tools will aid in returning the couple back to a healthier homeostasis.

PRIMARY AND SECONDARY EMOTIONS

- Anger and frustration are examples of secondary emotions. The anger is a response to a primary emotion.

- A primary emotion is the initial response to the given situation, often triggering the prevailing fears of the attachment style, like abandonment, feelings of inadequacy and vulnerability.

- Secondary emotions arise to defend a true (primary) emotion. As an example, a person may get angry (secondary emotion) while they are fighting with their partner because they may fear (primary emotion) that their relationship is threatened. A person may also get angry (secondary emotion) if they feel their partner is criticizing them (They feel hurt; (primary emotion).

- Sound familiar?
HOMEWORK

Individually think about an argument that occurred in your relationship.

This should be an argument which has been resolved you each feel comfortable talking about (The intention here is not to engage in another fight).

Take time to discuss with each other and discover what the primary and secondary emotions were during this conflict.

WEEK TWO REFERENCE LIST


PERSONAL ATTACHMENT STYLE CONTINUED AND UNDERSTANDING YOUR PARTNERS ATTACHMENT STYLE.

Week 3
- Check in
- Reflect on homework assignment
- Discuss empathy and how it pertains to the relationship (before and after homework assignment).
- Further explore personal attachment and partners attachment
- No psychoeducation just processing today!

UNDERSTANDING INTERACTION CYCLES

- Week 4
  - Check in
  - Lecture on common negative interaction cycles
  - Identify cycles in your relationship and process

**ATTACHMENT INJURY**

- An attachment injury is a distinct deception, violation, abandonment or betrayal of trust inflicted by a member of the relationship. Attachment injuries are specific incidences in which a partner feels vulnerable and needs to be able to depend on their partner but the other is unable to meet those needs. These moments change the course of the relationship creating a lack of safety within the relationship. This in turn can lead to couples defenses rising to protect themselves from being vulnerable or hurt.

**NEGATIVE INTERACTION CYCLES**

- The group leaders and group will assess for what type of negative interaction cycle each couple is engaged in.

- An example is the Pursue/Withdraw cycle. The pursuer’s behavior would be representative of an anxious attachment style. The pursuer is fighting against the perceived distance or withdrawing that they are experiencing from their partner. The experience of this behavior might be interpreted by the distancer as highly critical, incessantly nagging, and overwhelming when the pursuing partners attempts to force closeness between the two.
NEGATIVE INTERACTION CYCLES

The distancer’s objective is to create space between themself and their partner because the relationship does not feel safe. The ways in which a withdrawer tries to create space can be quite hurtful. The distancer may also try to criticize or reject their partner, which can create an attachment injury. The withdrawing partner’s hurtful responses stem from the same feelings they project on their partner; feelings of inadequacy and rejection. The distancing patterns are indicative of an avoidant attachment style.

NEGATIVE INTERACTION CYCLES

There are four patterns of the negative communication stances found in high conflict couples. These four types are pursue/withdraw, attack/attack, withdraw/withdraw, and complex cycles. Complex cycles involve individuals who both have a history of trauma. The stance of the pursuer and withdrawer will vacillate between each member creating intense feelings of anxiety and avoidance.
NEGATIVE INTERACTION CYCLES

- Consider breaking down your experience of the current interaction cycle you and your partner have been engaging in and explore what primary and secondary emotions may have been underneath.

- The group leaders and group will help each couple express their emotional experience and draw parallels between each couple's feelings, actions, and experiences eventually enabling the couple to be able to acknowledge their primary attachment feelings and develop empathy and compassion for their partner.

THREE NEGATIVE BEHAVIORS

There are three negative behaviors seen in high conflict couples.

- The blame game - 1
  - Both members of the couple tend to attack each other.
  - The couple can learn to identify when they are engaging in this behavior and view the cycle as bad as opposed to their partner being bad, they can begin to slow this cycle down and turn it into an opportunity to communicate with each other in a more productive manner.
THREE NEGATIVE BEHAVIORS

- Response to feeling as if the relationship is threatened – 2
  - The person perceiving this threat will try to find assurance and validation from their partner. The ways in which a partner might push for validation and assurance can be experienced by the other partner as overwhelming and berating, depending on how it manifests, creating feelings of inadequacy and a “not good enough” partner. A common reaction to these feeling is to pull away from their partner.
  - Being able to identifying this behavior pattern, acknowledge and metalize the fact that the cycle is stemming from their own and their partner’s insecure attachment style will help the couple develop empathy for one another. The capacity for the couple to understand that each partner is essentially fighting to feel safe will in theory encourage each member to find empathy and communicate in a kinder, safer manner.

- Burnout – 3
  - The pursuer burns out, loses hope and completely stonewalls their partner. The couple, now both withdrawing, is the most difficult to reach because their defenses are intractable, making treatment very complicated. From this point, the couple has to restart but further back than the beginning. We are now dealing with two people who have to rebuild trust but have, for good reason, built their defenses to protect themselves.
HOMEWORK

- If conflict is to occur during the week, attempt to identify the cycle in action. Put the fight on hold if possible and bring it into the group.

WEEK FOUR REFERENCES


CHALLENGING INTERACTION CYCLES AND VULNERABILITY

Week 5
- Check in
- Reflect on homework
- Discuss meaning of vulnerability and fears associated with it.
- Explore ways to challenge interaction cycles with willingness to be vulnerable with your partner.
- What does vulnerability mean to you?

AFFECTIVE TRIGGERS

Week 6
- Check in
- Reflect
- Revisit affective triggers (thoughts & feelings)
- Process and reflect personal experiences of conflict the preceding affective triggers, and how the group has been able to hinder the negative interaction cycle.
Role play and role reversal activity

Role-play demonstrates different ways for couples to communicate with each other. The therapist can role play with one person from the couple and the onlooker can mirror back what they have seen within the interaction. The couple can role-play as well while the therapist coaches the interaction. Couples can safely learn the difference between dysfunctional and functional communication through acting out different scenarios from their perspective as well as their partners.

Similar to role-play, is role reversal. Role reversal entails each member of the couple assuming the position of his or her partner. This allows for each partner to try understanding the experience of the other as well as the experience of themselves.
WEEK SIX REFERENCES


CLOSING THOUGHTS

"Is there an Emotionally Focused Couples Therapist in the house?"

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