Made to Measure: Adapting Emotionally Focused Couple Therapy to Partners' Attachment Styles

Susan M. Johnson and Valerie E. Whiffen
University of Ottawa

This article summarizes the theory, practice, and empirical findings on emotionally focused couple therapy (EFT), now one of the best documented and validated approaches to repairing close relationships. EFT is based on an attachment perspective of adult intimacy. The article then considers how individual differences in attachment style have an impact on affect regulation, information processing, and communication in close relationships and how the practice of EFT is influenced by these differences.

Key words: **couple therapy, emotionally focused couple therapy, individual differences in couple therapy, adult attachment.** ***[Clin Psychol Sci Prac 6:000–000, 1999]***

Emotionally focused therapy for couples (EFT) is now one of the best delineated and empirically validated interventions in the field of couple therapy (Baucom, Shoham, Mueser, Daiuto, & Stickle,1998). The strengths of EFT, which first appeared in the literature in 1985 (Johnson & Greenberg, 1985), are as follows: change strategies and interventions are specified and applied in nine clearly delineated steps (Greenberg & Johnson, 1988; Johnson, 1996); the theoretical base of EFT is explicit, in terms of the conceptualization of adult love and of marital distress, and these conceptualizations are supported by research on the nature of marital distress (Gottman, 1994; Gottman, Coan, Carrere, & Swanson, 1998) and on adult attachment (Bartholomew & Perlman, 1994); EFT has been empirically validated, and a recent meta-analysis found a considerable effect size for marital adjustment after 10–12 sessions (Johnson, Hunsley, Greenberg, & Schlinder, 1999); there is research on the change process and predictors of success in this approach; finally, EFT has been applied to different kinds of problems and populations, such as the parents of chronically ill children (Walker, Johnson, Manion, & Clothier, 1996), depressed women (Dessaulles, 1991; Whiffen & Johnson, 1998), and couples dealing with posttraumatic stress disorder (Johnson & Williams-Keeler, 1998). This approach is also used with families (Johnson, 1996; Johnson, Maddeaux, & Blouin, 1998).

The psychotherapy literature emphasizes that once general effectiveness has been established, the next challenge is to consider individual differences and specify how a treatment approach can be tailored to individual couples. There is as yet only one study that predicts success in EFT from initial client variables (Johnson & Talitman, 1997). This article will attempt to summarize the empirical and theoretical underpinnings of EFT and then move on to consider how the clinical practice of EFT can be tailored to different kinds of partners at particular points in therapy.

EFT focuses on reshaping a distressed couples structured, repetitive interaction patterns, and the emotional responses that evoke these patterns and fostering the development of a secure emotional bond (Johnson, 1996, 1999). For example, in the process of therapy a repetitive demand-withdraw pattern that is accompanied by anger and frustration, or a withdraw-withdraw pattern characterized by numbing and polarization, will expand into a more flexible pattern of expressing needs and vulnerabili-

Address correspondence to Susan M. Johnson, C.P.S., Vanier Building, School of Psychology, University of Ottawa, 11 Marie Curie, Ottawa, Ontario, Canada, K1N 6N5. Electronic mail may be sent to soo@magma.ca.

© 1999 AMERICAN PSYCHOLOGICAL ASSOCIATION D12

ties and responding to such needs in the partner. As a result, the partners are able to comfort, reassure, and support each other, creating a safe haven, which empowers each of them and maximizes their personal growth and development. So "You are impossible to get close to" followed by "You are too angry. I don't want to get close, " may become "I need you to hold me" followed by "I want to comfort you. I feel so good when you turn to me."

The key assumptions of the emotionally focused model, which have been discussed in detail elsewhere (Johnson, 1996; Johnson & Greenberg, 1995), can be summarized as follows:

- Emotion is primary in organizing attachment behaviors and how self and other are experienced in an intimate relationship. Emotion guides and gives meaning to perception, motivates and cues behavior, and when expressed, communicates to others. It is a powerful link between intrapsychic and social realities.
- The needs and desires of partners are essentially healthy and adaptive. It is the way such needs are enacted in a context of perceived insecurity that creates problems.
- Problems are maintained by the way interactions are organized and by the dominant emotional experience of each partner in the relationship. Affect and interaction form a reciprocally determining feedback loop.
- Change occurs not through insight, catharsis, or negotiation but through new emotional experience in the context of attachment-salient interactions.
- In couple therapy the client is the relationship between partners. The attachment perspective on adult love offers a map to the essential elements of such relationships. Problems are viewed in terms of adult insecurity and separation distress.

The emphasis given to affect and to self-reinforcing interactional patterns in EFT is supported by research on the nature of marital distress (Gottman, 1994), and the perspective on adult intimacy needs is supported by research on adult attachment (Bartholomew & Perlman, 1994; Cassidy & Shaver, 1999).

THE THERAPEUTIC TASKS OF EFT

EFT is a relatively brief intervention. Empirical studies have employed 8–12 sessions. In clinical practice, where couples may have other problems as well as marital distress, the number of session may increase. The therapist is seen as providing a secure base (Bowlby, 1969) and as a process consultant, working with partners to construct new experiences and new dialogues that redefine their relationship. Throughout the therapy process, the therapist focuses upon two tasks, the accessing and reformulating of emotional responses and the shaping of new interactions based on these responses. In the first task, the therapist focuses on the emotion that is most poignant and salient in terms of attachment needs and fears and that plays a central role in patterns of negative interaction. The therapist stays close to the emerging or "leading edge" of the client's experience (Wile, 1995) and uses experiential interventions (Greenberg, Rice, & Elliott, 1993; Perls, 1973; Rogers, 1951) to expand and reorganize that experience. These include reflection, evocative questions, validation, heightening, and empathic interpretation. Reactive responses such as anger tend to evolve into more primary emotions such as a sense of grief or fear. In the second task, the therapist tracks and reflects the patterns of interaction, identifying the negative cycle that constrains and narrows the responses of the partners to each other. The therapist uses structural techniques (Minuchin & Fishman, 1981) such as reframing and choreographs new relationship events. Problems are reframed in terms of cycles and patterns and in terms of attachment needs and fears. So the therapist will ask a partner to share specific fears with his or her partner, thus creating a new kind of dialogue that fosters secure attachment. These tasks and interventions are outlined in detail elsewhere together with transcripts of therapy sessions (Johnson & Greenberg 1995; Johnson, 1996, 1998).

THE PROCESS OF CHANGE IN EFT

The process of change in EFT has been delineated into nine treatment steps. The first four steps involve assessment and the deescalation of problematic interactional cycles. The middle three steps emphasize the creation of specific change events where interactional positions shift and new bonding events occur. The last two steps of therapy address the consolidation of change and the integration of these changes into the everyday life of the couple.

The therapist leads the couple through these steps in a spiral fashion, as one step incorporates and leads into the other. In mildly distressed couples, partners usually work quickly through the steps at a parallel rate. In more dis-

tressed couples, the more passive or withdrawn partner is usually invited to go through the steps slightly ahead of the other. The increased emotional engagement of this partner then helps the other, often more critical and active partner, shift to a more trusting stance.

The nine steps of EFT are as follows:

Cycle Deescalation

Step 1. Assessment: creating an alliance and explicating the core issues in the couple's conflict using an attachment perspective.

Step 2. Identifying the problematic interactional cycle that maintains attachment insecurity and relationship distress.

Step 3. Accessing the unacknowledged emotions underlying interactional positions.

Step 4. Reframing the problem in terms of the cycle, the underlying emotions, and attachment needs.

The goal by the end of Step 4 is for the couple to have a meta-perspective on their interactions. They are framed as unwittingly creating, but also being victimized by, the narrow patterns of interaction that characterize their relationship. This is a first-order change (Watzlawick, Weakland, & Fisch, 1974). Partners' responses tend to be less reactive and more flexible, but the organization of the dance between the partners has not changed. If therapy stops here, the assumption is that the couple will tend to relapse.

Changing Interactional Positions

Step 5. Promoting identification with disowned attachment needs (such as the need for reassurance and comfort) and aspects of self (such as a sense of shame and unworthiness) and integrating these into relationship interactions.

Step 6. Promoting acceptance of the partners' new construction of experience and his or her new responses by the other spouse.

Step 7. Facilitating the expression of specific needs and wants and creating emotional engagement.

The goal by the end of Step 7 is to have withdrawn partners reengaged in the relationship and actively stating the terms of this reengagement and to have more blaming partners "soften." In a softening, those partners ask for their attachment needs to be met from a position of vulnerability, a position that pulls for responsiveness from their partner. This latter event has been found to be associated with recovery from relationship distress in EFT (Johnson & Greenberg, 1988). When both partners have completed Step 7, a new form of emotional engagement is possible and bonding events can occur. These events are usually fostered by the therapist in the session, but also occur at home. Partners are then able to confide and seek comfort from each other, becoming mutually accessible and responsive. Accessibility and responsiveness have been identified as the two key elements that define a relationship as a secure bond (Bowlby, 1988). At this stage of therapy, for example, a withdrawn spouse might access his deep distrust of others, his own longings to be close, and his fear-driven need to stay "numb." He might then move to formulating and asserting his needs and what he requires in order to become more engaged with his wife. The therapist then would support his wife to hear and respond to his new behaviors.

Consolidation and Integration

Step 8. Facilitating the emergence of new solutions to old problematic relationship issues.

Step 9. Consolidating new positions and cycles of attachment behavior.

The goal here is to consolidate new responses and cycles of interaction by, for example, reviewing the accomplishments of the partners in therapy, and to support the couple to solve concrete problems that have been destructive to the relationship. This is often relatively easy since dialogues about these problems are no longer infused with overwhelming negative affect and issues of relationship definition. The specific interventions particularly associated with each step are outlined in the literature (Johnson, 1996, 1999).

THE CLINICAL EFFICACY OF EFT

To date four randomized clinical trials of EFT have been conducted. In three other studies, subjects acted as their own controls; in one of these the primary focus was on predictors of success in EFT (Johnson & Talitman, 1997). Two studies have also been conducted with couples whose primary focus was not marital distress (one focused on intimacy problems and one on low sexual desire). All EFT studies have included treatment integrity checks and have had very low attrition rates. In a summary article of EFT outcome research, the effect size for marital adjustment from the four clinical trials of EFT was calculated at 1.3. Follow-up results suggest that treatment effects are stable or improve over time (Johnson et al., 1999). In

terms of the percentage of couples recovered (not simply improved but scoring in the nondistressed range), the first and the most recent studies of EFT found rates of 70–73% recovery from relationship distress in 8–12 sessions (Johnson & Greenberg, 1985; Johnson & Talitman, 1997). There are also a number of small studies on the process of change in EFT that support the notion that engagement with emotional experience and interactional shifts are the active ingredients of change in this approach (Johnson et al., 1999).

Once an intervention has been systematically described and found to be effective, the issue of how individual client differences might affect the process of change becomes a significant concern. One study has considered this issue empirically (Johnson & Talitman, 1997), finding that variables such as therapeutic alliance and women's trust in their partner's caring were more related to success in EFT than variables traditionally predictive of outcome, such as initial distress level. However, in the present context, it may be more fruitful to turn to the theory of EFT to address this issue. Previous researchers have suggested that an examination of factors associated with success in treatment is most appropriately grounded in the theory of that particular approach, rather than general demographic or relationship variables (Snyder, Mangrum, & Wills, 1993). The core of the EFT approach is the conceptualization of marital distress and adult love in terms of attachment processes. An examination of individual differences in attachment responses and how they might impact the treatment process may be particularly useful.

MARITAL DISTRESS AND ATTACHMENT INSECURITY. The EFT model assumes that the key elements in marital distress are absorbing states of negative affect and the rigid negative interaction sequences that reflect and create these states. The power of this affect is seen as arising from the fact that it is associated with a "wired in" evolutionary survival system, the attachment system. Attachment theory states that seeking and maintaining contact with a few irreplaceable others is a primary motivating principle in human beings and an innate survival mechanism, providing people with a safe haven and a secure base in a potentially dangerous world (Bowlby, 1988). This affect is then particularly likely to take control precedence, to override other cues, and to be a key factor in organizing responses. The conceptualization of marital distress outlined here and in the initial work on EFT (Greenberg & Johnson, 1988; Johnson & Greenberg, 1985) has received considerable empirical support from the recent work of Gottman (1994). Gottman's research emphasizes the power of negative affect, as expressed in facial expression, to predict long-term stability and satisfaction in relationships and the destructive impact of repeated cycles of interaction, such as criticize and defend or complain and stonewall. The inability of distressed couples to sustain emotional engagement is also noted (Gottman & Levenson, 1986) and found to be more central in maintaining distress than disagreements or whether disagreements can be resolved. The EFT model assumes that the negative emotions and interactional cycles typical of distressed couples represent above all a struggle for attachment security (Bowlby, 1969), an attempt, in the face of separation distress, to change the partners' responses in the direction of increased accessibility and responsiveness. Attachment theory posits accessibility and responsiveness as the building blocks of secure bonds.

Attachment theory has, in the last decade, been applied to adult love relationships and has generated a large body of literature (Bartholomew & Perlman, 1994; Shaver & Hazan, 1993), a comprehensive review of which is beyond the scope of this article. An attachment bond is defined as an emotional tie, a set of attachment behaviors to create and manage proximity to an attachment figure, and a set of working models or what are usually termed schemas or scripts (Baldwin, 1992; Bretherton, 1993). These schemas involve a model of other, particularly concerning dependability, and a model of self, particularly concerning the worth or lovableness of self, as well as scripts for expected patterns of interaction. These schemas and scripts predispose partners to habitual forms of engagement with others or attachment styles. In a conflict situation where a partner is perceived as inaccessible, unresponsive, or both, attachment theory suggests that compelling states of emotion such as fear, anger, or sadness will arise. These states activate the working models, or inner representations of self in relation to other, that are the result of past experience in attachment relationships. These working models then guide how emotions will be regulated, how the partners responses will be appraised and interpreted, and how an individual will then communicate and respond. They include attachment memories, beliefs and expectations, goals and needs, and strategies for reaching attachment goals (Collins & Read, 1994). These models shape cognitive, emotional, and behavioral response patterns. A con-

sideration of working models seems then the most fruitful place to begin to explore individual differences and how they impact change in EFT.

When attachment security is threatened, affect organizes attachment responses into predictable sequences. Bowlby (1969) suggests that typically protest and anger will be the first response to such a threat, followed by some form of clinging and seeking, which then gives way to depression and despair. Finally, if the attachment figure will not respond, detachment and separation will occur. The potential loss of an attachment figure is significant enough to prime automatic fight, flight, or freeze responses that limit information processing and constrict interactional behaviors (Johnson, 1996). Attachment theory can be conceptualized as "a theory of trauma emphasizing physical separation, whether threatened or actual, and extreme emotional adversity" (Atkinson & Zucker, 1997, p. 3). Within this global, predictable sequence of behaviors, people respond to, or prepare for, the threat of separation differently; they have different styles.

These styles were first observed in research observing mother and child separation and reunion events. Some children seemed to be able to manage separation distress, to make reassuring contact with the mother when she returned, and then to turn to exploration and play. They seemed secure, and confident of their mother's responsiveness if they needed her. Others became more upset on separation and clung to and/or expressed anger to the mother on reunion. They showed an anxious and preoccupied pattern of attachment. Another group showed signs of physiological distress but expressed little emotion at separation and at reunion. They focused on objects or activities. These children's attachment style was categorized as avoidant (Ainsworth, Blehar, Waters, & Wall, 1978).

Attachment styles can be viewed in terms of the answer to the crucial question, "Can I count on this person to be there for me if I need them?" (Hazan & Shaver, 1994). There are a limited number of answers to this question and limited ways of dealing with these answers. Possible responses to a stable biologically based tendency and its frustrations are, as Main, Kaplan, and Cassidy (1985) point out, finite. Attachment styles involve internal models or expectations and ways of perceiving and processing information and habitual responses formulated in past interactions with attachment figures. Attachment styles can be described as "self maintaining patterns of social interaction and emotion regulation strategies" (Shaver & Clark, 1994, p. 119) or as habitual "forms of engagement" in close relationships (Sroufe, Carlson, & Shulman, 1993).

These styles then play a large part in organizing present interactions. In turn, present interactions tend to mitigate and revise or confirm and intensify a person's habitual style. If the answer to the question posed above is a positive, secure response, partners find it easier to rely on their mate, to give clear emotional signals, and to be flexible and open in their communication (Kobak & Sceery, 1988). Securely attached partners feel confidant enough to ask for comfort and support when they need it and to assert themselves in the face of differences with their partner (Bartholomew & Horowitz, 1991; Kobak & Cole, 1991; Simpson, Rholes, & Nelligan, 1992).

If the answer to the above question is an ambivalent "maybe" and attachment is then infused with anxiety, individuals then tend to adopt an insecure anxious or preoccupied style; that is, they become vigilant, very sensitive to loss or threat, and cling or aggressively demand reassurance. In these individuals the attachment system is hyperactivated. If the answer to the above question is negative, perhaps due to abusive or neglectful parenting or other past painful experiences in attachment relationships, and the person has no reason to hope for secure responsiveness, he or she develops a style that avoids dependency and closeness. These individuals tend to deny their need for attachment and perceive others as untrustworthy. The attachment system is deactivated or minimized, and attention is diverted elsewhere. Most of the literature has focused on the three styles discussed above: secure, and the two insecure styles, anxious or preoccupied and avoidant. However, recent adult attachment research has further differentiated the avoidant style into fearful avoidant and dismissing avoidant styles (Bartholomew & Horowitz, 1991). While dismissing avoidants tend to describe themselves positively and negate any need to depend on others, fearful avoidants view themselves negatively and seem to desire closeness but also view it with fear. Fearful avoidance seems to positively correlate with depression (Carnelley, Pietromonaco, & Jaffe, 1994) and with reports of severe punishment and abuse during childhood (Shaver & Clark, 1994).

The styles outlined above, particularly the secure, anxious, and avoidant styles (the further differentiation of avoidants is relatively recent), have been found to be associated with adjustment and happiness in relationships

(Collins & Read, 1994; Kirkpatrick & Davis, 1994; Simpson, 1990) and with different responses to conflict (Simpson, Rholes & Phillips, 1996) and to seeking and giving support (Simpson et al., 1992). Secures tend to have relationships characterized by intimacy and trust, avoidants' relationships tend to be distant and untrusting, and anxious partners' relationships are characterized by worry about abandonment, hypervigilance, and jealousy (Hazan & Shaver, 1987). In terms of coping with attachment issues when a relationship becomes stressed, those who have an anxious style tend to be anxiety amplifying and make demands of their partners, while those who have an avoidant style tend to be anxiety denying.

Attachment is not seen by most theorists as encompassing all aspects of the relationship. Hazan and Shaver (1994) identify two other separate elements, caregiving and sexual intimacy. The attachment system evolved to promote physical proximity and increase "felt security" when individuals are threatened, vulnerable, or distressed. It is particularly activated then by fear-provoking situations where people seek out safe havens, challenging situations such as life transitions where people want a secure base, and conflictual situations where issues of relationship definition and the need for cooperative partnership becomes apparent. In distressed couples who come for therapy, the attachment system would then be expected to be very much "up and running" and attachment styles to come to the fore and play an active part in the process of relationship definition. The marital therapist is likely to see only certain combinations of styles in distressed couples. The research suggests that couples where both partners are avoidant or both are preoccupied are rare (Kirkpatrick & Davis, 1994). This, in itself, suggests that attachment style may have an impact on the sustainability of a relationship. The therapist is more likely to see avoidant-anxious, secure-avoidant, or secure-anxious couplings. Secure-secure couples are also seen in couple therapy since having a generally secure attachment style does not make couples immune to conflict and unhappiness, even though these couples may have better strategies for dealing with conflict and for seeking and giving support (Pistole, 1989; Scharfe & Bartholomew, 1995).

It is important to note that attachment styles are not conceptualized as absolute qualities. They are prototypes or "fuzzy sets" that represent predispositions, but are not mutually exclusive (Perlman & Bartholomew, 1994). So a person may have a dominant style but may manifest the strategies typical of another category under stress. Insecure attachment styles are not pathological in and of themselves; in fact, they are most usefully considered as a set of responses that were adaptive secondary strategies that maintained the proximity of less than ideally responsive caregivers. They are problematic only when applied rigidly to new situations or in distressed relationships where they can interfere with the process of relationship repair. They are perhaps best thought of as predispositions that are risk factors for social and psychological impairments, particularly at times of stress and life transitions. A rigid insecure attachment style will foster strategies that pull for responses in the other partner that tend to evoke or maintain insecurity and relationship distress (Bowlby, 1988). So an anxiously attached wife attempts to coerce her partner into increased responsiveness and alienates him further. The stability of attachment styles (Scharfe & Bartholomew, 1994) is seen as being maintained by an active process of construction and enactment in social situations. Attachment styles are explicitly interpersonal and relational; they are not simply labels for certain personality traits, and they seem to be better predictors of relationship variables than such traits (Shaver & Brennen, 1992). Although there is evidence for the stability of styles across time, for example, a study of avoidant women across a span of 31 years (Klohnen & Bera, 1998), there is also evidence of change. Recent research suggests that a subgroup (approximately 30%) of individuals do change their styles and that women with anxious attachment styles seem particularly likely to change. Those who change their styles seem to have more tentative, less rigidly held working models of self and other (Davila, Burge, & Hammen, 1997).

Rather than thinking of attachment styles in terms of rigid categories or kinds of people, it seems useful to think of people as constantly constructing their experience of attachment in interactions with their spouse. An individual may be more or less secure depending on current relationship events and on the strategies he or she uses to deal with difficult times in a particular relationship. Partners are seen as actively constructing their attachment realities by habitual ways of regulating their emotions and cognitive processes that may be heavily influenced by the past, such as selective attention, memory encoding, and inference and explanation processes (Collins & Read, 1994). However, new information and interactions can also shift and change how individuals construct their attachment

experiences and the strategies they choose in the relationship dance with particular partners and at particular times. This dynamic interaction means that a couple therapist can, with the help of a map, actively help clients construct new intrapsychic experiences that influence how they interact with their spouse. In addition, the therapist can shape new kinds of interaction that then modify expectations and inner representations of attachment.

ATTACHMENT STYLES IN COUPLE THERAPY

The issue for the marital therapist is not simply that, in interpersonal crises, people exhibit certain predispositions, but how and when these dispositions might specifically influence the process of change. In attachment theory, change in relationships is assumed to arise from compelling emotional experiences that disconfirm past fears and biases (Collins & Read, 1994) and allow working models to be elaborated (Fiske & Taylor, 1984) and revised. Partners must then have the corrective experience of trying out new responses, of operating on the basis of such revised models, in loaded attachment situations when old models automatically arise. However, if working models are closed and/or associated with absorbing states of negative affect, they may constrict people's responses to the point where no new feedback is available or effective. If a partner responds in such a way as to disconfirm biases, these responses may not then be seen or trusted. Styles, and the models of self and other on which they are based, can then become self-fulfilling prophecies and block new learning.

The most relevant question for the couple therapist is how coherent, elaborated, and open a particular model is in an individual partner (Collins & Read, 1994; Main et al., 1985) and how models constrain interactions. Presumably, inaccessible, contradictory, or undifferentiated and closed models will be more difficult to revise. They will also be more evocative of relationship distress since they will prime responses that will evoke attachment insecurity in the other partner. Partners suffering from posttraumatic stress disorder, for example, may have particularly inaccessible models that are infused with negative affect. The power of past traumatic experience can be such that present interactions are, at times, shadows on a screen. Little confirmation is needed in present interactions to prime negative attachment models arising from past traumatic experience. These partners tend to be caught in flight, fight, or freeze behaviors and have more difficulty expanding their attachment strategies and working models in therapy (Johnson & Williams-Keeler, 1998).

If, on the other hand, models are relatively open, couples may be less distressed and readjustment easier. For example, avoidant partners may have satisfying relationships if their partners are able to find ways to cope with their distance and if the avoidant's style is not too inflexible so that some measure of responsiveness remains that allows the other partner to feel relatively secure. Shaver and Hazan (1993) point out that it is the confirmation process that keeps models stable (rather than simply existing models biasing perception). Thus, an avoidant's style may also be modified by new experiences with a secure partner, providing that his or her style is relatively open and accessible.

The discussion will now focus on how attachment styles relate to the elements of marital distress identified in empirical research and in the EFT model, that is, on affect and affect regulation, information processing and the interpretation of events in attachment contexts, and the quality of communication and patterns of interaction between spouses.

AFFECTIVE EXPRESSION VERSUS CONSTRICTION

Attachment is a behavioral control system that has as its goal the maintenance of a safe, predictable environment so that physiological homeostasis is possible. Proximity to a caregiver is an inborn affect regulation device (Mikulincer, Florian, & Tolmacz, 1990). Contact with a supportive other "tranquilizes the nervous system" (Schore, 1994, p. 244) and makes the individual less reactive to perceived stress. In essence, when distressing affect is aroused, a securely attached person has an expectation of relief, and this expectation then impacts how emotional cues are dealt with and responded to. If distressing affect is aroused by the nature of the attachment relationship itself, the secure person has experienced interactive repair (Tronick, 1989) in the past. He or she then has reason to believe relationship disruptions are repairable.

Individuals with different attachment styles experience and deal with emotions differently. Securely attached people tend to openly acknowledge their distress and turn to others for support in a manner that elicits responsiveness. In contrast, in those who are anxiously attached,

emotional responses tend to be easily triggered and to override other cues. Anxious partners live in "constant fear of losing significant others" (Simpson & Rholes, 1994, p. 187) and potentiate their negative affect by attending to it excessively (Kobak & Sceery, 1988). Emotion, particularly anger and anxiety, is also expressed in an exaggerated manner that tends to be anxiety amplifying. It also alienates others, thereby evoking fear-confirming feedback. When maritally distressed, these partners will be hypervigilant, reactive to negative cues, and absorbed in their negative feelings.

In avoidant attachment, arousal is high but the awareness and expression of negative and positive affect is blunted and masked (Bartholomew, 1990). Avoidants are more distressed than secures but express this distress in somatization, hostility, and avoidance (Mikulincer, Florian, & Weller, 1993). Avoidance has been termed a "fragile" strategy, in that it does not deal with distress or in any real sense diminish it (Dozier & Kobak, 1992). Attention is often displaced onto inanimate objects and instrumental tasks and away from attachment cues. Avoidant attachment appears to develop as a way of coping with attachment relationships where comfort was unavailable and the attachment figure was a source of emotional distress. This is particularly salient in abusive relationships, that is, relationships where attachment figures are simultaneously "a source of, and solution to, alarm" (Main & Hesse, 1990, p. 163) and comfort is unattainable. Fearful avoidant styles then seem particularly likely to develop (Alexander, 1993). Emotion is inhibited. It is no longer used as a source of information about needs and desires and no longer expressed in ways that send clear signals to a partner. Vulnerability is, in itself, threatening and is disowned whenever possible. Avoidants tend to avoid emotional engagement *particularly* when they or their partner experience vulnerability and need (Simpson et al., 1992), setting up interactions that once again confirm that attachment relationships are unreliable.

Both under- and overregulated emotion will distort how partners appraise relationship events, their action tendencies, and the emotional signals they send to their partners (Bowlby, 1969). The distortion of attachment emotions fosters ambiguous and distorted communication. For example, attention may be asked for in a hostile and ambivalent manner (a spouse says, "If you won't come and reassure me, I'm leaving").

ATTACHMENT STYLES AND INFORMATION PROCESSING

Attachment styles are not simply maps or strategies for attachment relationships; they involve rules for processing and organizing attachment information (Bowlby, 1988). As Shaver, Collins, and Clark (1996) note, the purpose of working models is to make predictions in attachment relationships. Insecure models may predispose people to selectively attend to and defensively distort information. Whereas secure partners may interpret instances of unresponsiveness in a partner in terms that are specific and receptive to context and not relevant for general attachment security ("He is distant. He must have had a hard day"), the explanations of an anxious partner are more likely to involve a threat to the relationship ("He is distant. He doesn't love me and I am unlovable").

Secure working models also seem to promote cognitive exploration and flexibility (Main, 1991). Mikulincer (1997) found that individuals with a secure style are more likely to rely on new information when making social judgments, are more curious, and can tolerate and deal with ambiguity better than insecure individuals. They are more open to new evidence. In contrast, insecure individuals respond more negatively to uncertainty and have a high need for closure. Avoidants especially tend to dismiss the significance of new information and to lack curiosity. In general, a secure style seems to facilitate learning from new experience. Kobak and Cole (1991) found that more secure attachment partners (in this case adolescents and their mothers) were better at articulating their tacit attitudes and assumptions and seeing these as relative constructions rather than absolute realities. Secures were also better able to consider alternative perspectives and so were better able to engage in collaborative problem solving. In marital interactions, secure partners may be less likely to jump to negative conclusions in the face of ambiguous signals from their partners, and are better able to integrate new information into their view of their spouse.

There is also evidence that more secure people are better able to engage in meta-cognition and to meta-monitor in attachment relationships (Kobak & Cole, 1991; Main et al., 1985). Meta-monitoring refers to the ability to step outside the action loop of goal-directed activity, form a coherent view of a relationship, and evaluate alternative strategies and perspectives. This description seems to parallel the ability to "unlatch" from negative interactional

cycles that Gottman (1979) identifies as crucial to marital satisfaction. Securely attached partners seem to be able to meta-monitor a conversation and acknowledge and address communication difficulties in such a way that they become sources of new information and understanding (Kobak & Duemmler, 1994). The ability to tolerate doubt and uncertainty is a prerequisite for the coordination of emotional and attentional processes involved in meta-monitoring.

Research that measures attachment by interviewing adults about their memories of attachment with their own parents suggests that secure individuals also are able to engage in meta-cognition. They are able to access, reflect on, and discuss attachment relationships and models in a coherent, integrated way (Main et al., 1985). Insecure individuals seem to have difficulty recalling and discussing their past attachment relationships; avoidants cannot recall or give general idealized images that do not fit with specific painful memories, while anxious preoccupied individuals recall many specific incidents and conflicts, but cannot articulate a coherent overall picture of their attachment relationships. A central task in recovering from negative experiences in past or ongoing relationships may be formulating a coherent overview of a relationship that allows for the revision of perceptions and expectations. This task will be more difficult for avoidant and preoccupied partners; it is difficult to revise what one cannot access, coherently articulate, and evaluate. In general, attachment insecurity manifests itself as a closed diversionary or closed hypervigilant style of information processing (Kobak & Cole, 1991). In general, insecurity acts to constrict and narrow how cognitions and affect are processed and so to constrain key behavioral responses.

COMMUNICATION BEHAVIORS

Emotional communication mediates the relationship between working models and marital adjustment (Bowlby, 1988; Kobak & Hazan, 1991). Secure partners engage in open, direct, and coherent communication, and send out clear attachment signals that help the partner to respond appropriately (Bretherton, 1987; Kobak, Ruckdeschel, & Hazan, 1994). In the relationships of insecure partners, absorbing states of negative affect prime forms of avoidant flight or anxious fight behavior. These responses then distort attachment signals and make positive emotional engagement in dialogue more difficult.

Intimacy is best defined as trusting self-disclosure and empathic responsiveness (Wynne & Wynne, 1986). Secure people disclose more and tend to be more responsive to their partner's self-disclosure (Mikulincer & Nachshon, 1991). In contrast, avoidant people are unwilling to self-disclose and are not responsive to their partners self-disclosure. Preoccupied partners disclose, but with compulsivity and an insensitivity to context. In terms of empathy, preoccupied partners find it hard to focus on anything but their own emotions and attachment needs and so have difficulty seeing things from their partner's perspective. Avoidant partners' disengagement also makes it difficult for them to attune to others. In contrast, the secure person's confidence in the other's responsiveness fosters empathy and perspective taking.

In conflict situations, security is associated with balanced assertiveness (Kobak & Sceery, 1988; Levy & Davis, 1988). Secure partners offer more support and use rejection less, whereas anxious attachment is linked to dysfunctional anger and the use of coercion (Kobak & Hazan, 1991; Feeney, Noller, & Callan, 1994). Research suggests, then, that attachment security enhances the ability to communicate openly, to negotiate, and to collaborate in problem solving (Kobak & Hazan, 1991). However, the impact of different communication behaviors may vary depending on gender.

Communication behaviors are context dependent; when stress is low, avoidantly attached persons may engage in open conversation (Grossman, Grossman, & Schwan, 1986). However, the quality of a relationship tends to be "unduly influenced by those occasions when one member of a couple is seriously distressed and the other member either provides psychological proximity or fails to do so" (Simpson & Rholes, 1994, p. 22). These are the moments that will define the quality of the attachment between spouses. At such moments, the ability to disclose and confide in a clear direct way about attachment needs and fears, to respond to the other empathically, and to consider alternatives is crucial if couples are to define the relationship as a secure base.

THE IMPACT OF ATTACHMENT STYLES ON THE PROCESS OF CHANGE IN EFT

The Beginning Stages of Therapy: Toward Deescalation

The first task of the EFT therapist is to create a secure base in the therapy sessions. Research suggests that if partners

trust that their spouse genuinely cares for them, they are more likely to easily engage with the therapist and the therapeutic process (Johnson & Talitman, 1997). The structure of the session and the empathic responsiveness of the therapist can reassure anxious partners, who often adopt blaming positions in their relationships. The therapist validates their experience and relates it to the deprivation imposed by cycles of negative interaction. Avoidant partners are more likely to be skeptical about therapy and wary of the therapist. It is necessary to discuss the purpose and process of therapy and what they have to gain by becoming involved and to explicitly address their concerns and reservations. Partners who have been traumatized and who show fearful avoidant attachment will often vacillate between connecting with the therapist and becoming dismissive or hostile (Alexander, 1993). An attachment frame helps the therapist to understand this process and to validate how hard it is for this client to enter into the therapy process.

Assessment particularly focuses on how partners have experienced and understood their relationship and their emotional responses, and how they deal with conflict, distress, and attachment needs. The therapist quickly gets a sense of each partner's style and how the negative interaction cycle maintains these styles and confirms negative models of self and other. The task of the therapist at this stage of therapy is to access underlying feelings and to place them in the context of the negative interactional cycle in a way that expands and deescalates this cycle. This task, which involves accessing, exploring, and expressing emotional responses, formulating the problem and articulating tacit models and beliefs, coherently discussing attachment issues and events, and forming a meta-view of the interactional cycle and how each person contributes to it, is easier for more secure partners.

Anxious partners generally have more diffuse, absorbing affect and are more reactive and less coherent in their presentation of the relationship and the problem. They usually interpret a wide range of relationship events in a negative and attachment-salient manner. The therapist validates secondary reactive affect and helps differentiate and expand this affect until primary attachment emotions and associated appraisals emerge and can be coherently stated. So a wife's angry blaming statement, "He has some defect; he can't love anyone," evolves into an exploration of her rage, and finally an articulation of the desperation and loneliness underlying it. The therapist and the client outline how this desperation and her expressions of rage impact her partner and contribute to the negative cycle. Bowlby (1973) distinguishes between the anger of hope and the less functional anger of despair. The anger of hope protests the unresponsiveness of attachment figures and often modifies their behavior. As Gottman and Krokoff (1989) note, appropriately expressed anger promotes marital satisfaction over time. The anger of despair, however, tends to drive the attachment figure away. Framing an anxious wife's negative responses, such as coerciveness, as attachment despair and deprivation influences her partner's negative appraisals of her behavior and fosters empathy. The anxious partner's experience of the relationship, often chaotic and emotionally overwhelming, is clarified by the therapist, who helps this partner articulate and structure it into a coherent attachment story where the cycle is the villain. This tends to contain the anxious partner's fears and allows clearer formulations of the relationship drama to emerge and clarify the nature of the problem; for example, a spouse might state, "I guess I feel abandoned and alone and I do respond by hitting out and he just feels attacked then."

Avoidant partners often cannot identify feelings or relationship needs and simply want conflict and distress to cease. They prefer to focus on instrumental issues and to discuss these issues from a position of detachment. The therapist has to ask emotionally evocative questions, heighten any emotional response, and tentatively probe or suggest responses one step beyond this partner's awareness. These partners are often able to grasp the cycle from a meta-level but remain removed from the impact of the cycle on their partner and themselves. They do not understand the impact of their distance on their partner and tend to discount it, which adds to their partner's distress. The therapist has to actively intervene with these partners to foster engagement in their own experience and in dialogue with their partner. As an avoidant partner states, "Perhaps I am somewhat of an island," the therapist will evoke emotional engagement by repetition and imagery or by asking evocative questions. She will then heighten engagement with the other partner by asking this spouse to share the feelings that emerge in a congruent way.

An individual's attachment history is used, especially in the beginning stages of therapy, to validate and legitimize their present ways of perceiving and responding to their

spouse. An avoidant spouse who informs the therapist that she refuses to "put all her eggs in one basket" is framed as courageously adapting to a world where she found she could count on no one. Avoidant partners often make disparaging remarks about dependency and vulnerability. These assumptions are linked to specific aspects of past history and may be questioned by the therapist, who might ask, "So you see reaching out and asking for support as weakness and as demeaning, and that is how you survived as a child, by not asking?" The sensitivities and self-protective strategies of each partner are placed in the context of how he or she struggled to maintain a sense of security in past relationships and are therefore a natural resource to turn to when distress emerges in the present partnership. Such responses are then accepted and legitimized by the therapist, at the same time as their negative impact on the spouse and relationship dance is described. The therapist's empathy encourages partners to own and explore how present relationship cues call forth past sensitivities and ways of coping.

Even at this early stage of therapy, engagement in emotional experience can prime general beliefs about relationships and specific appraisals about the spouse and make them accessible for modification. In our clinical experience, models seem to change by a process of expansion rather than replacement; as an EFT client stated at the end of therapy, "The biggest thing was that I saw him as just controlling and angry and that was part of the cycle. But then I realized he was also desperate; he was insecure and would express it in an angry way, and that made all the difference." The couple can begin to see their attachment drama both as observers from a meta-perspective and as actors who can rewrite the plot as it evolves.

The Second Stage of EFT: Shifting Positions

In the second stage of EFT, the partners gradually shift their interactional positions so that the relationship is reorganized to foster supportive and reassuring bonding interactions. These interactions form an antidote to the negative cycle. Here, emotional experience is reformulated and restructured, models of self and other revised, and new patterns of more open, direct communication initiated. The therapist's goal is to reprocess emotional experience and to set interactional tasks based on that experience, in order to shape emotionally engaged interactions that disconfirm negative working models. Specific change events involve all the above elements. For instance, an anxiously attached spouse engaged in a softening event will crystallize her hopelessness and hunger for reassurance and comfort. She will coherently express her difficulty with trusting others and her sense of unworthiness that is associated with this affect, and she will then express her needs to her partner. The partner is supported by the therapist to respond. This interaction may be disorienting for him, because it is incongruent with his model of the relationship and with his usual perception of his wife.

As Rothbard and Shaver (1994) have suggested, the lack of fit between working models and reality has to be extremely apparent for change to occur. Events that are inconsistent with existing models require more attention and processing (Planalp, 1987). The more closed and diffuse the models, the more the therapist has to direct attention to these disconfirming events, block discounting attributions, and track and clarify how partners are processing each element of the event. How might such change events, where partners own and coherently articulate attachment needs and fears to their spouse, have an impact on working models? Process research (Greenberg, Ford, Alden, & Johnson, 1993) and clinical observation suggest that, in an ideal situation where therapy is working well, this process first involves an expansion of a partner's sense of self, as when a wife says, "Maybe I can talk about my needs; I do not always have to stand alone." The other partner then seems to shift his appraisal of his spouse ("She isn't so dangerous; she was scared all this time, not just angry"), and when he responds, his sense of self expands ("She needs me. I am important to her and I can give her what she needs"). As he reassures her, her beliefs about the responsiveness of others are challenged and his reassurance also increases her sense of self worth. These events, which then usually end in bonding sequences of confiding and comforting, seem to rewrite the script for the relationship and redefine it as a safe haven. What seems to occur is that new dialogues allow models to be updated and revised, and new cycles of behavior confirm new expanded models.

Partners with different styles may encounter specific difficulties in the process described above. The avoidant partner will require that the therapist help him or her to stay connected to present emotional experience. Such a partner may then move from the "numbness" expressed earlier in therapy to formulating a sense of intimidation and shame. New emotions often emerge at this point,

such as grief that a partner never allowed himself to experience before or attachment longings that have always been inhibited. If and when these partners become overwhelmed by their affect, the therapist slows down, focuses and reflects the process, and affirms how difficult this process is for this individual. The therapist also has to monitor exits into rationalizations and content-oriented, instrumental issues that derail the process of engagement. These exits are highly aversive for the other spouse, especially if he or she is anxiously attached (Mikulincer & Florian, 1997). Avoidant partners can now begin to articulate their interactional position and the associated model of attachment. For example, "I guess I have always been hiding. I was never going to let anyone close enough to hurt me again. The only thing to do was to shut people out and go on. Now I don't know how to be close." As emotions change, so new action tendencies emerge (grief gives rise to a desire to be comforted), and these partners go on to give direct signals to their partner about their attachment needs and the best way to help them become more engaged.

Anxious partners tend to revert to blaming the other when their emotions become overwhelming, and the therapist will have to support them and redirect the process. Anxious partners' inability to tolerate ambiguity or uncertainty makes it difficult for them to be open to new responses from their spouse. They will find ways to discount new information. The therapist invites the person to stay engaged and to continue to explore new cues by reflecting the process as these cues arise in the interaction and as inner doubts color how they are perceived and responded to. A therapist might state, "It's hard for you, disorienting even, to believe him as he says that he's intimidated; he doesn't know how to please you, so he just freezes up. You see him as so powerful, as choosing to shut you out, and he is saying that he's actually intimidated by you." At this stage in therapy, these partners have to risk asking for their newly articulated attachment needs to be met. These risks often fly in the face of their working models and fears of rejection and abandonment. They must be allowed to take small steps and helped to regulate their affect as well as being given direction in interactional tasks. For example, the therapist might say, "Can you ask him to hold you?" and if the person refuses, the therapist explores the emotion and the beliefs that inhibit this response and revises the task, asking "Can you tell him how hard this is?"

The negative model of self that characterizes anxious partners often emerges at this point in the therapy process in the form of shame and a sense of unlovableness. This sense of self then blocks the individual from asserting his or her attachment needs. The therapist helps the person to articulate this model of self and to confide his or her fears to the other partner. The other partner can then encourage risk taking. Anxious partners also exit from risk situations by giving ambivalent signals ("I'd like to trust you, but anyone who trusts men is a fool anyway"), becoming disoriented ("I don't know what you're talking about"), becoming confused by conflicting beliefs ("I know you care and want to comfort me, but I know that if I'm vulnerable you will walk away"), or testing their partner ("You say you want to be close, but what if I . . ."). The therapist helps anxious partners to stay on track, to explore their experiences and to risk confiding in their partner.

Anxiously attached partners seem to become particularly obsessed with specific attachment injuries. These injuries may appear insubstantial or exaggerated to an outside observer, or they may be obvious betrayals of trust, such as an affair. On examination, it usually appears that they occurred at particularly critical moments of need, when a person was particularly vulnerable. These events then become a touchstone, an incident that, for them, defines the security in the relationship. The anxious partner will bring the incident up again and again in an attempt to get closure. This becomes aversive for the spouse, who withdraws from the discussion. These incidents cannot be "left behind" but can be explored from an attachment framework that allows for a new understanding of and response to the event. Our clinical experience is that an attachment perspective clarifies the nature of such injuries and elucidates their meaning for both partners. The therapist supports the other partner to hear the injured partner's pain, to take responsibility for his or her actions (as in "I did withdraw when our child got sick; I fled and left you alone"), and to offer restorative comfort. This is easier to do when the injured spouse expresses hurt (rather than hostility). It is also easier when the therapist places this hurt in the context of how important the offending spouse's responses are to the security of the injured partner.

In this middle stage of therapy, withdrawn partners reengage and blaming partners soften, asking for their needs to be met from a position of vulnerability. These

change events are more difficult for couples who have had traumatic attachment experiences and so exhibit more constricted and risk-aversive responses. The experience of trauma has been particularly associated with a fearful avoidant attachment style in adults (Alexander, 1993, 1997). Fearful avoidant individuals appear to have the most negative self-concepts and are likely to be the worst off in terms of mental health compared to those with other styles (Shaver & Clark, 1994). They also tend to view the self as "helpless and hopeless" (Shaver, Collins, & Clark, 1996, p. 49). With such partners, the EFT therapist must then persistently reflect, specify, and heighten any small new experience that challenges working models and cues and responses must be made particularly unambiguous and explicit. Crises, at these times of risk, must be expected and weathered; rage, fears, and defenses must be validated and placed in the context of past violations of human connection (Herman, 1992). The therapist may have to paint a picture of the specific behaviors associated with secure attachment since for these partners this may be a foreign place that they have never seen. The pace of therapy is slower, and the therapist must monitor and ad the alliance on a constant basis. Generally, the therapist has to track the idiosyncratic meanings and nuances of experience with these couples more intently and with more sensitivity. For example, these partners need particular help distinguishing between the behavior of attachment figures and definitions of self (Kobak & Sceery, 1988). Every ambiguous response on the part of the spouse is taken as proof of the unworthiness of self and becomes a cue for retreat or attack. This sense of unworthiness also prevents these partners from accepting love and protection when it is offered. The therapist has to more actively challenge this negative sense of self and link it to specific traumatic experiences (Johnson & Williams-Keeler, 1998).

The Final Stages of EFT: Integration

In the last stage of EFT, where new responses and interactional cycles are consolidated, revisions to working models are made explicit and shared. Partners make a coherent story of their attachment history and how this influenced their relationship, how their relationship primed fears and insecurities, and how they then created a more secure bond. Individual differences in attachment and in other as no longer threaten the relationship and can therefore accepted and negotiated around. Secure attachment fosters autonomy and the ability to be separate. At this point, interventions become more standardized and the couple becomes more active and the therapist less so. The therapist fosters the integration of new emotional responses and interactions into new models of self, other, and relationship.

In general, the effect of attachment style on relationship repair can be crystallized most easily by viewing secure attachment in terms of trust and confidence or empowerment (Antonucci, 1994). The tasks of expanding constricted interactional cycles and working models and risking emotional engagement in the face of attachment fears are easier for more confidant, trusting couples. A specific form of trust, faith in the other's caring, is the variable most associated with success in EFT (Johnson & Talitman, 1997). This kind of trust offers an antidote to the attachment fears that arise when a close relationship becomes distressed. The less the trust and the greater the fear, the more the therapist has to actively create a safe haven and a secure base in the therapy session and shape the process of change into small, manageable steps.

In a discussion of individual differences, it is important not to lose the universal. Attachment theory is much more than a theory of types of attachment behaviors. It posits a universal need for a particular kind of relationship and a finite set of processes that arise when this need is not met. It is also important not to lose sight of each person's unique construction of his or her experience in a catalog of styles. EFT change strategies are a synthesis of experiential and systemic approaches. The essence of the experiential approach is that the therapist meets clients where they are and accepts their idiosyncratic experience as legitimate and valid. As Kierkegaard (1948) suggests, in the helping relationship, "one first has to make sure one finds where the other is and start there."

REFERENCES

Ainsworth, M. D. S., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment.* Hillsdale, NJ: Erlbaum.

Alexander, P. C. (1993). The differential effects of abuse characteristics and attachment in the prediction of long-term effects of sexual abuse. *Journal of Interpersonal Violence, 8,* 346–362.

Alexander, P. C. (1997). Application of attachment theory to the study of sexual abuse. *Journal of Consulting and Clinical Psychology, 60,* 185–195.

Antonucci, T. C. (1994). Attachment in adulthood and aging. In M. Sperling & W. Berman (Eds.), *Attachment in adults* (pp. 257–272). New York: Guilford Press.

Atkinson, L., & Zucker, K. J. (1997). *Attachment and psychopathology.* New York: Guilford Press.

Baldwin, M. W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin, 112,* 461–484.

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Personality and Social Psychology, 7,* 147–178.

Bartholomew, K., & Horowitz, L. (1991). Attachment styles among young adults. *Journal of Personality and Social Psychology, 61,* 226–244.

Bartholomew, K., & Perlman, D. (1994). *Attachment processes adulthood. Advances in personal relationships* (Vol. 5). London, PA: Kingsley.

Baucom, D., Shoham, V., Mueser, K. Daiuto, A., Stickel, T. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology, 66,* 53–88.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment.* New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation.* New York: Basic Books.

Bowlby, J. (1988). *A secure base.* New York: Basic Books.

Bretherton, I. (1987). New perspectives on attachment relations: Security, communication and internal working models. In J. Osofsky (Ed.), *Handbook of infant development* (pp. 1061–1100). New York: Wiley.

Bretherton, I. (1993). From dialogue to internal working models: The co-construction of self in relationships. In C. A. Nelson (Ed.), *The Minnesota Symposia on child psychology: Vol. 26, Memory and affect in development* (pp. 237–263). Hillsdale, NJ: Erlbaum.

Carnelley, K. B., Pietromonaco, P. R., & Jaffe, K. (1994). Depression, working models of others and relationship functioning. *Journal of Personality and Social Psychology, 66,* 127–140.

Cassidy, J. & Shaver, P. R. (Eds.) (1999). *Handbook of attachment: Theory, research, and clinical applications.* New York: Guilford Press.

Collins, N., & Read, S. (1994). Cognitive representations of attachment: The structure and function of working models. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 53–92). London, PA: Kingsley.

Davila, J., Burge, D., & Hammen, C. (1997). Why does attachment style change? *Journal of Personality and Social Psychology, 73,* 826–838.

Dessaulles, A. (1991). *The treatment of clinical depression in the context of marital distress.* Unpublished doctoral dissertation, University of Ottawa, Canada.

Dozier, M., & Kobak, R. (1992). Psychophysiology in adolescent attachment interviews: Converging evidence for deactivating strategies. *Child Development, 63,* 1473–1480.

Feeney, J. A., Noller, P., & Callan, V. J. (1994). Attachment style, communication and satisfaction in the early years of marriage. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 269–308). London, PA: Kingsley.

Fiske, S. T., & Taylor, S. E. (1984). *Social cognition.* New York. Random House.

Gottman, J. (1979). *Marital interaction.* New York: Academic Press.

Gottman, J. (1994). An agenda for marital therapy. In S. Johnson & L. Greenberg (Eds.), *The heart of the matter: Perspectives on emotion in marital therapy* (pp. 256–296). New York. Brunner/Mazel.

Gottman, J., Coan, J., Carrere, S., & Swanson, C. (1998). Predicting marital happiness and stability from newly-wed interactions. *Journal of Marriage and the Family, 60,* 5–22.

Gottman, J. & Krokoff, L. (1989). The relationship between marital interaction and marital satisfaction: A longitudinal view. *Journal of Consulting and Clinical Psychology, 57,* 47–52.

Gottman, J., & Levenson, R (1986). Assessing the role of emotion in marriage. *Behavioral Assessment, 8,* 31–48.

Greenberg, L., Ford, C., Alden, L., & Johnson, S. (1993). Change processes in emotionally focused therapy. *Journal of Consulting and Clinical Psychology, 61,* 78–84.

Greenberg, L., & Johnson, S. (1988). *Emotionally focused therapy for couples.* New York: Guilford Press.

Greenberg, L. S., Rice, L., & Elliott, R. (1993). *Facilitating emotional change.* New York: Guilford Press.

Grossman, K. E., Grossman, K., & Schwan, A. (1986). Capturing the wider view of attachment; A reanalysis of Ainsworth's Strange Situation. In C. Izard & P. Read (Eds.), *Measuring emotions in infants and children* (pp. 124–171). New York: Cambridge University Press.

Guidano, V. F., & Liotti, G. (1983). *Cognitive processes and emotional disorders.* New York: Guilford Press.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52,* 511–524.

Hazan, C., & Shaver, P. (1994). Attachment as an organizational framework for research on close relationships: Target article. *Psychological Inquiry, 5,* 1–22.

Herman, J. L. (1992). *Trauma and recovery.* New York: Basic Books.

Johnson, S. (1996). *The practice of emotionally focused marital therapy: Creating connection.* New York. Brunner/Mazel.

Johnson, S. (1998). Emotionally focused marital therapy: Using the power of emotion. In F. D'Attilio (Ed.), *The integrative casebook of couples therapy* (pp. 450–472). New York: Guilford Press.

Johnson, S. (1999). Emotionally focused couples therapy: Straight to the heart. In J. Donovan (Ed.). *Short term couple therapy* (pp. 14–42). New York: Guilford Press.

Johnson, S., & Greenberg, L. (1985). The differential effects of experiential and problem solving interventions in resolving

marital conflict. *Journal of Consulting and Clinical Psychology, 53*, 175–184.

Johnson, S., & Greenberg, L. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy, 14*, 175–183.

Johnson, S., & Greenberg, L. (1995). The emotionally focused approach to problems in adult attachment. In N. S. Jacobson & A. S. Gurman (Eds.), *The clinical handbook of marital therapy* (2nd ed., pp. 121–141). New York: Guilford Press.

Johnson, S., Hunsley, J., Greenberg, L., & Schlinder, D. (1999). Emotionally focused couples therapy: Status and challenges. *Journal of Clinical Psychology: Science and Practice, 6*, 67–79.

Johnson, S. M., Maddeaux, C., & Blouin, J. (1998). Emotionally focused family therapy for bulimia: Changing attachment patterns. *Psychotherapy, 35*, 238–247.

Johnson, S., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy, 23*, 135–152.

Johnson, S., & Williams-Keeler, L. (1998). Creating healing relationships for couples dealing with trauma: The use of emotionally focused marital therapy. *Journal of Marital and Family Therapy, 24*, 227–236.

Kierkegaard, S. (1948). *Synspunktet for min Forfatter-virksomhet* (The viewpoint for my authorship). Finn Wangberg.

Kirkpatrick, L. E., & Davis, K. E. (1994). Attachment style, gender, and relationship stability: A longitudinal analysis. *Journal of Personality and Social Psychology, 66*, 502–512.

Klohnen, E., & Bera, S. (1998). Behavioral and experiential patterns of avoidantly and securely attached women across adulthood: A 31 year longitudinal perspective. *Journal of Personality and Social Psychology, 74*, 211–223.

Kobak, R., & Cole, H. (1991). Attachment and meta-monitoring: Implications for adolescent autonomy and psychopathology. In D. Cicchetti & S. Toth (Eds.), *Disorders and dysfunctions of the self* (pp. 267–297). Rochester, NY: University of Rochester Press.

Kobak, R., & Duemmler, S. (1994). Attachment and conversation: Towards a discourse analysis of adolescent and adult security. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 121–150). London, PA: Kingsley.

Kobak, R., & Hazan, C. (1991). Attachment in marriage: Effects of security and accuracy of working models. *Journal of Personality and Social Psychology, 60*, 861–869.

Kobak, R., Ruckdeschel, K., & Hazan, C. (1994). From symptom to signal: An attachment view of emotion in marital therapy. In S. Johnson & L. Greenberg (Eds.), *The heart of the matter: Perspectives on emotion in marital therapy* (pp. 46–71). New York: Brunner/Mazel.

Kobak, R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation and representations of self and others. *Child Development, 59*, 135–146.

Levy, M. B., & Davis K. E. (1988). Lovestyles and attachment styles compared. *Journal of Social and Personal Relationships, 5*, 439–471.

Main, M. (1991). Meta-cognitive knowledge, meta-cognitive monitoring and singular (coherent) vs multiple (incoherent) models of attachment. In J. S. Stevenson-Hinde, C. M. Parkes, & P. Marris (Eds.), *Attachment across the life cycle* (pp. 127–159). London: Routledge.

Main, M., & Hesse, E. (1990). Parent's unresolved traumatic experiences are related to infant disorganized attachment status. In M. Greenberg, & D. Cicchetti (Eds.), *Attachment in the pre-school years* (pp. 152–176). Chicago: University of Chicago Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*, 66–104.

Mikulincer, M. (1997). Adult attachment style and information processing: Individual differences in curiosity and cognitive closure. *Journal of Personality and Social Psychology, 72*, 1217–1230.

Mikulincer, M., & Florian, V. (1997). Are emotional and instrumental supportive interactions beneficial in times of stress? The impact of attachment style. *Anxiety, Stress and Coping, 10*, 109–127.

Mikulincer, M., Florian, V., & Tolmacz, R. (1990). Attachment styles and fear of death: A case of affect regulation. *Journal of Personality and Social Psychology, 8*, 273–280.

Mikulincer, M., & Nachshon, O. (1991). Attachment styles and patterns of self-disclosure. *Journal of Personality and Social Psychology, 61*, 321–332.

Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies, and post-traumatic psychological distress: The impact of the Gulf War in Israel. *Journal of Personality and Social Psychology, 4*, 817–826.

Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Perls, F. (1973). *The Gestalt approach and eyewitness to therapy*. Palo Alto, CA: Science & Behavior Books.

Perlman, D., & Bartholomew, K. (1994). Attachment processes in adulthood: An introduction. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 1–16). London, PA: Kingsley.

Pistole, C. (1989). Attachment in adult romantic relationships: Style of conflict resolution and relationship satisfaction. *Journal of Social and Personal Relationships, 6*, 505–510.

Planalp, S. (1987). Interplay between relational knowledge and events. In R. Burnett, P. McGhee, & D. Clarke (Eds.), *Accounting for relationships* (pp. 175–191). New York: Methuen.

Rogers, C. (1951). *Client-centered therapy*. Boston: Houghton & Mifflin.

Rothbard, J., & Shaver, P. (1994). Continuity of attachment

across the life span. In M. Sperling & W. Berman (Eds.), *Attachment in adults* (pp. 31–71). New York: Guilford Press.

Scharfe, E., & Bartholomew, K. (1994). Reliability and stability of adult attachment patterns. *Personal Relationships, 1,* 23–43.

Scharfe, E., & Bartholomew, K. (1995). Accommodation and attachment representations in young couples. *Journal of Social and Personal Relationships, 12,* 389–401.

Schore, A. N. (1994). *Affect regulation and the organization of self.* Hillsdale, NJ: Erlbaum.

Shaver, P., & Brennen, K. (1992). Attachment styles and the big 5 personality traits. *Personality and Social Psychology Bulletin, 5,* 536–545.

Shaver, P., & Clark, C. L. (1994). The psychodynamics of adult romantic attachment. In J. Masling & R. Bornstein (Eds.), *Empirical perspectives on object relations theory* (pp. 105–156). Washington, DC: American Psychological Association.

Shaver, P., Collins, N., & Clark, C. L. (1996). Attachment styles and internal working models of self and relationship partners. In G. J. O. Fletcher & J. Fitness (Eds.), *Knowledge structures in close relationships: A social psychological approach* (pp. 25–61). Hillsdale, NJ: Erlbaum.

Shaver, P., & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in personal relationships* (Vol. 4, pp. 29–70). London, PA: Kingsley.

Simpson, J. A. (1990). The influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59,* 971–980.

Simpson, J. A., & Rholes, W. S. (1994). Stress and secure base relationships in adulthood. In K. Bartholomew & D. Perlman (Eds.), *Attachment processes in adulthood* (pp. 181–204). London, PA: Kingsley.

Simpson, J. A., Rholes, W. S., & Nelligan, J. S. (1992). Support seeking and support giving within couples in an anxiety provoking situation: The role of attachment styles. *Journal of Personality and Social Psychology, 62,* 434–446.

Simpson, J. A., Rholes, W. S., & Phillips, D. (1996). Conflict in close relationships: An attachment perspective. *Journal of Personality and Social Psychology, 71,* 899–914.

Snyder, D., Mangrum, L. F., & Wills, R. M. (1993). Predicting couples response to marital therapy: A comparison of short and long term predictors. *Journal of Consulting and Clinical Psychology, 61,* 61–69.

Sroufe, L. A., Carlson, E., & Shulman, S. (1993). Individuals in relationships. In D.C. Funder, R. Parke, C. Tomlinson-Keasey, & K. Widman (Eds.), *Studying lives through time* (pp. 315–342). Washington, DC: American Psychological Association.

Tronick, E. Z. (1989). Emotions and emotional communication in infants. *American Psychologist, 44,* 112–119.

Walker, J., Johnson, S., Manion, I., & Clothier, P. (1996). An emotionally focused marital intervention for couples with chronically ill children. *Journal of Consulting and Clinical Psychology, 64,* 1029–1036.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution.* New York: Norton.

Whiffen, V., & Johnson, S. (1998). An attachment theory framework for the treatment of childbearing depression. *Clinical Psychology: Science and Practice, 5,* 478–493.

Wile, D. (1995). The ego-analytic approach to couple therapy. In N. S. Jacobson & A. S. Gurman (Eds.), *The clinical handbook of couples therapy* (2nd ed., pp. 91–120). New York: Guilford Press.

Wynne, L. C. & Wynne, A. R. (1986). The quest for intimacy. *Journal of Marital and Family Therapy, 12,* 383–394.

Received July 17, 1998; revised January 5, 1999; accepted May 17, 1999.