
CLINICAL MODELS

Broken Bonds: An Emotionally Focused Approach to Infidelity

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SUMMARY. Infidelity comes in many forms. Different meanings may be assigned to the various forms. This article discusses not only the different forms infidelity may take, but also the larger issue in the field of couple and family therapy; the meaning frame for understanding the impact of different kinds of events, specific relationship problems, and how to deal with them. This is done through the use of emotion focused therapy and the context of adult attachment. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

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Infidelity comes in all shapes and sizes. A one night stand at a professional conference that is framed as a superficial chance encounter or a four-year alternate relationship that involves day-to-day deception and strong emotional involvement. Some people begin an affair in order to end a marriage; some people state that they believe their marriage is fine and they also want to have an occasional “recreational” affair. Infidelity also can be interpreted in many different ways. One spouse may be able to accept a partner briefly turning to another in particular circumstances, another spouse may not be able to tolerate even a flirtation that does not result in actual intercourse, or finding photos of a scantily clad secretary in her husband’s briefcase. Sex and sex with people other than your spouse has different meanings for different people. However, in general, perceived infidelity is experienced as a threat to adult love relationships and undermines the stability of these relationships. It is almost as damaging to these relationships as physical abuse (Whisman, Dixon, & Johnson, 1997) and it is a frequent precursor to seeking couple therapy.

The issue of the host of different meanings that can be assigned to infidelity echoes a larger issue in the field of couple and family therapy, namely the lack of a coherent well-researched theory of adult love to serve as a context—a meaning frame for understanding the impact of different kinds of events, specific relationship problems and how to deal with them. The Emotionally Focused model (Greenberg & Johnson, 1988; Johnson, 1996; Johnson, 2002) views adult love relationships through the lens of attachment theory (Bowlby, 1969, 1988; Johnson, 2003 a, b). Infidelity is then seen as a potentially devastating threat to attachment security that hyper-activates the deceived spouse’s attachment needs and fears and so creates a crisis that must be addressed and resolved if the relationship is to survive and thrive. This chapter will discuss infidelity—defined in the dictionary as unfaithfulness—in terms of attachment theory and as a potential attachment injury (Johnson, Makinen, & Millikin, 2001) that undermines the attachment bond between partners.

When an EFT therapist listens to spouses describe the impact of their partners extra-marital involvement with another, he/she hears that these clients talk in attachment terms. In my office, Margie told her husband, “What hurts the most is that *I was not in your mind—I did not matter to you* in these moments with her. You did not *take me into account*. You

were willing to risk our relationship for this ‘excitement.’ *How can I ever depend on you again?* Also, you lied to me and broke our commitment. I am wounded—I have *lost the sense of us* as a couple. And when I asked you—when I was weeping and asking you—you avoided, shrugged it off—like *my pain didn’t matter to you* and you tried to put me off and cajole me with hugs. I can’t hug you—let you close. I can’t kiss you—thinking that you gave her kisses too. But I *can’t bear the distance between us* either. I *need your reassurance*—and I don’t believe it if you give it. There is *no safety—no ground to stand on* here.” These words (especially those italicized) echo the observations of attachment theorists who point out that a secure attachment is based on a sense that you exist and are prized in the mind of the other, that you can depend on the other when you need him/her and that this other will cherish and protect rather than reject or abandon you. When this sense is shattered there is a traumatic loss and the process of separation distress, angry protest alternating with seeking contact and clinging to the other, as well as depression and despair are elicited. Margie’s final words about her ambivalence, her distancing and her need, also echo the words of theorists who point out that attachment dilemmas where the loved one is both the source of and solution to pain are fundamentally disorganizing and overwhelming to deal with. For many clients, affairs constitute what EFT therapists have termed an attachment injury (Johnson, 2002), a trauma or wound, a violation of trust that brings the nature of the whole relationship into question and must be dealt with if the relationship is to survive. This paper will explicate the nature of such attachment injuries together with the EFT approach to resolving them.

THE ATTACHMENT FRAMEWORK

A clear theoretical framework on adult love is invaluable to the couple therapist. It not only helps us understand partners’ wounds and difficulties and how they impact a relationship, it offers a map to effective intervention (Johnson, 2003a). Without such a framework it is often difficult to delineate the key elements of negative events and the key change events necessary to remedy them. The forgiveness literature, for example, offers little consensus as to the essential nature of specific injuries and what the critical elements are in the forgiveness process. This literature, of obvious relevance to the present topic, has not been integrated into broader theories of marriage (Coop Gordon, Baucom, & Snyder, 2000).

In attachment theory (Cassidy & Shaver, 1999), emotional bonds with a few significant others are viewed as a wired-in survival imperative. Proximity to responsive attachment figures provides us with a safe haven offering comfort and protection and a secure base, a source of confidence and security that makes exploration possible and enhances coping. Threats to these bonds activate primary fears of loss, isolation, and helplessness and amplify needs for contact comfort and soothing. In a culture that has pathologized dependency, the traumatic quality of such threats and the urgency of the protests, clinging and despair that results from them can easily be misunderstood or even considered a sign of immaturity and inadequacy.

Attachment theorists suggest further that there are only very few ways to regulate the powerful emotions that arise when the security of a bond is threatened. In the case of affairs, if the threat is manageable, if the extramarital involvement was minimal, and if the offending spouse takes responsibility and offers caring, the injured one can often reach out in the open manner typical of more secure attachment and the threat can be reduced by soothing contact and reassurance. If the threat is perceived as more serious however, or if the relationship has not offered a safe haven or secure base before the injury, then the injured spouse will either hyperactivate attachment anxieties and protests, or try to deactivate needs and fears—this results in numbing out and defensive avoidance. If injured partners are extremely fearful of both depending on and of losing their partner, these partners may swing between anxious clinging and avoidant responses. Margie, for example, would angrily protest her hurt and her spouse's defensiveness and push for him to respond in a conciliatory way, but if he then responded or initiated contact, she would immediately withdraw and shut him out. As she vacillated between anxious proximity seeking and defended distancing, her spouse became more intellectual and emotionally distant. Attachment theory offers a map to the emotional realities and responses of such spouses. This allows the therapist to empathize effectively and create meaning frames that capture and order this experience.

Attachment theory also points out that models of self and other are internalized from repeated interactions with those who matter most to us. The model of the other as a dependable attachment figure, who prioritizes the spouse and the bond with the spouse, is seriously compromised by events such as affairs. This model has then to be reconstructed in couple sessions. When Margie asks, “How can I put myself in your hands again?”—part of what she is asking for is a clear narrative, an explanation of how the affair occurred and was dealt with, so that her

spouse may again become known and predictable. Models of self are also threatened by these events. Margie says, "I was a fool—you made a fool of me." More importantly, she sometimes blames herself for her spouses' behavior and, in her despair, concludes that she is indeed unlovable or deficient—or he would not have turned to another. Many partners who believe that they are "strong" and should instantly end a relationship with an unfaithful spouse, have great difficulty coming to terms with their experience of vulnerability and helplessness. The EFT therapist is prepared for these responses and actively helps the client work through these fears and self-recriminations.

Attachment theory states that the essence of a secure bond is mutual emotional accessibility and responsiveness. This principle then guides the EFT therapist when he or she is helping the couple to make sense of the affair, deal with their emotions, deal with the task of forgiveness, recreate trust, and the beginnings of a renewed, more secure bond. Attachment theory and the principles of humanistic therapy on which EFT is based (Johnson, 1996; Johnson & Denton, 2002) suggest that there is no purely behavioral or predominately cognitive way of healing the hurts and injuries of events such as affairs. The strong emotions that arise must be accepted, dealt with, and then used to create specific kinds of responsive healing interactions—the kinds of interaction that are typical of the main change event in EFT—entitled a softening (Johnson, 1996), where spouses are emotionally engaged, accessible, and responsive to each other and so can comfort and soothe each other, providing an antidote to hurt and helplessness.

Before outlining the concept of attachment injuries further, I will now discuss the general EFT model, and then go on to apply this model to relationships impacted by infidelity.

THE EFT MODEL

EFT is a short-term, structured approach to the repair of distressed relationships. This approach, which is also used with families (Johnson, Maddeaux, & Blouin, 1998), has demonstrated clinical effectiveness (Johnson, Hunsley, Greenberg, & Schindler, 1999). In the most rigorous studies, 70-73% of couples were found to have recovered from distress and 90% to have significantly improved. Furthermore, there is evidence that these changes are stable and not undermined by relapse (Clothier, Manion, Gordon-Walker, & Johnson, 2002). The focus of EFT is consonant with research on the nature of marital distress by

researchers such as Gottman (1994), and with the large and growing amount of research findings on adult attachment. It is also consonant with emerging themes and trends in the field of couples therapy in general. For example, it is collaborative and constructivist in nature (Johnson & Lebow, 2000; Johnson, 2003c). Furthermore, it has been successfully used in treating relationship distress that co-occurs with extreme stress due to chronic illness, depression, and posttraumatic stress disorder (Johnson & Makinen, 2003; Knowal, Johnson, & Lee, 2003). Research results suggest that level of distress at the beginning of therapy is also not a major factor in outcome. This implies that this model is appropriate for couples in crisis and severe distress.

Interventions and change processes in EFT are rooted in a clear theoretical base arising from a synthesis of the humanistic experiential, and systemic perspectives. The combination of these two perspectives allows for a focus on key emotions and on present interactional processes and patterns. The EFT perspective on close relationships is grounded in attachment theory, arguably now the most cogent theory of romantic love, and in the literature on the power of emotion to move us to action, to inform us as to what we need and want and to communicate with others. The EFT process of change is delineated into three stages, De-escalation of negative cycles, Restructuring of the emotional bond and Consolidation. These stages further delineated into nine steps. The goals of the EFT therapist are to expand constricted emotional responses that prime negative interaction patterns, restructure interactions so that partners become more accessible and responsive to each other, and foster positive cycles of comfort, caring and bonding. The therapist particularly focuses on emotion because it so potently organizes key responses to intimate others, acts as an internal compass focusing people on their primary needs and goals, and primes key meaning schemas about the nature of self and other. Negative emotional responses, such as frustration, if not attended to and restructured, undermine the repair of a couples relationship, while other “softer” emotions, such as expressions of vulnerability can be used to create new patterns of interaction. From a systemic point of view, emotion is viewed as the “leading element” in the organization of the couples interactions (Johnson, 1998).

The main change events in the second stage of EFT, withdrawer re-engagement and blamer softening, where a blaming spouse asks for his/her attachment needs for comfort and caring to be met from a position of vulnerability, result in interactions of mutual accessibility and responsiveness and more secure bonding. Process studies have outlined

the steps in these change events and the main therapist interventions used (Bradley & Furrow, in press).

Infidelity may be experienced as one of many hurts in a relationship and may be addressed, as are other hurts, in the De-escalation stage by placing it in the context of the attachment history of the relationship and of specific and general negative cycles of interaction. For example, one spouse may become overwhelmed by anxiety and interrogate the “guilty” partner, who then becomes inundated with shame and hopelessness and withdraws, leaving his partner still overwhelmed. This kind of specific cycle usually parallels the couple’s general way of dealing with difficulties and their general negative cycle of, for example, attack/withdraw. In this first stage of therapy, partners are encouraged to move beyond reactive surface emotions and access their more basic attachment oriented emotional responses and express them to their partner. This occurs in relation to the infidelity as well. De-escalation is considered accomplished when both partners can see and name the cycles of distress and insecurity in their relationship and view these cycles as a main part of the problem. They can also then begin to address their significant hurts and fears in the relationship. If some form of infidelity is a relatively minor hurt it is then addressed as part of the usual interventions in EFT. If infidelity is more significant and is experienced as a traumatizing abandonment and/or betrayal, the injured partner’s anguish and lack of trust will create impasses in Stage Two and block the change process. These injuries must then be addressed in a more focused fashion and are seen as specific attachment injuries.

ATTACHMENT INJURIES

An attachment injury is defined in the EFT literature as a violation of trust resulting from a betrayal or from an abandonment at a moment of intense need or vulnerability. It is a wound that violates the basic assumptions of attachment relationships. These wounds are difficult to deal with and often create an impasse in relationship repair. It is the attachment significance that is key—not the content of any particular incident. For a particular partner a liaison that never culminated in extra-marital sex may be as traumatic as a well established affair. For example, the client Margie, mentioned above, was traumatized by what many would consider to be a brief flirtation by her spouse. The key issue here was that this flirtation had occurred when her husband had expressed dissatisfaction with the marriage and she was

taking huge risks to please him and meet his demands. The second issue was that, from Margie's perspective, he had not even considered her reaction; he had left compromising pictures of his secretary in the briefcase that she often tidied for him. This incident, as with all attachment injuries, became a pivotal moment that defined the relationship as unsafe and created an impasse in any attempt to create trust and closeness. As a result of this incident, Margie was caught in an absorbing state of anger, grief, and attachment fear, where everything led into these emotions and nothing offered a way out. She had concluded that she could never please her spouse and could never trust him again. In therapy sessions, when her husband would weep, apologize, and reach for her, her eyes would fill with tears and she would turn away. Her excessive rumination, hypervigilance, reliving or flashbacks of key scenes, alternating with numbing, and avoidance paralleled, in a less intense form, the classic symptoms of post-traumatic stress disorder.

The concept of attachment injuries was first formulated during the study of key change events in EFT, particularly Stage Two softenings. In some cases, as the EFT therapist set up a softening event, where a previously hostile spouse begins to risk being vulnerable and reach for a now available and more responsive other, the more vulnerable partner would suddenly move back to a very defended position. He or she would then refer to a particular abandonment or betrayal, announcing that because of this remembered event he or she would "never again" risk being vulnerable to the other. A series of small EFT studies are in progress to confirm the major steps in the resolution of these injuries in Stage Two of EFT, and these will be discussed below. Resolution involves not simply forgiveness between the couple but personal and interpersonal resolution to the point where reconciliation is achievable and completed softening events lead to more emotional engagement and a sense of secure bonding. The major interventions used in the resolution of these injuries are presently being studied and are hypothesized to be the same as those that facilitate softening events (Bradley & Furrow, in press), namely, heightening of key emotional responses, framing attachment needs and shaping emotional engagement with the spouse.

The key stages identified in the resolution of injuries, be they extramarital involvements or other injuries are as follows:

1. A spouse describes an incident, such as the discovery of an affair, in which he/she felt betrayed, abandoned and helpless, experiencing a violation of trust that damaged her belief in the relationship

as a secure bond. The incident is painfully alive and present rather than a calm recollection. The partner either discounts, denies, or minimizes the incident and his partner's pain and moves to a defensive stance.

2. With the therapist's help, the injured spouse stays in touch with the injury and begins to explicitly articulate its impact and its attachment significance. Newly formulated or denied emotions frequently emerge at this point. Anger often evolves into clear expressions of hurt, helplessness, fear, and shame. The connection of the injury to present negative cycles in the relationship become clear. For example, a spouse says, "I feel so wounded. I just smack him to show him he can't just wipe out my hurt. This has changed everything—I'm not sure of anything anymore. How can I let him close? I can't, even when he says he is sorry."
3. The partner supported by the therapist begins to hear and understand the significance of the wounding events and to understand them in attachment terms as a reflection of his/her importance to the injured spouse, rather than as simply a reflection of his/her personal inadequacies or "crimes." This partner then acknowledges the injured partner's pain and suffering and elaborates on how the wounding events evolved for him/her, so that his/her actions become clear and understandable to the injured partner.
4. The injured partner then tentatively moves towards a more integrated and complete articulation of the injury. With the help of the therapist, this narrative is now made clear and organized. It encapsulates the loss surrounding the injury and specific attachment fears and longings. This partner, supported by the therapist, allows the other to witness his/her vulnerability.
5. The other spouse then becomes more emotionally engaged and acknowledges responsibility for his/her part in the attachment injury/infidelity and expresses empathy, regret, and/or remorse in a congruent and emotionally engaged manner.
6. The injured spouse then risks asking for the comfort and caring from the partner that were unavailable at the time of the event, the discovery of the infidelity or the couple's previous discussions of the infidelity/injury.
7. The other spouse responds in an open caring manner that acts as an antidote to the traumatic experience of the attachment injury. The partners are then able to construct together a new narrative of the injury. This narrative is ordered and includes, for the injured spouse, a clear and acceptable sense of how the other became in-

volved with another person and how this relationship has now been resolved.

The couple then go on to build more trusting, open and emotionally healing interactions that renew and repair the bond between them and are able to move into the third consolidation phase of EFT.

If we consider the key moments in the resolution of the injury/infidelity in the client Margie's relationship, what would these key moments look like? It is first necessary to briefly describe the first few sessions of therapy. Margie and Jim describe their marriage as very distressed. Jim describes their usual way of interacting over the last 12 years, since the children were born, as "I always seem to want more connection and more sex than she does—so I guess I am always pushing for that. And she will tell you that I get real critical. But then she is an expert in shutting down and shutting me out—so I get really frustrated." Margie then quietly comments that "Nothing is ever good enough for Jim," and very gradually tells me about the "crisis" that has brought them into therapy. Twelve months before, Margie had discovered photos of Jim's secretary, posing scantily clad while sitting on his desk in his office. She found these in his briefcase while doing a clean-up of his study. She then searched his desk and found a video of an office party where this secretary was also taking off some of her clothes—ostensibly with Jim's encouragement. Jim apologized for this "indiscretion" in a short and logical fashion in the session and added that these apologies had been made regularly—to no avail—for the last year. He also added that this "flirtation," which had never evolved into a sexual affair, was "foolish" but perhaps "understandable" in light of his wife's "distance" from him. He also stated that it was time this whole issue was "fixed and over," but Margie had been "more and more distant" over the last year. I then worked with this couple to build a secure alliance, to place their present distress in the context of the above cycle and each person's attachment needs and fears. Margie was able to acknowledge that she was "reserved" and believed that adults should be self-sufficient and not talk about their emotions or "impose" on their partner. She had also come to believe that she was never going to be "special enough" for Jim and had to shut down to protect herself from his rejection. Jim was able to talk about how "desperate" he had become in the marriage for some reassurance that his wife actually needed him. He then related his "hunger" for this reassurance to his "stupid" behavior with his secretary, which he now tried to "fix" by apologizing and explaining—to no avail. Both began to see that a cycle of desperate criticism or logical "fixing of prob-

lems” from Jim and numb distancing from Margie had undermined the bond between them.

The key moments in the resolution of what Jim called the “flirtation” and what Margie called “the knife in my heart” in Stage 2 of EFT were as follows:

1. Margie is able to describe her “retreat” from Jim over the last few years and her pain at his message that she is “disappointing to him.” But just before finding the photos and tape, she had become alarmed at Jim’s anger at her and tried—with great trepidation—to please him by “taking risks and trying to be sexier—and more gushy.” She is able to access and order her painful experience that is crystallized by his “flirtation” and to tell him—“But I can never please you—no matter how I try. And when I really went out on a limb and when I tried so hard to do everything to get you to accept me—you turned to someone else. And I died inside—I gave up. Now I just freeze around you—and your apologies are just empty words.” Jim, no longer curt and logical, weeps as she speaks and tells her how much he “misses” her. Margie articulates the trauma of finding the “evidence” and her despair when Jim would try to “fix” things. She tells him, “You don’t really see—care about my pain. You were willing to risk us—for a titillation.” She is then able to express her grief and her need for acceptance from him.
2. Jim, who is more emotionally engaged and less “in his head” now, is able to acknowledge his demanding style and how he has made it hard for Margie to feel safe and accepted. He elaborates, in response to her questions, all the details of his “flirtation,” including events that had increased his “loneliness and neediness” just before the photos and taping had occurred. He elaborates on how the flirtation evolved and how he chose not to allow it to go further. He acknowledges her pain over his actions and that in his “panic” he has been trying to force her to “get over it all.” He hears and accepts her fear of being hurt again if she forgives him.
3. Margie then allows herself to express rage and also to weep openly for the anguish of “I tried so hard—I gave you what you said you wanted—and right then—you risked us—you turned to her to feel good—like I didn’t matter—I am broken—devastated.” And Jim is able to stay engaged and hear her. She tells him that letting him in has to be slow—that he cannot demand that she shape up to his expectations in this.

4. Jim is more and more able to stay emotionally engaged with Margie rather than become impatient, rationalize, and imply that her responses are unreasonable. He is able to express his remorse and regret at the hurt he caused her and acknowledge her right to her self-protective responses. He is able to tell Margie that he wants now to help her feel safe and accepted and give her the reassurance she needs.
5. Margie, step by step, is able to move from, “I don’t know what I need now” to asserting that she needs Jim’s “acceptance” and to “know I am precious to him—even if I am not as out there as he is—or as other women can be.”
6. Jim is able to comfort and reassure his wife and talk of how it has been easier to “pressure” her than to acknowledge his own loneliness and that she is like “life itself” to him.

Once the process above has been completed, the couple move into Consolidation and are able to create a narrative of how they repaired their bond and how Margie was able to forgive Jim his “flirtation” and risk with him again. They were also able to make concrete plans to enhance their intimacy and help each other with their “needs and fears.”

CONCLUSION

The EFT therapist believes that infidelity and other relational crises are best seen in the context adult attachment. Attachment is an integrative theory. It is a theory of affect regulation; it is a systemic theory that looks at cyclical patterns of responses but it also encompasses basic universal intrapsychic needs and fears; it is a theory of trauma—the trauma of loss and isolation. A focus on key emotions and their attachment significance allows the therapist to shape the process of forgiveness and the creation, and perhaps for the first time, of a secure attachment bond.

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