Ties That Bond: Attachment From Childhood to Adulthood

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Abstract

A human being’s first intimate relationship is the mother-child relationship. The love between a mother and infant is the result of an attachment bond formed during the first year of life. Interactions between a mother and a child form behavioral patterns that are reflected in later relationships. This paper will provide an overview of the groundbreaking work on attachment theory, started by John Bowlby and continued by Mary Ainsworth and Mary Main, who established a working theory from which to view adult love. This paper will further explore Emotionally Focused Therapy (EFT), which views a couple’s distress in terms of attachment insecurities. EFT focuses on moving individuals towards each other in close emotional connection and away from separate, emotional isolation. The author investigated connection between attachment theories and Adlerian conceptualization of human connectedness. Looking at behavior in relationships through the attachment lens allows for the strengthening and rebuilding the ties that emotionally bond.
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Introduction

As human beings, we are “hard-wired” to connect with each other on an emotional level. A picture of a mother and her infant is an all-time symbol of affection and connection. As two people form a love relationship, this connection can be wonderful and nourishing. But, what happens after the first glows of courtship have waned and the partnership moves forward, seeking life-long happiness? Are we able to sustain our emotional involvement at a healthy, productive level? What could be the basis for a couple hitting the proverbial “wall” in relation to communication, affection, love? Research suggests that the manner in which a person attaches to his or her caregiver as an infant/small child can have lasting and profound effects on how the person will then connect and attach with others.

This paper will provide an overview of Attachment Theory, a descriptive and explanatory framework for understanding interpersonal relationships between human beings. The workings of the theory, infant and adult attachment styles and how those styles can impact relationships will be discussed. Taking into consideration attachment styles will allow for a greater understanding of the emotional connection between two people.

Emotionally Focused Therapy (EFT) views marital/committed relationship distress in terms of attachment insecurities. Looking through the lens of attachment puts a whole new frame on behaviors within relationships. By understanding how individuals react to, cope with, or disown their own attachment needs and those of their spouse/partner, the relationship can then start to be a secure place.

This paper will provide an overview of attachment theory, its history and current implications. The paper will address important attachment patterns in childhood and adulthood.
Adlerian Framework will be considered in a context of attachment theory. Finally, this paper will provide an understanding of how attachment plays a significant role within EFT and how the therapy can assist couples realize the ties that emotionally bond individuals together are created through accessibility and responsiveness to each other.

**Discussion**

**Attachment Theory Beginnings: John Bowlby**

Before exploring the challenge of repairing or enhancing a relationship, a better understanding about the foundation from which people formulate bonds with each other will be helpful to fully encapsulate the work necessary when assisting couples. Looking at the emotional base of relationships shows that couples are really attached and dependent on each other in ways that are similar to the attachment of a parent and child. Therefore, this is where to begin understanding the ties that emotionally bond two people together.

The theory of attachment was originally developed by John Bowlby (1907-1990), a British psychoanalyst who was attempting to understand the intense distress experienced by infants who had been separated from their parents. Bowlby worked alongside James Robertson, a social worker in a residential nursery for homeless children in London, conducting research for the Tavistock Clinic. Robertson was hired by Bowlby to observe and record data regarding the dramatic effects of separation on young institutionalized children. Their shared interest resulted in Robertson’s (1952) film, “A Two Year Old Goes to Hospital” and their first co-authored article in the early 1950’s.

The formal origin of attachment theory can be traced to the publication of two 1958 papers: Bowlby’s *The Nature of the Child’s Tie to his Mother* (which lays the groundwork concepts of “attachment”) and Harry Harlow’s *The Nature of Love*, based on research results

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from experiments with monkeys. Harlow’s research showed that infant rhesus monkeys spent more time with the soft mother-like dummies that offered no food than they did with the dummies that provided a food source but were less present to touch (Bowlby, 1979).

Drawing on these observations, along with those of Mary Ainsworth (to be discussed), Bowlby presented his initial ground breaking ideas on attachment in three formal presentations to the British Psychoanalytic Society in London in the late 50’s, early 60’s (Bretherton, 2000). The presentations included *Attachment*, the first volume of the Attachment and Loss trilogy. The second and third volumes, *Separation: Anxiety and Anger* and *Loss: Sadness and Depression* followed in 1972 and 1980 respectively. Bowlby revised *Attachment* in 1982 to incorporate more recent research.

Bowlby described the attachment system as the need for children to have a secure relationship with adult caregivers. He viewed this system as a “lasting psychological connectedness between human beings” (Bowlby, 1969). Thus, attachment is an emotional bond to another person.

Bowlby stated three principal propositions about multiple attachments in infancy. First, most infants are thought to form more than one attachment (Cassidy, 2008). Research conducted by Mary Ainsworth supported Bowlby’s theory of multiple attachments. She found that the majority of children become attached to more than one familiar person during their first year (Ainsworth, 1967.) Biological parents, older siblings, grandparents, aunts, and uncles are most likely to serve as attachment figures. The father is also particularly likely to become an additional attachment figure early in the infant’s life (Cassidy, 2008). Observational studies have revealed that fathers are competent caregivers and that children use their fathers as attachment figures (Ainsworth, 1967).
Second, while there is usually more than one attachment figure, the potential number of attachment figures is not limitless. It is important not to assume that an infant treats all attachment figures the same or that they are interchangeable. Bretherton (Cassidy, 2008) has described the infant as having a “small hierarchy of major caregivers,” which is in contrast to the larger group of individuals with whom the infant has other sorts of relationships (Cassidy, 2008).

Third, while children will have many figures to whom they direct attachment behavior, there is a primary attachment figure on top. Bowlby used the term “monotropy” to describe this bias to attach primarily to one figure (Appendix A) (Bowlby, 1969).

Attachment ultimately is the ability of an infant to bond with the preferred (primary attachment figure) caregiver by twelve months of age. The quality of this attachment relationship is strongly influenced by experiences and repeated interactions between the infant and primary caregiver and is considered ‘reciprocal’; the attachment process is two way (Appendix A) (Bowlby, 1969).

Bowlby believed that attachment had an evolutionary component, it aids in survival. “The propensity to make strong emotional bonds to particular individuals is a basic component of human nature” (Bowlby, 1988). The quality of attachment evolves over time as the infant interacts with caregivers and develops ‘proximity maintenance’; the desire to be near the people we have attached to (Appendix A) (Bowlby, 1969).

Because an infant is unable to care and/or protect him or herself, the baby must rely on the care and protection of adults. Their survival is promoted through specific behavioral and emotional propensities designed to keep them close to their primary caregivers and out of danger. Infants, when separated from their caregiver (primary attachment figure), will go to great lengths (crying, clinging, searching) to either prevent separation from their parents or to get
in closer location to a missing parent (Bowlby, 1988). The attachment behavior becomes a significant way of coping for the baby, specifically because they have attached to an adult who has been a constant caregiver, someone sensitive and responsive to them, and who becomes their ‘safe haven’ by returning to the attachment figure for comfort and safety in the face of fear or threat (Appendix A) (Bowlby, 1969). This bond continues during the period of six months to two years of age, and has been described as the ‘critical period’ for the infant’s changes in attachment (Appendix A) (Bowlby, 1958).

As they get older, infants use familiar people (attachment figures) as a secure base (concept developed by Mary Ainsworth, to be discussed) they can explore from, and return to (Bowlby, 1988). Infant exploration is greater when the caregiver is present; the infant’s attachment system is relaxed and it is free to explore. If the caregiver is inaccessible or unresponsive, attachment behavior is strongly activated (Ainsworth, 1967) creating ‘separation distress’ in the infant; anxiety that occurs in the absence of the attachment figure (Appendix A) (Appendix B) (Bowlby, 1969).

A child’s experiences with a primary caregiver forms the foundation for their mental representations or “internal working models” of the self and others (Bowlby, 1973). These internal working models are built on the child’s early experience of social interactions with familiar people that establishes the set of ideas and feelings about the expectations of the relationships, the behavior of others toward the child, and the behaviors appropriate for the child to show to others. Age, cognitive growth, and continued social experience advance the development and intricacies of the internal working model. As the model of relationships moves forward, attachment processes move forward as well, developing to age-appropriate applicability.
When children have experienced warmth and consistency from their mother or primary caregiver, they are likely to think of themselves as being warm and reliable and in turn, they will develop a working model of others as competent, reliable and warm (Bretherton & Munholland, 1999). Infants who have experienced coldness and dejection may see themselves as being “unlovable” and think of others too, as being unreliable and incompetent. These working models help shape what relationship one will have with the self and one’s ability to seek identity through intimacy as an adult.

There are several implications that follow from Bowlby’s definition of caregiver availability as the set goal of the attachment system. Unchallenged maintenance of an attachment bond contributes to a feeling of security. When an individual perceives a threat to a caregiver’s availability, he or she will feel anxious and angry. Likewise, a persistent disruption of an attachment bond will result in a feeling of sadness and despair (Cassidy, 2008).

Bowlby’s extensive research helped him to develop several key features of the theory. First, it is possible to have a first attachment relationship after the ‘sensitive period’ (if attachment is not formed by age three), but would be developed with greater difficulty.

Second, secure attachment to the primary caregiver is essential for positive future social, emotional, and intellectual development. Emphasis here is given to an individual’s sense of safety and security that is derived from maintaining a bond with an accessible and responsive caregiver (Korbak & Madsen, 2008). This important notion has received less attention from later researchers.

The third key feature is that interruption of a secure attachment can impact the child’s emotional, intellectual, and social development. The success of the attachment bond depends on the caregiver’s ability to understand, and respond to the infant’s physical and emotional needs
(Bowlby, 1969). This ability by the caregiver will lend itself to an attachment that ideally should be positive and healthy; unfortunately attachment can also be negative and unhealthy.

Severely confusing, frightening and isolating emotional experiences early in life can disrupt the bond, creating insecure attachment. In extreme circumstances, disrupted attachment bonds can result in disorders like Borderline Personality Disorder, Antisocial Personality Disorder and Dissociative Disorder. These disorders appear to be associated with unresolved trauma along with an early childhood history of disorganized attachment (Dozier, Chase Stovall-McClough, & Albus, 2008).

Attachment related circumstances can result in maladaptive coping solutions by a child. Loss (such as early loss of mother, permanent loss of caregiver, threats of loss and instability) predicts multiple disorders, including depression, anxiety, and antisocial personality disorder (Dozier et al., 2008). Reports of abuse are consistently high among people with borderline personality disorder, dissociative disorders, and antisocial personality disorder (Dozier et al., 2008).

Problems with attachment limit a child’s ability to be emotionally present, flexible and able to communicate in ways that build satisfying and meaningful relationships. The earlier attachment disruptions are caught, the better. However, it is never too late to treat and repair attachment difficulties. With the right tools, and a healthy dose of time, patience and love; attachment repair can and does happen. One such tool, when working with adult couples, is Emotionally Focused Therapy (EFT) developed by Susan Johnson in the early 1980’s. EFT provides insight into the prevention and treatment of marital distress from an attachment-based perspective (Davila, 2005).
The Strange Situation and Styles of Attachment

Mary D. Salter Ainsworth was a developmental psychologist who was an important figure in the formulation and development of attachment theory. She was hired by John Bowlby in the late 1950’s as an assistant at the Tavistock Clinic in London, England where Bowlby was the director. Her primary task was to analyze James Robertson’s data on young children. This task prompted her to try to emulate the studies by conducting her own naturalistic observations of separation and reunion between mothers and infants (Nelson, 2008).

Ainsworth conducted two studies; one in Uganda and the other in the early 1960’s in Baltimore. These studies provided the most extensive home observation data to date and laid the foundation for her contributions to attachment theory, as well as for Bowlby’s continued research (Bretherton, 1992). Her book, Infancy in Uganda, was published in 1967 and contains detailed case studies of all the infant-mother pairs that were observed.

In 1963, Ainsworth initiated a study in Baltimore, which was originally intended to provide a replication study for her Uganda findings. She again selected 26 pregnant women to participate in a home based study of early development. Once the babies were born, intense and consistent observation was conducted; 18 four hour long visits to each family over a period of one year (Wallin, 2007). The data that was gathered on the behavioral patterns was similar what was found from the Uganda project, with the exception of the secure base. The Ugandan infants would explore from the secure base but become distressed when the mother left. In Baltimore, exploration went on whether the secure base was present or not (Wallin, 2007).

To help figure out whether or not secure base behavior was, in fact, genetic as Bowlby had theorized, Ainsworth introduced the Baltimore infants to the “strange situation” (Wallin, 2007). This was a 20 minute procedure in which the infants were observed playing in a toy filled
room while caregivers and strangers entered and left the room, recreating the flow of the familiar and unfamiliar presence (Appendix C).

Two aspects of the infants’ behavior were observed: the amount of exploration (e.g., playing with new toys) the infant engaged in and the reactions of the infants to the departure and return of the caregiver. The Baltimore babies (who had been determined to be secure based on the one year home observations) reacted as predicted. They were flexible and explored freely and were accepting of connection.

Surprise findings from the procedure were those infants (a large minority) who explored with intent and disregarded connection and avoided the secure base upon return; these infants were described as “avoidant”. A smaller minority of infants gave up exploration entirely in favor of connection with the secure base. These infants were very preoccupied with her whereabouts but upon her return, were angry or passively inconsolable. These infants were called “ambivalent” or “resistant” (Wallin, 2007).

The ‘Strange Situation’ provided a new understanding of the individual defensive processes of infants in response to a stressful, unfamiliar situation and separation. The result from this procedure was a complex system that categorized infant behavior into specific groups resulting from specific patterns of infant-mother interaction. The procedure showed that these “minuscule separations” could systematically activate the attachment system and demonstrated the connections between attachment, fear and exploration behavioral systems (Korbak & Madsen, 2008). These types of responses that an infant will show his or her mother is thought to signify the infant’s internal working model or style of attachment (Nelson, 2008).
Secure Attachment. A mother’s sensitive-responsiveness sets the stage for a secure infant as identified by Bowlby (Bowlby, 1969). It is a tie that bonds them together, endures over time, and leads the infant to experience pleasure, joy, safety, and comfort in the presence of his or her mother. Soothing, comforting, and providing pleasure are primary elements of the relationship. Secure infants benefit from their mother’s (or other primary caregiver) quick and appropriate response to their cues (e.g. attempting to soothe their crying) and learn they can count on them to respond when they need assistance (i.e. feel secure). These mothers are quick to pick them up when they cry and hold them with care and tenderness, but only for as long as the infant wishes to be held.

The secure infant explores freely while his or her mother is present, using her as the secure base. The infant will be visibly upset when the mother departs but does not experience significant distress when separated and will engage with strangers and explore until her return. Once again present, the mother is a source of delight for the infant, who is happy to see her return, having preferred her presence (as the secure base) to that of strangers who may have been present in the room with them. Ainsworth concluded it was the infants’ response to the reunion, rather than separation that revealed the most about attachment security or insecurity (Wallin, 2007).

The behavior of these mothers tends to reflect sensitivity over misattunement, acceptance rather than rejection, cooperation rather than control, and emotional availability rather than remoteness (Ainsworth, Blehar, Waters, & Walls, 1978). These traits of the caregiver will allow the needs of the infant to be met in a responsive and appropriate manner, lending to the secure attachment of the infant.
Infants who develop “secure” personality types feel confident and at ease when relating to others. They learn how to take turns, how to lead and follow, and how to express and receive. The attachment bond serves as a prototype and provides the earliest pattern for warm and close relationships (McAdams, 1989).

Secure adults usually have high self-esteem, enjoy intimate relationships, seek out social support and have an ability to share feelings with other people. They find it relatively easy to get close to others, are comfortable depending on others and having others depend on them. They do not often worry about being abandoned or about someone getting too close to them. They will likely have a tendency to have trusting, long-term relationships. Secure adults have easy access to a wide range of feelings and memories of how they remember their parents. These memories are both positive and negative, providing a balanced view of their parents.

**Insecure –avoidant attachment.** Infants in the insecure-avoidant category will explore and exhibit independence, but will not use their mothers (or other primary caregivers) as a secure base to explore from. These infants show little emotion when the mother leaves the room and do not seek close proximity when she returns. The infants may move away from the mother when she approaches and will avert his or her gaze and fail to cling to her when being picked up. When offered a choice these infants will show no preference between his or her mother and a complete stranger.

The infants tend to avoid their mothers in favor of focusing on toys, other objects and people in the room (Zeanah, 2000). During the Baltimore study by Ainsworth, these infants appeared independent which led observers to believe this was well adjusted behavior a “psychologist’s dream baby”, competent, independent, unperturbed (Karen, 1994).
Ainsworth believed otherwise, theorizing that the behavior resulted from emotional trauma. The ensuing research bore this theory out, concluding that the mothering style was disengaged. The behavior was insensitive, interfering and rejecting. The mothers showed far less emotional expression and behaved less affectionately when holding their infants. These mothers seem to be rigidly containing anger and irritation, display a dislike of physical contact and aversion to physical warmth (Main, 1982). In response, the avoidant infant exhibits indifference as a way to protect themselves from rejection.

The insecure-avoidant infant becomes an adult who is overly self-reliant and detached, a person who can never let his or her guard down or develop a level of trust with others to form close relationships (Bowlby, 1988). They get nervous when anyone gets too close, and often, love partners want them to be more intimate than they feel comfortable being. This adult is dismissive of the importance of love and connection. They will often idealize their parents, but actual memories do not corroborate. Self reflection, if any, can be shallow (Karen, 1994).

**Insecure-ambivalent attachment.** Insecure-ambivalent infants respond with anger or passivity when interacting with their mothers. These infants are anxious of exploration and strangers, even when their mothers are present. When the mother departs, the infant is extremely distressed. Upon her return, the infant is ambivalent, seeking to remain close to her but resentful and also resistant when his or her mother initiates attention.

The infants in the Baltimore study demonstrated similar behaviors by exhibiting noticeable attempts to avoid their mothers (Ainsworth et al., 1978). Like the avoidant infants, the insecure-ambivalent were clingy and demanding at home and upset when abandoned by his or her mother (like the secure infants) during the Strange Situation. But, these infants, while
wanting his or her mother desperately upon her return, arched away angrily or went limp in her embrace, so that they could not be soothed (Karen, 1994).

At the core of the insecure-ambivalent infant is the inconsistent and chaotic nature of the caretaking he or she receives. The mothers parenting style is engaged, but on her own terms and is insensitive and unpredictable in response to infant signals and communications, without being notably rejecting (Main, 1999). The needs of the infant frequently are not met and the infant comes to believe that the communication of needs has no influence on his or her mother. This results in the infant responding with anger or passivity during interactions with his or her mother, two types of insecure ambivalent infants that Ainsworth had uncovered.

As adults, those with an ambivalent attachment style often feel reluctant about becoming close to others and worry that their partner does not reciprocate their feelings. This leads to frequent breakups, often because the relationship feels cold and distant. These adults feel especially distraught after the end of a relationship and dread abandonment. Many will be embroiled with anger and hurt at their parents. They are unable to see their own responsibility in relationships.

**Mary Main and Attachment Expansion**

Mary Main was one of Ainsworth’s most creative and prolific students. She was interested in linguistics and was not accepted into a graduate program for language. It was suggested to her, that if she was interested in language, she should go “back to babies, that everything interesting probably started with babies”. This was the impetus for her to follow a friend’s suggestion that she try to study with Ainsworth (Karen, 1994). Main spent time during her graduate studies observing and classifying babies in the Strange Situations. She was
particularly taken with the avoidant phenomenon and struggled to understand what made the mothers and children who had an avoidant relationship behave the way they did.

During the mid 1970’s she, along with graduate student Donna Weston, began an ambitious longitudinal study of middle class families. Children were assessed at twelve or eighteen months for security of attachment to both mother and father. It was during these assessments that Main, first with Weston and then with Judith Solomon, found a group of children, clearly more disturbed than the others, who did not fit into any of Ainsworth’s original categories. These infants were “unclassifiable” in the Strange Situation.

A description of the disorganized/disoriented attachment category was undertaken following the realization that many infants from the Strange Situation, particularly from high-risk environments, were difficult or impossible to place into the three organized categories. To gain a better understanding as to why some of the infants were unclassifiable, Main and Solomon reexamined over 200 anomalous Strange Situation videotapes (Main & Solomon, 1990).

It was concluded that most of the infants lacked any organized strategy for dealing with the stress of separation. For example, unclassifiable infants were observed approaching the parent with head averted; rocking on hands and knees following an abortive approach; or screaming by the door for the parent, then moving silently away on reunion (Lyons-Ruth & Jacobvitz, 2008).

What these unclassifiable infants had in common was the chaotic and inconsistent manner of behavior upon reunion after the separations. The behavior was contradictory (approaching a parent with head averted) or apprehensive either directly (fearful facial expressions, oblique approaches) or indirectly (disoriented behaviors, including dazed and trance-like expressions; freezing of all movement at the parent’s entrance) (Lyons-Ruth &
Jacobvitz, 2008). Main viewed these contradictory or out-of-context behaviors as indicating that the infant was unable to organize a consistent secure, avoidant, or ambivalent strategy toward the caregiver when experiencing a need for comfort.

**Insecure-disorganized/disoriented attachment.** Infants are categorized as disorganized/disoriented when they exhibit a mix of behaviors, including avoidance or resistance, as was seen during the Strange Situation. These behaviors were previously unrecognized fearful, odd, disorganized, or overtly conflicted behaviors (Lyons-Ruth & Jacobvitz, 2008). Insecure-disorganized/disoriented infants, in response to their caregiver’s return following brief separation, will appear apprehensive, cry and fall huddled to the floor or put his or her hands to his or her mouth with hunched shoulders. They may also appear disoriented, freezing all movements while exhibiting a trance-like expression.

Infants who are classified as disorganized/disoriented are also given a classification of secure, ambivalent or avoidant based on their overall reunion behavior. In the disorganized-secure subgroup, the infant seeks contact with the caregiver without marked avoidance or ambivalence and is soothed by her presence, but shows other unusual signs of hesitation, confusion, apprehension or conflict in relation to her (Main & Solomon, 1990). Disorganized-avoidant and disorganized-ambivalent infants often display unexpected combinations of distress, contact seeking, avoidance, resistance, or other apprehensive or conflict behaviors (Main & Solomon, 1990).

At the base of the disorganized/disoriented infant’s behavior is “fear without solution”; the infant is in the dilemma of seeking his or her parent as a safe haven (as genetically programmed to do when alarmed) for reassurance but is simultaneously viewing his or her parent with fear. Viewing frightening behavior from a parent places the infant in a behavioral paradox;
closeness is associated with danger. Because the infant feels both comforted and frightened by
the parent, confusion results as the infant struggles between “freeze or flight”. Disorganized
attachment behaviors is one of the few predictors of later psychopathology that have been
identified (Lyons-Ruth & Jacobvitz, 2008). Disruptive-aggressive school behavior has been
found associated with infant disorganized attachment status (Main, 1996).

**Internal working models.** From her studies and research, Main was able to expand upon
Bowlby’s internal working models; that early attachment experiences are carried forward as
mental representations of attachment figures in relation to the self. These models are developed
by the infant’s perception of numerous interactions with his or her caregiver. The strategy
chosen by the child represents his or her best attempt to obtain a sense of felt security in the
attachment relationship. Adler referred to these internal working models as the client’s ‘style of
life’ (Ansbacher & Ansbacher, 1956). The internal working models reflect outwardly as
attachment styles that represent a pattern of interaction that infants have learned to enhance their
connection to a parent. The internal working model allows the infant to predict the behavior of
the attachment figure so the infant can plan his or her responses so to maximize the attachment
(Shilkret, 2005).

Secure attachment reveals itself with a working model of self as being lovable,
worthwhile and competent. The caregivers are available, responsive and trustworthy. Internal
working models of disordered attachment reveal with a working model of self as helpless, unable
to project self, and worthless. The caregivers are indifferent, unavailable, non responsive and
untrustworthy (George & Solomon, 2008).
Adlerian Attachment Framework

Attachment is viewed as how an infant begins to internalize their relational interactions. Adler (Ansbacher & Ansbacher, 1956) believed that the individual’s subjective creation of reality (the observed interactions) is shaped from a very early age as a result of interactions within the family unit. How an infant interacts with others, especially his or her primary caregiver, directly influences the conclusions he or she makes about those interactions. Infants process and store these interactions and eventually as they grow older, form opinions about what they had observed. These observations make up his or her subjective view of life, the schema of apperception. From this view of life, an individual constructs his or her private logic, a collection of attitudes and reactions the individual has about life, how the world works, and his or her place in it (Peluso, Peluso, White & Kern, 2004). As the infant grows and becomes an adult, he or she unconsciously moves toward this formulated lifestyle (Ansbacher & Ansbacher, 1956). The private logic or lifestyle (both terms are used interchangeably) becomes the common thread that weaves an individual’s thoughts, feelings, and actions into a coherent pattern (Peluso et al., 2004).

Both Bowlby and Adler considered the forming of attachments to be innate feature of life connected to human relationships and bonding (Weber, 2003). Individual Psychology and Attachment Theory are built upon the theoretical premise of the importance of social interactions. In Attachment Theory, proximity-seeking behavior is necessary for the survival of the species (Ainsworth & Bowlby, 1991). The primary attachment relationships become internalized by the child and the expectations of self and others become generalized to form the blueprint for future interactions with others outside the primary attachment relationships (Peluso et al., 2004).
Individual Psychology asserts that during infancy, children are inferior and helpless, and seeking nurturance from others enables them to provide for their needs (Weber, 2003). There is a strong need for affection in the infant; the strength of these affectional tendencies (used to achieve or not achieve satisfaction) represents an essential part of the infant’s character (Ansbacher & Ansbacher, 1956).

Both theories emphasize innate, developed interactions with caregivers. This will translate into social interest from the Individual Psychology perspective. Social interest first develops between mother and child. Cooperation, an aspect of social interest, begins between a child and an attachment figure. A secure attachment enables a child to explore the environment. An insecure attachment may cause a child to formulate a schema of insecurity and fear (Weber, 2003).

Bowlby believed children were completely dependent upon their parents, as parents were dependent upon society (Bretherton, 1992). Within children, “social emotions” emerge with awareness of the world. A child who develops social competence and positive representation of self and others is able to engage in social and satisfying relationships (Weber, 2003).

Social interest is a fundamental Adlerian principle, which correlates to a sense of belonging (attachment style), a commonality with others, and a sense of being one of them. Adler identified work, friendship, and love (three life tasks) as the core of happiness (or distress) in human life. Success within social functioning and exhibiting social interest will translate into success in fulfilling the tasks of life (Oberst & Stewart, 2003).
In adulthood safeguarding techniques are adapted that assist one with movement. Such techniques may appear in four ways and closely resemble the working models of attachment: (1) distancing oneself from or avoiding life challenges or the obstacles that pose a threat (avoidant), (2) hesitation or ambivalent attitudes towards life activities (anxious-ambivalent), (3) detouring or circumventing an encounter with important life challenges (avoidant), and (4) the narrowed path of approach in which the person applies himself only partially in solving a problem or challenge, leaving significant parts largely ignored (disorganized) (Dreikurs, 1989). Safeguarding tendencies are often accompanied by heightened striving for success to overcome perceived shortcomings or failures. One can understand how these safeguarding traits were developed by following the attachment path back to infancy.

**Romantic Relationships as Adult Attachment Relationships**

Attachment theory provides not only a framework for understanding emotional reactions in infants but also a framework for understanding emotional reactions in adult relationships. Attachment theory helps to understand differences in the way people relate to each other, regulate affect, and work through conflict. It explains differences in the relational styles of children and adults.

When adults form intimate relationships with others, the bonds previously developed between parent-infant reflect the styles of attachment that the individuals bring to the relationship. Attachment theory provides a framework for understanding love, loneliness, and grief in adult relationships.

Since the meaning, purpose, and process of attachment are similar regardless of a person’s age (Ainsworth, 1989) the research with both children and adults serves as a broad foundation from which to consider how attachment might influence adult partners’ distance
regulation (Pistole, 1994), the space between the individual and others that offers security from either psychological or physical threat while not creating a feeling of isolation. Although Bowlby was primarily focused on understanding the nature of the infant-caregiver relationship, he believed that attachment characterized human experience from “the cradle to the grave” (Fraley, 2004).

In the 1980’s, the field of adult attachment began to evolve with two distinct programs of research initiated to investigate patterns of attachment in adulthood (Bartholomew & Shaver, 1998). One group of researchers, Main and her colleagues focused on the possibility that adult “states of mind with respect to attachment” (i.e. adults’ current representations of their childhood relationships with parents) affected parenting behavior, which in turn influenced the attachment patterns of the parent’s young children (Bartholomew & Shaver, 1998).

The other independent line of research from Hazan and Shaver in 1987 applied attachment theory to adult romantic relationships. Hazan and Shaver noticed that interactions between adult romantic partners were similar to interactions between children and caregivers. More about this line of research will be discussed later in this paper.

**Adult Attachment Interview (AAI).** Main proposed that the reunion responses observed in the Strange Situation can influence adult ways of thinking, knowing, and feeling. Following her interest in attachment representations, Main, along with Carol George and Nancy Kaplan, created the Adult Attachment Interview (AAI) to “assess the security of the adults overall working model of attachment, that is, the security of the self in relation to attachment in its generality rather than in relation to any particular present or past relationship” (Main, Kaplan, & Cassidy, 1985).
The AAI is the most sophisticated and well-validated measure for assessing representation models of attachment in adulthood. It is an hour long interview with approximately twenty questions and structured follow-up probes that assesses adult strategies for identifying, preventing, and protecting the self from dangers, especially tied to intimate relationships. Memories are tapped from childhood relationships with parents, and respondents’ evaluations of the effects these experiences had on their adult personality (Feeney, 2008).

Adults are asked to describe their relationships with their parents in childhood. They are asked to provide adjectives that characterize the parent-child relationships and to provide illustrative examples of memories to support those adjectives. They are also asked to describe incidents involving being ill, hurt and separated from parents. Finally, they are asked how their parental relationships may have influenced their personality and for an understanding of why their parents behaved as they did.

The interviews are audio-taped and transcribed verbatim. Scoring is based upon the quality of parenting experiences in childhood (in the coder’s opinion, not via the expressed views of the adult), the language used to describe past experiences and the ability to give an integrated, believable account of those experiences and their meaning (Clulow, 2001). Out of the AAI, four principle adult attachment classifications (or, “states of mind with respect to attachment”) have been identified that relate both theoretically and empirically to a corresponding infant attachment category (Main, 1996).

**AAI - four styles of adult attachment.** The four styles of adult attachment parallel the infant attachment categories found during the Strange Situation (Appendix D). The identified adult categories are: secure, dismissing, preoccupied, and unresolved/disorganized. The unresolved/disorganized category was delineated only some years following the inception of the
AAI, most likely because their subtlety and complexity could not be recognized until a firm grounding in the three organized categories had been established (Hesse, 2008). There is also a category of infants and adults, referred to as “cannot classify” because particular patterns do not emerge in their assessment. This usually represents a very small percentage of those tested (Sonkin, 2005).

The terminology of adult attachment is somewhat different from infant attachment. Secure children are referred to as secure or autonomous adults; anxious-avoidant children are referred to as insecure-dismissing adults; anxious ambivalent children are referred to as insecure-preoccupied adults and disorganized children are referred to as disorganized or unresolved adults. Secure-autonomous adults were consistent, clear, and relatively succinct in their interviews. If they had traumatic histories they were able to discuss them in a self-reflective manner (Shilkret, 2005). These parents had infants whose attention in the Strange Situation was also flexible, alternating between attachment and exploratory behavior as the parents leave and then return to the room (Hesse, 2008).

Dismissing adults gave responses that minimized the importance of attachment-related experiences. Their responses were often superficial and contradictory (Shilkret, 2005). Parents producing these inflexible, insecure dismissing answers during the AAI tend to have infants who avoid them, essentially “dismissing their comings and goings during the Strange Situation” (Hesse, 2008).

Preoccupied adults showed a confused, either angry or passive, preoccupation with attachment figures. Their interviews tended to be long and unclear (Shilkret, 2005). These parents tend to have infants who are ambivalently (angrily or passively) preoccupied with them rather than attending to the available toys or other aspects of the surroundings (Hesse, 2008).
Unresolved/disorganized adults exhibited brief episodes of extreme disorganization when discussing specific traumatic events, although the rest of their interview might be categorized in one of the other attachment styles (Shilkret, 2005). Infants of these parents are disorganized/disoriented; they are frightened by the person to whom the child should turn for comfort. As such, they are not able to develop an organized attachment style to satisfy their attachments needs.

Research has demonstrated a significant intergenerational transmission of attachment style (Main, 2000). There is a high correlation between attachment patterns of parents and their children, independent of the temperament of the infant. Thus, attachment in adults stems directly from the working models of oneself and others that were developed during infancy and childhood. These attachment styles will predict the attachment status of their infant to that parent. The styles also reflect how an adult will relate to another adult in a close personal relationship based on their conscious and unconscious preconceptions of the way others will respond to them.

**Lifestyle assessment.** Adlerians traditionally have used structured and detailed interview guides to draw forth the client’s style of life. While there are many unique interview protocols used, each will follow a similar structure. The lifestyle interview begins with questions aimed at understanding the clients’ presenting concerns and what they want to change. Detailed questions are asked about their relationships to mother, father, and siblings in order to assess their perceptions of those relationships during childhood. Early recollections (an Adlerian projective technique) serve to uncover from clients’ their underlying beliefs about themselves and the world around them. In the end, clients express the unique and unified beliefs and problem-solving techniques that constitute and reveal their particular style of life (Peluso et al., 2004).
When comparing questions used in the AAI and those in the Lifestyle assessment, similarities are evident and the lists of questions practically identical (with the exception of questions that the AAI asks about the client’s present-day relationship to parents (Peluso et al., 2004). For example, on the AAI there is a question “Tell me which parent you felt closest to”; on Lifestyle this question is framed, “Who were you most like, mother or father?” In addition, the AAI asks for childhood memories “as far back as you remember”, which is the same as many early recollection techniques used by Adlerians (Peluso et al., 2004). It seems that questions contained in the AAI aim to assess attachment classification of an individual are similar to information used by Adlerians to uncover an individual’s style of life. This suggests a connection between lifestyle and attachment classification (Peluso et al., 2004).

**Additional assessment methods.** Another method similar to the AAI was developed by Peter Fonagy and Mary Target of the Psychoanalysis Unit of University College, London. Fonagy’s research traces the relationship between attachment processes and the development of the capacity to envision mental states in self and others. This is the ability to “mentalize” to represent behavior in terms of mental states, or to have a “theory of mind” that is a key determinant of self-organization which is acquired in the context of a child’s early social relationships (Fonagy & Target, 1997).

This was the theory used as the basis for their assessment method. According to Fonagy, Secure attachment is the ability to reflect on one’s internal emotional experience, and make sense of it, and at the same time reflect on the mind of another (Sonkin, 2005). Fonagy and Target use the AAI questions, but the transcript is analyzed from the perspective of the reflective function. Scoring the narrative involves assessing the adult’s ability to reflect on their own inner experience, and at the same time, reflect on the mind of others (Fonagy & Target, 1997).
The Adult Attachment Project (AAP) was created by Carol George of Mills College, and Malcolm West of the University of Calgary and is a projective narrative technique to assess adult attachment (Crowell, Fraley, & Shaver, 2008). It was developed to activate a person’s attachment system by presenting one neutral picture (two children playing ball) and seven increasingly stressful attachment pictures (ranging from a lone child looking out a window to a child standing on alert in a corner with hand and arm defensively extended, as if protecting him or herself from a physical assault of some kind) (Crowell et al., 2008). The subject’s responses are recorded and transcribed and then scored based on the coherence of the responses (Sonkin, 2005). Subjects are then classified into one of the four major attachment classification groups (secure, dismissing, preoccupied and unresolved) that parallel those of the AAI.

In addition to narrative style assessment, another method to determine adult attachment levels is with self-report scales. The original self-report measure was created by Cindy Hazan and Phillip Shaver in 1987 which was used to investigate the impact of attachment quality on romantic love. The questionnaire, later to be known as the Adult Attachment Questionnaire (AAQ) asks respondents to chose which of three statements most accurately describes their general feelings about themselves in intimate relationships (Sable, 2008). The AAQ is modeled after Ainsworth’s infant classification of attachment patterns: secure, ambivalent or avoidant. In addition, there are questions about childhood relationships and a significant romantic relationship.

In 1990, Kim Bartholomew proposed an expanded model of adult attachment that included two forms of avoidance. To assess this model, she used a self-report measure of experiences in close relationships in general (by revising Hazan and Shaver’s measure) as well as two interviews, one focusing on the childhood experiences (along the lines of the AAI) and the
other focusing on peer relationships, including friendships and romantic relationships (Bartholomew & Shaver, 1998). The Relationships Questionnaire (RQ) by Bartholomew is a short instrument containing multi sentence descriptions of each of the four types of attachment patterns that are based on a mixture of Ainsworth’s, Hazan and Shaver’s, and Main and colleagues’ typologies. The respondents choose the RQ description that best fits them, and they rate each description according to how well it describes them (Crowell et al., 2008).

The four-category classification scheme used in the RQ is defined in terms of two dimensions: positivity of a person’s model of self and positivity of a person’s model of others. The positivity of the self model indicates the degree to which a person has internalized a sense of his or her self-worth (versus feeling anxious and uncertain of the self’s lovability) (Bartholomew & Shaver, 1998). The self model is therefore associated with the degree of anxiety and dependency on other’s approval in close relationships. The positivity of the other model indicates the degree to which others are generally expected to be available and supportive. The other model is therefore associated with the tendency to seek out or avoid closeness in relationships (Bartholomew & Shaver, 1998).

The Experiences in Close Relationships (ECR) is a thirty-six item self-report developed by Kelly Brennan, Catherine Clark, and Phillip Shaver in 1998. The items were pulled from most of the existing self-report measures of adult romantic attachment (AAI, Hazan and Shaver, RQ). Attachment is measured on two dimensions, anxiety (fear of rejection and abandonment) and avoidance (discomfort with closeness and discomfort depending on others) (Fraley & Shaver, 1997).

**Hazan and Shaver.** Cindy Hazan and Phillip Shaver as personality/social psychologists, focus their work on personality traits, social interactions and adult social relationships, including
friendships, dating relationships, and marriages. The assumption that the attachment behavioral system operates across the lifespan provides the structure for exploring and clarifying the concept of adult attachment. The same motivational system that gives rise to the close emotional bond between parents and their children is responsible for the bond that develops between adults in emotionally intimate relationships. Hazan and Shaver noted that many of the emotional and behavioral dynamics characteristic of infant-mother attachment relationships also characterize adult romantic relationships (Crowell et al., 2008). Both relationships involve touching and cooing. In each case an individual feels safest and most secure then the other is nearby, accessible and responsive. The partner may be used as a “secure base” from which to explore the environment. Likewise, when an individual is feeling distressed, sick or threatened, the partner is used as a “safe haven” – a source of safety, comfort, and protection (Crowell et al., 2008).

Among the first researchers to make the link between how attachment status affects the dynamics of couple’s relationships, Hazan and Shaver conducted a study in 1987 to create a coherent framework for understanding love, loneliness, and grief at different points in the life cycle (Hazan & Shaver, 1987) by viewing the emotional bond between adult romantic partners from the same motivational system—the attachment system.

Hazan and Shaver devised a simple self-report questionnaire for adults that was a single-item measure of the three attachment styles from Ainsworth (secure, avoidant, anxious/ambivalent), designed by translating the descriptions of infants into terms appropriate to adult love (Hazan & Shaver, 1987). The love-experience questionnaire was based on previous adult-love measure and extrapolations from the literature on infant-caregiver attachment (Hazan
& Shaver, 1987). The “love quiz” was printed in the Rocky Mountain News (a newspaper in Denver, Colorado) on the first and second pages of the Lifestyles section, a highly visible placement in the newspaper with a banner headline at the top of the paper’s front page (Hazan & Shaver, 1987). Concurrently, there was a separate study using undergraduate college students as the sample.

Respondents were asked to read three paragraphs and indicate which paragraph best characterized the way they think, feel, and behave in close relationships. The questionnaire was divided into three parts. The first part contained statements concerning the subject’s most important relationship. Part two asked demographic questions along with inquiring about the respondents’ stated relationship. Examples of these questions pertained to the status of the relationship—current or past, how long had he or she been involved in the relationship and how many times he or she had been in love. Part three dealt with attachment style and attachment history (Hazan & Shaver, 1987) (Appendix E).

Hazan and Shaver found that the distribution of categories was similar to that observed in infancy. In other words, 56% of adults classified themselves as secure, whereas the other half split fairly evenly between avoidant and anxious/ambivalent categories (25% and 19%, respectively) (Hazan & Shaver, 1987). The results showed that people with different attachment orientations entertain different beliefs about the course of romantic love, the availability and trustworthiness of love partners, and their own love-worthiness (Hazan & Shaver, 1987). Within the three attachment-style categories, people reported different kinds of love experiences.

Overall, their results provided encouraging support for an attachment-theoretical perspective on romantic love. Hazan and Shaver’s useful study illuminates the association
between attachment styles and relationship functioning and was instrumental for subsequent research to explore this association further.

**Attachment Perspective in Couples Therapy**

Attachment experiences influence whether or not an individual will see him or her self as lovable. Research suggests that attachment styles are carried into life, where they serve as predispositions to later behavior in love relationships (Johnson, 1994). An attachment perspective can shed light on why problems emerge in relationships, on why people behave the way they do in relationships, and on who is at most risk for relationship problems (Davila, 2005). At a very basic level, attachment theory suggests that the goal of all attachment relationships is felt security, obtaining a sense of trust and certainty regarding the availability and responsiveness of the attachment figure.

Using attachment theory as a basis for therapy can answer some of the most fundamental questions of human emotional life, most of which arise in the context of close relationships (Karen, 1994). The questions might be how do we learn what to expect from others; why do certain events define the nature of relationships more than others; how can we best repair bonds with those we love (Johnson, 2008).

Attachment theory seems to be especially useful in addressing certain key issues in the study of couple relationships, such as conflict. It helps to explain both the sources of relationship conflict and individual differences in handling conflict (Feeney, 2008). With couples, therapeutic intervention addressing the emotional meaning of both partners’ behavior can be useful to facilitate clients’ recognizing how they are, perhaps inadvertently, reciprocally triggering each other in a reactive cycle (attachment style in action) (Pistole, 1994).
**Emotionally Focused Therapy (EFT).** In the early 1980’s, Susan Johnson began clinical placement in her doctoral program and was assigned to a counseling center where she would be working therapeutically with couples. Her experience to date had been as a family and individual therapist with emotionally disturbed adolescents. Dr. Johnson quickly realized she needed a framework to work from with the couples that was outside the suggested methods of communication skills. She came to recognize that marriages were about the emotional responsiveness that is called love; about fundamental human attachment (Johnson, 2006).

Johnson developed (along with Les Greenberg) in 1985 Emotionally Focused Therapy (EFT), a short-term treatment modality. Grounded in attachment theory, this therapy helps couples work through their emotional-relational distress. EFT builds on Bowlby’s theory that conceptualizes adult love as an attachment bond with an irreplaceable other. The primary caregiver is irreplaceable and is the one who fostered an emotional connection or attachment pattern. This pattern is difficult to be replaced by another, namely, the current partner (Naaman, Pappas, Makinen, Zuccarini, & Johnson-Douglas, 2005).

According to EFT, when an individual experiences disappointment, hurt, or a threat in their couple relationship, he or she they will have an emotional response; its purpose is eliciting from the other partner behavior necessary for restoring a sense of security in the relationship. The form that the emotional response takes will depend upon the individual attachment style that was acquired in infancy and modified by subsequent experiences with attachment figures, including the current partner (Crawley, 2005).

When partners experience disconnection, a predictable process of separation anxiety unfolds. People begin with protest, which usually takes the form of coercive anger, followed by clinging and seeking. If the attachment figure does not respond, then depression and despair set
in. In secure relationships, partners recognize, accept, and respond to protest. If they do not, then a person will either distract or immerse the self in tasks and deny attachment needs or become highly anxious and cling to the attachment figure in an effort to coerce responsiveness, often through critical remarks (Johnson & Greenman, 2006).

These responses then become habitual emotion regulation tactics. The more one partner clings, the more the other avoids. Traumatized individuals tend to combine these strategies into a “Come here; I need you—but you are dangerous—go away” strategy that unfortunately makes it exceedingly difficult for their partner to respond to them consistently (Johnson & Greenman, 2006).

Applying Bowlby’s attachment theory to adults provides a map for couple’s therapy; it provides direction and helps to understand what is wrong. It is a very concrete way to focus the therapy on what matters (Young, 2008). EFT help’s couples to recognize the “demon dialogues” which are three basic patterns that exist when someone cannot connect safely with his or her partner; help couples learn to forgive emotional injuries and participate in seven healing conversations (Fisher, 2009).

Four attachment styles (Johnson & Sims, 2000) that are central to EFT are:

1). People who are secure and trusting perceive themselves as loveable, able to trust others and themselves in relationship. They give clear emotional signals, and are engaged, resourceful and flexible in unclear relationships. Secure partners express feelings, articulate needs, and allow their own vulnerability to show.

2). People who have a diminished ability to articulate feelings, tend to not acknowledge their need for attachment, and struggle to name their needs in a relationship. They tend to adopt a
safe position and solve problems dispassionately without understanding the effect that their safe distance has on their partner.

3). People who are psychologically reactive and who exhibit anxious attachment. They tend to demand reassurance in an aggressive way, demand their partner’s attachment and tend to use blame strategies (including emotional blackmail) in order to engage their partner.

4). People who have been traumatized and who vacillate between attachment and hostility.

EFT is the only couple therapy explicitly based on attachment theory, which at the moment appears to be one of the most promising theoretical perspectives on adult love relationships (Johnson & Greenberg, 1995). It is one of the few psychodynamic approaches to marital therapy that has been empirically validated and subjected to process research aimed at relating specific in-session changes to positive outcomes (Johnson & Greenberg, 1988).

**Stages and steps of EFT.** In EFT, working with emotion is at the heart of the relational changes. The two main tasks of therapy are to access and reprocess the emotional experience of partners and to restructure interaction patterns (Johnson & Greenberg, 1995).

The process of change in EFT takes place during three stages: cycle de-escalation; changing interactional positions; consolidation/integration. Within these stages are nine steps that guide the therapist through the process: assessment, identify negative interactional cycle, access unacknowledged feelings and attachment needs, reframe the problem, promote identification with disowned needs, promote acceptance of partner’s new behavior, facilitate the expression of unmet needs and wants and create emotional engagement, facilitate new solutions to old problems and consolidate new positions and cycles of attachment behavior (Appendix F). These steps are not linear but spiral-each step incorporates and adds to the next.
The therapist’s goals in the initial sessions are to establish a strong therapeutic alliance; explore each partner’s emotional experience in the relationship and his or her attempts to satisfy attachment needs for safety, security, and comfort; and to gauge the effect of their habitual way of regulating their emotional experience in their interactional dance (Johnson & Greenman, 2006). The EFT therapist tracks and follows each partner’s emotion as a guide to his or her inner world and restructures the emotional engagement between partners. Negative emotion may be contained by the therapist in the first sessions, but will be tracked and used to illustrate to the couple the nature of the negative interactions that have hijacked their relationship.

When working from an attachment frame, the therapist during the first stage of EFT will try to help couples interact and get a handle on the negative interaction patterns that are constantly creating insecurity in both of them and keeping all these negative emotions going. Work done in stage one is ‘level one’ change; trying to change some of the elements in the system, modifying some elements in the system so it looks a bit different (Young, 2008).

The second stage of therapy is where the therapist is structuring new bonding interactions. Emotion is used to connect partners with their longings, needs and fears, and to connect in new ways with their partner. The steps in stage two are the busiest for the therapist, as he or she builds upon the couple’s ability to unite against their negative cycle and to conceptualize their problems in terms of attachment needs and emotions, and their corresponding actions (e.g., withdraw when sad; criticize when afraid) (Johnson & Greenman, 2006).

Movement through stage two of EFT is not linear but recursive: “The reduction in hostility of the critical partner invites the other’s approach; the reduction in the distance of the withdrawn partner encourages the other to risk and ask for what he or she needs” (Johnson, 2004). Stage two involves creating corrective emotional experiences. Teaching the partner to
use “I” statements to identify their needs for themselves, priming the partner to accept and perhaps meet these needs, and coaching both partners on how to effectively compromise are the focused activities for this stage. The therapist in stage two helps the couple create new cycles of positive bonding, where they can talk about their emotions in a whole different way and connect in a whole different way. This is also a ‘level two change’; real change occurring, the system is totally reorganized (Young, 2008).

Outcome and prognosis occur in stage three, with each partner beginning to talk openly about keen insight into the couple’s negative cycle, as well as his or her role in perpetuating it. At the same time, they are also expressing greater awareness of the new pattern that has emerged between them, in which each feels safe and secure enough with the other to seek comfort in times of vulnerability (Johnson & Greenman, 2006). The therapist’s goal in stage three is to help the couple nurture and maintain the secure bond that has developed during the course of therapy; to facilitate the emergence of new solutions to old problematic relationship issues in an atmosphere of collaboration and safety.

This is the stage where old problems are resolved, which are now easier and more naturally solved because the emotional “contamination” stemming from attachment conflicts is gone. Some problems will still need to be managed, but they will not seem so toxic, difficult or demanding. The therapist becomes less directive, and lets the couple direct therapy until they are ready to leave therapy. Future relapses and flare-ups are discussed as inevitable, but easier to handle. A key aim is for the therapist to specify the gains the couple has made by creating a coherent narrative of the couple’s journey from distance to connection (Johnson & Greenman, 2006).
**Adlerian couples therapy.** From the Adlerian perspective, partners are chosen based on the compatibility of lifestyles, goals, and belief systems. The couple comes together and forms a relational dyad that is influenced by each partner and creates a system where individual choices have unique bearing on said system. In Adlerian therapy, each partner must take responsibility for his or her own behavior. Once he or she knows how mistaken goals or lifestyle dynamics create problems in the relationship, then that person must take the initiative and make the effort to change his or her responses (Peluso & MacIntosh, 2007).

EFT and Adlerian therapists both share the idea that each individual operates with a specific goal or set of goals in mind, and these drive behaviors. Adler believed all behavior has a goal, which may be facilitative or destructive to the relationship (Peluso & MacIntosh, 2007). Similarly, EFT therapists view the goals of a couple’s behavior as driven toward meeting the basic attachment needs (security and exploration of the environment) in order to fulfill their potential in life (Peluso & MacIntosh, 2007).

Of the three Adlerian life tasks, (work, friendship and love), the love task is the most intimate union. This task represents two individuals fully enjoying one another. When two people completely desire each other, the task is complete. Using EFT can help a couple create a restorative experience during therapy, change their attachment to each other, thereby enhancing and working towards completing the love task.

**Interview with Kurt Wical, EFT practitioner.** Despite being a comprehensive therapy for twenty years, EFT has had a quiet existence in Minnesota. In order to obtain firsthand knowledge of this attachment-oriented couple’s therapy and to gain personal perspective on working within this therapy, an interview was conducted with Kurt Wical, PhD., LMFT with the Minnesota Renewal Center.
Dr. Wical is a passionate advocate for EFT, having been trained in the therapy and actively using it with all couples for the past several years. He was first exposed to EFT by attending a workshop during a conference sponsored by the Minnesota American Marriage and Family Therapy Association. He came away from the experience very intrigued. The examples and stories about change that couples had made were incredible to him. Dr. Wical sought out training and is working towards becoming a certified EFT trainer.

From a therapist’s point of view, EFT gets to the core of what is really going on within the relationship. When couples present to Dr. Wical as wanting more or “better” communication, he will introduce them to the idea that the problems they are currently having stem from a lack of safety and connection. Dr. Wical finds the stages and steps of EFT to be a wonderful road map to help the therapist understand where things are at in the therapeutic process and where to go next. It also guides the process for the clients; allowing them to slow things down and recognize the attachment process from their family of origin and how that relates to current relational processes.

EFT is about the connection between the two in the relationship; a big fight isn’t so much about the surface issue as it is about the relationship itself; the connection that may not be there and the desire to be with each other. EFT draws out the underlying emotions about safety (does he or she feel safe with the other), and if his or her wants and needs are going to be counted and validated. Dr. Wical observes clients with pattern behavior, that when a “key word” is said, the automatic response cycle kicks in. This cycle is one of distance and promotes disconnection. EFT works to uncover the “cycle” of each partner and dissect it to determine what it really is about and what triggers it. Once Dr. Wical explains to his clients that the issue is not about communication, it is about safety and connection, they are intrigued and willing to engage in the
process of EFT. The couples he has worked with understand and enjoy the work that is done, guided by EFT.

**Conclusion**

Attachment is an emotional relationship that involves an exchange of comfort, care, and pleasure. John Bowlby used the term to describe the affective bond that develops between an infant and a primary caregiver (attachment figure). Bowlby suggested that as infants, attachment bonds have four defining features: proximity maintenance (wanting to be physically close to the attachment figure); separation distress; safe haven (retreating to caregiver when sensing danger or feeling anxious); and secure base (exploration of the world knowing the attachment figure will protect the infant from danger).

Mary Ainsworth expanded on Bowlby’s attachment research by developing a method of assessing infant attachment, using the strange situation out of which came the patterns of secure and insecure attachment, further qualified by the secure, anxious avoidant, and anxious ambivalent categories. Secure infants explore freely and will be visibly upset when the caregiver leaves but does not experience significant distress when separated. Upon return, the infant happily goes to the caregiver. Insecure-avoidant infants will explore and show independence, but will not use their caregiver as a secure base to explore from. They show little emotion when the caregiver leaves the room and do not seek the person out upon their return. The infant will move away from the caregiver when approached. Insecure-ambivalent infants respond with anger or passivity when interacting with caregivers. When the caregiver departs, these infants are extremely distressed but upon the caregiver’s return, are ambivalent, seeing to remain close but resentful and resistant when the caregiver initiates attention.
A fourth category was described later by Mary Main and colleagues (Weston and Solomon) as disorganized. Disorganized infants exhibit a mix of behaviors, including avoidance or resistance. They may appear disoriented, freezing all movements while exhibiting a trance-like expression. The disorganized category is also given a classification of secure, ambivalent or avoidant. Main also expanded upon Bowlby’s internal working model theory; that early attachment experiences carry forward as mental representations of attachment figures in relation to self. Early experiences in childhood have an important influence on development and behavior later in life.

Adlerian Psychology asserts that during infancy, children are inferior and helpless and will seek nurturance from others to have their needs met; there is a strong need for affection. The conclusions they have made about the interactions with others represents their subjective view of life, the “scheme of apperception” that is used to construct the “private logic”, a collection of attitudes and beliefs formed by what the infant thinks about the interactions. As adults, safeguarding tendencies are enacted during close relationships with others that closely resemble the infant attachment styles.

In the 1980’s, the field of adult attachment began to evolve and the concepts of infant attachment styles were attributed to adults functioning in romantic relationships. Mary Main and colleagues created the Adult Attachment Interview, which is the most sophisticated and well-validated measure for assessing representation models of attachment in adulthood. The four styles of adult attachment parallel the infant attachment categories found during the ‘strange situation’: secure, dismissing, preoccupied and unresolved/disorganized.

The terminology of adult attachment is different than that of infant attachment: secure children are referred to as secure or autonomous adults; anxious-avoidant children are referred to
as insecure-dismissing adults; anxious ambivalent children are referred to as insecure-preoccupied adults and disorganized children are referred to as disorganized or unresolved adults.

As research continued to explore adult interpersonal relationships and infant attachment, other assessment methods were created to include the Adult Attachment Project (AAP) created by Carol George and Malcolm West, a narrative technique using pictures to activate the person’s attachment system. Cindy Hazan and Phillip Shaver developed a simple self-report questionnaire for adults that was based on Ainsworth’s three patterns of childhood attachment: secure, avoidant, and anxious. Hazan and Shaver were among the first to study how attachment status affects the dynamics of couple’s relationships and inspired others to create additional assessment tools.

Expanding from the Hazan’s and Shaver’s work, Kim Bartholomew proposed a model that included two forms of avoidance called the Relationships Questionnaire (RQ). The Experiences in Close Relationships (ECR) is a thirty-six item self-report developed by Kelly Brennan, Catherine Clark and Phillip Shaver, building off the other existing tools (AAI, Hazan and Shaver, RQ).

Adlerian therapists use a lifestyle assessment to draw forth the client’s style of life, as structure and detailed interview guide that asks questions that are strikingly similar to those asked during the AAI. While there are many unique interview protocols used to conduct a lifestyle assessment, each will follow a similar structure. Questions are asked about the presenting problem, changes that are desired and about the relationships and interactions with family from childhood. Early recollections (an Adlerian projective technique) serve to uncover from clients’ their underlying beliefs about themselves and the world around them.
Drawing on attachment theory for understanding adult love, EFT addresses the role of affect in intimate relationships and in modifying those relationships. This perspective focuses the therapist’s attention on attachment when working with couples, helping them to figure out their needs, fears and longings. It helps to explain the significance of loss of connection and trust in a relationship. Using three stages with nine steps, EFT is geared toward helping distressed couples reprocess their emotional responses, and in doing so, adopt productive and healthier interactional positions. An interview with a current EFT practitioner provided testimonial to the efficacy of the therapy that helps couples regain (and sometimes gain for the first time) a secure attachment bond with each other.

What couples really fight about is rarely the issue they seem to be fighting about. It is always about separateness and connectedness, safety and trust, the risk of letting someone in to see the exposed, vulnerable self (Johnson, 1994). Looking through the attachment lens to understand behavior in relationships will promote emotional health and strengthen the interpersonal ties that bond individuals to one another.
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Appendix A

Glossary

**Critical Period:** between six months and twenty-four months when it is crucial for an infant to be with caregiver.

**Monotropy:** babies form only one strong attachment, usually to the mother and this attachment forms during the first year of life.

**Proximity Maintenance:** the desire to be near the people we are attached to.

**Reciprocal:** the attachment process is two way.

**Safe Haven:** returning to the attachment figure for comfort and safety in the face of a fear or threat.

**Secure Base:** the attachment figure acts as a base of security from which the child can explore the surrounding environment.

**Separation Distress:** anxiety that occurs in the absence of the attachment figure.
Appendix B

Characteristics of Attachment

- Secure Base
- Attachment
- Separation Distress
- Proximity Maintenance
- Safe Haven
Ainsworth’s Strange Situation’ Assessment

1. Parent and child are alone in a room

2. Child explores the room without parental participation.

3. Stranger enters the room, talks to the parent, and approaches the child.

4. Parent quietly leaves the room.

5. Parent then returns and comforts the child.
Appendix D

Brief Descriptions of Adult Attachment Interview Categories in Relation to Corresponding Infant Strange Situation Categories

Main, 1996

<table>
<thead>
<tr>
<th>Adult Attachment Interview</th>
<th>Infant Strange Situation Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secure-autonomous (F).</strong> Coherent, collaborative discourse is maintained during description and evaluation of attachment-related experiences, whether these experiences are described as favorable or unfavorable. Speaker seems to value attachment while being objective regarding any particular experience or relationship.</td>
<td><strong>Secure (B).</strong> Shows signs of missing parent on first separation and cries during second separation. Greets parent actively; for example, creeping to parent at once, seeking to be held. After briefly maintaining contact with the parent, settles, and returns to play.</td>
</tr>
<tr>
<td><strong>Dismissing (Ds).</strong> Normalizing, positive descriptions of Parents (“excellent, very normal mother”) are unsupported or contradicted by specific memories. Negative experiences said to have had no effect. Transcripts are short, often with insistence on lack of memory.</td>
<td><strong>Avoidant (A).</strong> Does not cry on separation, attending to toys or environment throughout procedure. Actively avoids and ignores parent on reunion, moving away, turning away, or leaning away when picked up. Unemotional; expressions of anger are absent.</td>
</tr>
<tr>
<td><strong>Preoccupied (E).</strong> Preoccupied with experiences, seeming angry, confused and passive, or fearful and overwhelmed. Some sentences grammatically entangled or filled with vague phrases (“dadadada”). Transcripts are long, some responses irrelevant.</td>
<td><strong>Resistant-ambivalent (C).</strong> Preoccupied with parent throughout procedure, may seem actively angry, alternately seeking and resisting parent, or may be passive. Fails to return to settle or return to exploration on reunion and continues to focus on parent and cry.</td>
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<tr>
<td><strong>Unresolved-disorganized (U-d).</strong> During discussions of loss or abuse, shows striking lapse (or lapses) in the monitoring of reasoning or discourse; for example, may speak of dead person as if still alive in the physical sense, fall silent, or use eulogistic speech. May otherwise fit well to Ds, F, or E.</td>
<td><strong>Disorganized-disoriented (D).</strong> Disorganized or disoriented behaviors displayed in parent’s presence; for example, may freeze with a trance-like expression, hands in the air, rise and then fall prone at parent’s entrance, or cling while leaning away. May otherwise fit well to A, B, or C.</td>
</tr>
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Appendix E

Love Experience Questionnaire – Attachment Types

Hazan and Shaver, 1987

**Question:** Which of the following best describes your feelings?

**Secure:** I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don’t often worry about being abandoned or about someone getting too close to me.

**Avoidant:** I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.

**Anxious/Ambivalent:** I find that others are reluctant to get as close as I would like. I often worry that my partner doesn’t really love me or won’t want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.
## Appendix F

### Stages and Steps of Emotionally Focused Therapy

**Johnson, S. and Greenman, P.**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Step/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Assessment</strong></td>
<td>1. Assessment: create an alliance and delineate conflict issues in the struggle using an attachment perspective.</td>
</tr>
<tr>
<td><strong>Cycle De-escalation</strong></td>
<td>2. Identify the negative interactional cycle that maintains attachment insecurity and marital distress.</td>
</tr>
<tr>
<td></td>
<td>3. Access unacknowledged feelings and attachment needs.</td>
</tr>
<tr>
<td></td>
<td>4. Reframe problem in terms of the cycle, underlying emotions and attachment needs.</td>
</tr>
<tr>
<td><strong>II. Restructuring Interactional Positions</strong></td>
<td>5. Promote identification with disowned needs and aspects of self</td>
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<tr>
<td></td>
<td>6. Promote acceptance of partner’s new construction of the relationship and new interactional behavior.</td>
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<tr>
<td></td>
<td>7. Facilitate the expression of unmet needs and wants and creating emotional engagement. The key change events, withdrawer reengagement and blamer softening, evolve here. When both partners complete step 7, a prototypical bonding even usually occurs, either in the session or at home.</td>
</tr>
<tr>
<td><strong>III. Consolidation/Integration</strong></td>
<td>8. Facilitate the emergence of new solutions to old relationship problems.</td>
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<tr>
<td></td>
<td>9. Consolidate new positions and new cycles of attachment behavior. In all of these steps, the therapist moves between first helping partners, crystallize their emotional experience in the present by tracking, reflecting, and expanding this experience; then he or she sets interactional tasks that add new elements to and reorganize the cycle of partner responses.</td>
</tr>
</tbody>
</table>
Addendum G

Resources

http://www.psychology.sunysb.edu/attachment/

Reports and research at SUNY Stony Brook and the New York Attachment Consortium; publication lists and on-line articles; announcements and summaries of special events; training calendar for AAI; Ainsworth and Bowlby sections; links to other resources.

http://www.psych.uiuc.edu/~rcfraley/lab.htm

Attachment, emotion and personality lab at the University of Illinois at Urbana-Champaign-R. Chris Fraley; publication list and articles, links to other resources.

http://psychology.ucdavis.edu/labs/Shaver/PWT/index.cfm

Adult Attachment Lab at the University of California-Davis-Dr. Phillip Shaver; ECR Assessment, publication list and links to other resources.

http://www.bsos.umd.edu/psyc/mcfdl/index.html

Maryland Child and Family Development Lab-University of Maryland College Park, Dr. Jude Cassidy. Current projects, publication list and links to other resources.

http://www.richardatkins.co.uk/atws/

Website providing lists of authors, books, journals and articles in the area of attachment theory-Richard J. Atkins, UK. Many articles have links to full text. Links to other resources.

http://www.sfu.ca/psyc/faculty/bartholomew/research/

Publications and presentations list, active research projects by Kim Bartholomew.
http://www.people.umass.edu/monaco/attachlab.html

University of Massachusetts @ Amhearst, Department of Psychology’s Adult Attachment Lab-Professor Paula Pietromonaco. Publication list and articles, links to other resources.

http://www.iceeft.com/home.htm

The International Centre for Emotionally Focused Therapy founded by Dr. Susan Johnson. Publication list, resources, training program information.

http://www.emotionfocusedtherapy.org/

Emotionally Focused Therapy by Dr. Les Greenberg. Publication list and articles, links to other resources.