

My, How Couples Therapy has Changed!

Attachment, Love and Science

by Sue Johnson

Renowned family therapist Sue Johnson discusses Emotionally Focused Couples Therapy (EFT) in light of new research on attachment in adult love relationships.

The revolution

Just a few short years ago couples therapy was cynically labeled as a set of techniques in search of a theory! Now researchers such as John Gottman and Kim Halford have suggested that even the accepted techniques of this field, such as teaching problem-solving and conflict-management skills, while beneficial, do not seem to get to the heart of the matter in terms of offering a pathway to lasting change in relationships and do not reflect how happy couples relate to each other outside of therapy.

If all this weren't rough enough, everyone agrees that couples therapy can be very difficult to do. Dealing with two people, two sets of hot emotions, escalating fights, and clients who hurt but don't want to slow down, be more reasonable and negotiate is not for the faint of heart.

Given all this, it seems almost reasonable that couples therapy is often ridiculed or maligned as ineffective in the media. But in spite of this, millions of couples persist in seeking out therapists, perhaps because, as recent surveys tell us, most people in North America rate finding a loving relationship as their main life goal, placing it ahead of career or financial success. It is fortunate, then, that the image of couples therapy painted above is not the whole story. In fact, this image is simply out of date.

Couples therapy is in the midst of a revolution. The key element in this revolution is the development of a new science of love and love relationships. As Yogi Berra told us, "If you don't know where you are going, you wind up somewhere else." Without a clear model of love and the process of connection and disconnection, it is difficult to know how to focus interventions on the defining issues and moments in a relationship. It is hard to know what changes will really make a difference and what the overall goal should be in couples therapy. If love is, as Marilyn Yalom in her book [*The History of the Wife*](#) suggests, "an intoxicating mixture of sex and sentiment that no one can understand," then couples therapy is just appropriate sitcom material. As she suggests, sex and emotion do seem to be intrinsic to love, but it does not have to be a complete mystery.

There are many strands in this new science of love relationships, but they all come together in the growing literature on adult attachment, a relatively recent extension of the English psychiatrist John Bowlby's work on the emotional bonds between mothers and children. The attachment perspective gives the couples therapist a meaningful and effective map to the drama of distress between partners. It guides the therapist in the pivotal moments in couples interactions and why they matter so much; it offers the therapist a guide to each partner's deepest needs and strongest emotions. Even so, most therapists will ask, "But does it tell me what to do from

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moment to moment in a couple session?"

Many streams of research and theory have addressed these questions of late. My colleagues and I have explored these questions in what we call Emotionally Focused Couple Therapy (*EFT*), a systematic, rigorous, tested set of interventions based on the attachment view of love and bonding. I recently summarized attachment-based approaches in a manner that can be offered to clients and the public in [*Hold Me Tight: Seven Conversations for a Lifetime of Love*](#). The great strength of this new scientific perspective is exactly that it offers a rigorous body of observation and research into what love is all about and how it changes shape and color. Moreover, it is a tested approach to intervention with excellent outcome data and clinical relevance. Clients also tell us that this way of seeing and working does indeed go to the heart of the matter. In this article I will summarize the attachment perspective and how it is supported by different strands of relationship science (these science strands will be in italics to find or avoid, as you wish!) and how it translates into practice in EFT.

A new scientific and practical theory of love

The multitude of studies on adult attachment that have emerged over the last decade tell us that the essence of love is not a negotiated exchange of resources (so why teach negotiation skills?), a friendship, Nature's trick to get you to mate and pass on your genes, or a time-limited episode of delusional addiction.

Love is a very special kind of emotional bond, the need for which is wired into our brain by millions of years of evolution. It is a survival imperative. The human brain codes isolation and abandonment as danger and the touch and emotional responsiveness of loved ones as safety, a safety that promotes optimal flexibility and continual learning. *Jaak Panksepp¹, in his neurobiological studies, finds that loss of connection from attachment figures triggers "primal panic," a special set of fear responses. As Bowlby notes, the words "anxiety" and "anger"*

come from the same etymological root and both arise at moments of disconnection, when attachment figures are non-responsive. This need for emotional connection is not a sentimental notion. The basic image of who we are and what our most basic needs are, namely that we are social animals who seek such connection, is reflected in health studies. For example, it is now clear that emotional isolation is more dangerous for your health than smoking, and that it doubles the likelihood of heart attack and stroke.

Attachment theory states that we need a safe haven relationship to turn to when life is too much for us and that offers us a secure base from which to go confidently out into the world. This is effective dependency. Many psychotherapy clients learn that their problem is that they are too close or undifferentiated from loved ones. The approach discussed here offers a larger picture. The evidence is that secure, close connection is a source of strength and personality integration rather than weakness. *Studies show that the securely connected have a more articulated and positive sense of self. Eighteen months after 9/11, researcher Chris Fraley² found that securely connected survivors, who could turn to others for emotional support, were able to deal with this trauma and grow from it, whereas insecurely attached survivors were experiencing significant mental health problems.* Secure connection is shaped by mutual emotional accessibility and responsiveness. This is the heart of the drama that plays out in the couple therapist's office. The fights that matter in a relationship are only superficially about the kids or money. Partners and therapists can spend many hours talking about these content issues instead of focusing on *how* the couple talk and more specifically, on the key attachment questions that drive a couple's negative dance. The key questions are: "Are you there for me?" "Do I matter to you?" "Will you turn towards me and respond to me?" Partners often do not know how to ask these questions, and therapists often miss them or even see them as a sign of immature dependency.

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Attachment theory tells us that emotion and emotional signals are the music of the dance between intimates. Many therapies encourage clients to go round strong emotion or replace it with rational thoughts or decisions. *Emotion researchers such as James Gross now tell us that this not only increases arousal in the person who is inhibiting emotion but also creates tension in the other partner.* An approach that focuses on attachment suggests that emotion is best acknowledged and listened to, so that emotional signals can be shaped in ways that make for safe connection. New emotional responses are also essential if therapy is to address each partner's deeper longings, help partners formulate their needs and offer a path to the kind of compassionate loving connection that couples are seeking.

Secure attachment, not just conflict containment, is the goal of couples therapy here. By the end of therapy, an EFT therapist, for example, wants to see his or her clients listen to their emotions, speak their needs clearly and reach for their partner in a way that helps that partner tune in and respond. *Research into EFT outcomes tells us that when partners can do this in key sessions, they move into recovery from distress, and this recovery tends to be stable over time. Studies show that over 7 out of 10 couples reach this in EFT.* Safe emotional connection then helps each partner deal positively with stress and distress, whether this stress arises from within or outside the relationship. Negative events then only make a relationship stronger. *Jim Coan found that when women in an MRI machine were shown a sign that meant they might be shocked on their feet, their brains registered a high stress response, especially if they were alone and even if a stranger held their hand. But if they felt loved in their marriage and their husband held their hand, then these women's brains were much calmer and the shock seemed to hurt less; holding hands with a loved one "calms jittery neurons" in the brain.* As Bowlby predicted, there is more and more evidence that lovers are connected by a neural net. They regulate each other's physiology and emotional lives. When they are tuned in emotionally, they help each other reach a physical and emotional balance that promotes optimal functioning.

If you look through the attachment lens, the negative spirals that distressed couples create and are victimized by are all about separation distress—the deprivation and emotional starvation that comes from emotional disconnection. When we cannot get an attachment figure to respond to us, we step into a wired in sequence of protest, first hopeful and then angry, desperate and coercive. We seek contact any way we can. My client tells me, "I poke him and poke him—anything to get a response from him, to know I matter to him." If we cannot get a response, despair and depression come to claim us. This way of understanding the usual demand-withdraw cycle in a distressed relationship allows the therapist to help partners to see the game instead of the ball, and to come together against the common enemy of the isolation and the negative dance that is consuming their relationship. It also implies that unless the underlying attachment issues and primal panic is addressed, other approaches, such as insight or learning skill sequences, are unlikely to be effective.

Shaping a sense of safe connection

If we cannot find a way to turn towards our partner and shape a sense of safe connection, there are really only two other secondary strategies open to us and they map onto two emotional realities with exquisite logic. Strategy one is to become caught in fear of abandonment and demand responsiveness by blaming; unfortunately, this often threatens the other and pushes this person further away, especially if this strategy becomes habitual and automatic. Strategy two is to numb out attachment needs and feelings and avoid

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engagement (and conflict), that is, to shut down and withdraw. Unfortunately, this then shuts the other person out. Both these secondary strategies are ways of trying to hang onto an attachment relationship and deal with difficult feelings, but they often backfire. Over the course of EFT studies and practice, we have been able to chart the emotional realities of partners as they use these strategies. Once they can order and name their feelings, blamers speak of being alone, left, unimportant, abandoned, and feeling insignificant to their partner. Underneath their anger they are extremely vulnerable. Withdrawers speak of feeling ashamed and afraid of hearing that they are failures. They believe that they can never please their partner and so feel helpless and paralyzed.

Attachment-oriented couples therapy

Attachment theory offers a map to the dance of love and the powerful emotions that move partners in this dance. In moment-to-moment interactions, cognitive models of personal identity are also shaped. Each person is defined and defines themselves as lovable or unworthy and the other as trustworthy or dangerous. The map offered here allows the therapist to go within each partner and between the partners into the dance and its patterns. The therapist then, with EFT attachment-based interventions, shapes new interactions and new emotions, helping partners move from desperate anger, for example, to a clear expression of fear and longing that evokes caring and compassion in the other partner and creates the contact they long for.

EFT as an attachment-oriented therapy assumes that reshaped emotions and emotional signals and new sequences of responsive interaction are necessary to transform an attachment relationship. Couples therapy has rightly, from this view, been accused of ignoring nurturance and connection for a focus on conflict management, power and boundaries. This approach addresses this issue as core to forging satisfying and meaningful relationships. Attachment longings are wired into our brains and the tendency to reach and to trust and to comfort and care are always there, even if unrecognized or denied. The tendency to respond to hurtful disconnection by shutting down or attacking is also always there, and can become habitual for all of us.

Bowlby, like Carl Rogers, saw how we can all get stuck in dead-end ways of dealing with our emotional needs and with loved ones, but also believed that we can have a corrective emotional experience of safe connection that opens new doors for us and changes these ways. What has to happen—or what is necessary and sufficient for a lasting transformational shift to occur in a distressed relationship? My experience leads me to believe that a corrective emotional experience of safe connection that is then integrated into the self and the relationship is necessary. What does this look like?

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We know from thousands of studies on attachments between mother and child and from studies of adult love that in secure relationships that people can become aware of and regulate their attachment emotions, accept their needs and express these needs coherently and openly to the other. They can accept comfort when offered and, in an adult relationship, offer comfort to the other. They can then use this sense of felt security to move out into the world, to explore and learn. In key change events that predict positive outcome in the second stage of EFT, when the therapist is guiding the couple into positive cycles of engagement and trust, this is also what we see. With both withdrawers and blaming anxious partners, the therapist helps them move into a deeper connection with their own fears and longings, and then express these fears and longings to their partner in a way that pulls the other close.

Withdrawers assert their needs for safety and can tell their lover what they require to stay emotionally engaged. David says, "I have to feel that I can win here. I can't be walking on eggshells and get doubted and slammed every day. I want to be close. I need your help and a little trust from you." More blaming partners can express their fears and also risk reaching for their partner. David's wife, Sue, can say, "I am so scared of being let down,

of going into freefall, but I need your reassurance. I have to know that I matter to you—that you will not let us lose each other."

When couples can reconnect (or even connect for the first time!) in this way, immensely positive bonding events take place. Partners begin to see each other more fully and are more authentic and compassionate with each other. Their connection empowers each of them and opens the door to all the benefits that research tells us comes with secure attachment. Their way of engaging with their own emotions, their loved one and the world, which now contains a safe haven, shifts. *The research on bonding suggests that as they make this kind of connection, lovers are likely flooded with the cuddle hormone, oxytocin. This is released during orgasm, breast-feeding or simply when attachment figures come close to us. Oxytocin is also linked to the release of dopamine, a natural opiate linked to pleasure, and down-regulates cortisol, the stress hormone. The neurochemical basis of bonding—the physical source of the calm euphoric feeling associated with love—is no longer a mystery.* Once a couple can create these kinds of interactions, they can move into the final consolidation phase of EFT.

The practical application of attachment and associated research findings also leads into exciting new areas. It leads to a new understanding of how to create forgiveness for injuries in attachment relationships. A seven-step process has been outlined and tested (Johnson, 2004). New research also gives the therapist a guide to the integration of sex and attachment, helping us to understand Laumann's recent survey results that the most satisfying sex occurs in long-term loving relationships. The passion of infatuation is perhaps just the hors d'oeuvre rather than the main meal. Emotional presence and engagement are the keys to sex that remains thrilling, rather than seeking novelty or needing distance to spark desire (see the chapter on this in *Hold Me Tight*). A new understanding of love also extends the reach of the couples therapist. EFT is used to create safe-haven relationships for those who are traumatized. If we can heal relationships, we can also create relationships that heal. A safe, loving relationship is the natural antidote to the emotional tsunami of trauma.

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Sam and Kate: An EFT couples session

Let's now look at some interventions in a small piece of couples therapy and see how all of this impacts the choices the therapist makes in a session. Kate and Sam are an older couple who have been very wounded in past relationships. Kate was wounded early by Sam's reluctance, for the first few years of their relationship, to commit to her. He needed an "escape route," to the point where she would feel humiliated and excluded by him, especially in social situations. They have come a long way. Sam is now expressing commitment and caring, but Kate just cannot bring herself to trust him and move in with him again. This session focused on addressing that impasse. Below is a list of a number of the interventions used and some examples of therapeutic interactions with Sam and Kate.

- Validation is used to create a safe haven in the session for both partners.
- Emotions are tracked, unpacked, and tied into key steps in the couple's drama.
- Responses are framed and clarified within the new understanding of attachment.
- Profound core emotions are heightened and evoked to move partners into new, more responsive interactions.
- New enactments are shaped to help partners move into interactions where each one of them can reach for the other and respond caringly to the other.

Sam: We are fine and then we are not. She just gets so upset. It's like, "Go to jail, do not pass Go" for me. It's disheartening. Then I get scolded about all the past injuries and crimes. *(He shrugs and throws up his hands.)*

Therapist: *(Chooses to focus on process—Sam's emotions and how they move him in the attachment dance.)*

You feel disheartened, and like you are being scolded. Kind of hopeless, then? So then, what do you do here? Is this one of these times when you, as you have said, try to "explain," give reasons for past actions, and end up "stepping back" a little? (*Sam nods and so does Kate.*) That must be so hard for you, Kate. (*Therapist actively reflects this couple's attachment pattern, validates and empathizes to create a safe haven in the session.*)

Kate: I still don't feel heard. I was expendable to him—I am hurt. (

New research on hurt finds that is it a mixture of anger, sadness and fear—the fear of being excluded, abandoned and rejected.) We have talked lots but it doesn't change. And then we went to that party on Saturday and then we fought. The hurt goes on forever. So I just say, "Just leave." (*She weeps bitterly.*) Some days I see that he is struggling to be there, but . . . then we just withdraw from each other. I can't trust and he just gives up on us.

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Therapist: Some part of you sees that he is fighting for you, (she nods). But these moments--this hurt is still triggered and hits like a tsunami (heightening primary attachment emotions). The hurt is sadness? (She nods). There is some anger, and a terrible sense that this is unbearable. The only answer is for him to leave and you to protect yourself, not let him in? The hurt will go on and on--that is the scary part.

Kate: Yes. It's sad and it's terrifying. I will never feel safe here. I can't risk with him.

Therapist: (*Using the map of attachment emotions.*) There is a panic. Can you feel that fear right now? (*Kate murmurs that she does.*)

Kate: It's like I am in freefall.

Sam: I try. I try to tell you that I am here, that I want you to come to the party with me. I know that in the past parties were like a minefield. I know I kept you at arm's length. Now I try to reach out to you, but you don't trust it. So what can I do? (*He again throws his arms up in the air and turns away.*) You are so attractive, so competent. You are dangerous for me too.

Therapist: Sam, I want you to stay here right now—not turn away and get discouraged. I know it's hard to be holding out your hand to Kate and have her not able to really reach out and take it. That takes courage. But can you see that she is scared? Lots of past hurts and fears are right there for her in these moments. (*His fears are validated and Kate's responses are clarified in the light of attachment vulnerabilities.*) Can you tell her, "I want you to be with me at the parties; I want to reassure you and have you take in my caring, feel safe"? (*Highlighting the attachment message, the invitation, coming from Sam.*)

Sam: (*Turns to Kate*) Yes. Yes, I am reaching from my heart. (*He puts his hand on her arm.*)

Therapist: Kate, can you feel Sam's hand on your arm? (*She shakes her head.*) You can't feel the warmth in his hand? (*She shakes her head again.*) You are so scared that you go numb, is that it?

Kate: I go numb. At the party the other night, I was numb. So scared that the old scenario would play out. He would move away; act like I wasn't his lady. My facade works but underneath . . .

Therapist: You are just so very scared of being hurt again, of feeling unimportant, expendable. (*Kate nods.*) So you numb out. You can't feel his warmth then. You can't take in his reassurance. Then he gets discouraged and begins to express hopelessness and that confirms your fear. Can you tell him, "I am so very scared of letting

myself hope, of beginning to feel and need you again"?

Kate: *(To Sam)* I am just so scared. I want to believe that you are with me now, but when we do stuff like go to a party, all that old hurt comes up and I just numb out. Then when you do touch me, it's like you are a million miles away.

Therapist: How can Sam help you, Kate? How can he help you with your fear, your doubt? ("*Don't know,*" *Kate murmurs.*) Can you look at him? Do you see that he cares, that he doesn't want you to be hurt or afraid?

Kate: *(Looks at Sam intently.)* Yes, I see that. I need him to listen to that old hurt I have and help me with it. I need him to help me heal it and to reassure me that it is okay to begin to put my trust in him again. *(Suddenly she smiles and he moves closer and smiles back at her.)*

Sam: Well, then that is what we will do. I am not sure quite how to do it, but here I am. *(She leans forward and folds herself into his shoulder.)*

In this moment, Sam offers Kate a felt sense of connection, and I see the neural duet that researchers describe when they speak of mirror neurons firing in the brain so that we feel within our bodies the moves and emotions of another. This sense of felt connection seems to create a state of resonance that physicists speak of. In this connected state, two particles vibrate together and move into exquisite coordination, a natural synchrony of matching rhythms and responses, where intentions and moves are transparent and perfectly anticipated. This kind of engagement can be seen in joyous moments between mother and child, father and child. It is also part of these moments between adult lovers such as Sam and Kate. This is perhaps the essence of love.

So, yes! couples therapy has changed. It is changing into a rich scientific discipline that has a central place for love and attachment. We have reached into outer space, to Mars and beyond. This science of human connection changes everything, allowing us to reach into the space within and between us... for the better.

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Seminal References

[Mikulincer, Marion and Shaver, Phil \(2007\). *Attachment in adulthood*. Guilford Press.](#)

[Johnson, Sue \(2008\). *Hold me tight: Seven Conversations for a Lifetime of Love*. Little Brown.](#) (Or visit the [Hold Me Tight website](#) for more info.)

[Johnson, Sue \(2004. 2nd Ed\). *The Practice of Emotionally Focused Therapy*. Brunner/Routledge.](#)

Notes

¹Panksepp, Jaak. (1998) *Affective Neuroscience: The foundations of human and animal emotions*. Oxford: Oxford University Press.

²Fraley, C., Fazzari, D., Bonanno, G., & Dekel, S. (2006) Attachment and psychological adaptation in high exposure survivors of the September 11th attack on the world Trade Center. *Personality and Social Psychology Bulletin*, 32, 538-551



Dr. Sue Johnson is one of the originators and the main proponent of Emotionally Focused Couples Therapy (EFT), now one of the best validated couples interventions in North America. She is Director of the Ottawa (Canada) Couple and Family Institute and the International Center for Excellence in Emotionally Focused Therapy as well as Professor of Clinical Psychology at the University of Ottawa and Research Professor at Alliant University in San Diego, California.

She has received numerous honors for her work, including the Outstanding Contribution to the Field of Couple and Family Therapy Award from the American Association for Marriage and Family Therapy and the Research in Family Therapy Award from the American Family Therapy Academy. She is a Fellow of the American Psychological Association.

She received her doctorate in Counseling Psychology from the University of British Columbia in 1984. She is a registered psychologist in the province of Ontario, Canada, and a member of the editorial board of the Journal of Marital and Family Therapy, the Journal of Couple and Relationship Therapy and the Journal of Family Psychology. She is a Research Professor in the Marital & Family Therapy Program at Alliant University in San Diego.

Her 2004 book (2nd Ed), [*The Practice of Emotionally Focused Couples Therapy: Creating Connection*](#) (Brunner Roulledge) is a foundational text on EFT for couples. She is the senior editor of the 2003 book, [*Attachment Processes in Couples Therapy*](#) (Guilford Press), and the 1994 book, [*The Heart of the Matter*](#) (Guilford Press). She has also written a book on trauma and couples, [*Focused Couple Therapy with Trauma Survivors*](#) (2002).

She trains counselors in EFT worldwide and consults to Veterans Affairs, the U.S. and Canadian military and New York City Fire Department. Sue is an Approved Supervisor for the American Association of Marriage and Family Therapy and is internationally known for her workshops and presentations on practice, theory and research in couple therapy, adult attachment and emotion in psychotherapy. She maintains a private practice and lives in Ottawa, Canada, with her husband and two children.

To contact Dr. Johnson and learn more about her work, visit her at [Hold Me Tight!](#) and [The International Centre for Excellence in Emotionally Focused Therapy](#).

This is fun
Hannah

CE credits: 1

Learning objectives:

- Describe an attachment perspective of relationships
- Identify key Emotionally Focused Therapy (EFT) interventions used in couples therapy
- Apply attachment theory concepts in working with couples through Emotionally Focused Couple Therapy