

ATTACHMENT THEORY AND ADULT INTIMATE RELATIONSHIPS

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at the
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The image shows the crest of Stellenbosch University, which is a shield-shaped emblem with a crown on top. The shield is divided into four quadrants with different colors and symbols. The crest is positioned behind the text of the degree information.

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:

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SUMMARY

Close relationships are essential to health and well-being. There is clear evidence that problems in intimate relationships contribute to both health and psychological problems (Cassidy, 2001). In order to understand and treat adult intimate relationships effectively, there needs to be a theory that describes and explain adult intimate relationships. A review of the literature shows that the field has lacked a framework or a broad theory. A theory that proposes to be a framework for the understanding of adult intimate relationship, is John Bowlby's attachment theory. A review of the literature on adult intimate relationships, shows that attachment theory has become prominent in the field. Research suggests that attachment theory offers clinicians a way to grasp and help clients shape their attachment bond, transforming their marriages and their families (Johnson, 2003). It is therefore researchers' view that attachment theory offers the clinician a guide to understand adult intimate relationships and to treat and transform them. The objective of this review is to explore the applicability of attachment theory as a theory of adult intimate relationships. This review focuses on: A brief review of theories used in the area of adult intimate relationships; the central concepts of attachment bond and attachment styles and how these are carried through to adulthood via internal working models; the application of the concepts of attachment theory to the understanding and treatment of adult intimate relationships; the evaluation of EFT as a treatment model; and finally, the evaluation of attachment theory as a model of adult intimate relationships. Although there are valid concerns about the extensions and applications of the theory, it is concluded that the use attachment theory contributes to clinicians' understanding of adult intimate relationships. It was also suggested that extensive research on the use of this theory in other countries and specifically South Africa is critically needed to make well-grounded conclusions about the usefulness of this theory.

OPSOMMING

Intieme verhoudings is noodsaaklik vir gesondheid en welstand. Dit is bewys dat probleme in intieme verhoudings bydra tot fisiologiese- en gesondheidsprobleme, asook sielkundige probleme. 'n Teorie wat volwasse intieme verhoudings verduidelik en beskryf, is nodig ten einde intieme verhoudingsprobleme te verstaan en effektief te behandel. 'n Oorsig van die literatuur dui aan dat daar 'n tekort is aan 'n raamwerk of breë teorie in die veld van volwasse intieme verhoudings. Navorsing voer aan dat Bowlby se bindingsteorie die nodige riglyne bied vir die verstaan en behandeling, en uiteindelijke transformasie van intieme verhoudings. Die doel van hierdie literatuuroorsig is om die bruikbaarheid van bindingsteorie as teorie vir volwasse intieme verhouding te verken. Hierdie oorsig fokus op: 'n oorsig van die teorieë in die veld van volwasse intieme verhoudings; die hoof konsepte van bindingsteorie en die toepassing daarvan in die verstaan en behandeling van intieme verhoudings; die evaluering van 'n behandelingsmodel wat gebaseer is op bindingsteorie; en laastens die evaluering van hierdie teorie as 'n raamwerk vir volwasse intieme verhoudings. Ten spyte van sekere beperkings, is daar gevind dat hierdie teorie wel bydra tot die verstaan van volwasse intieme verhoudings. Hierdie bevinding is egter ontwikkel en toegepas in Westerse lande, en dit word sterk aanbeveel dat hierdie teorie se toepaslikheid in nie-Westerse populasies, en spesifiek in nie-Westerse populasies in Suid-Afrika, bestudeer moet word alvorens goed gegronde gevolgtrekkings oor die toepaslikheid van hierdie teorie gemaak kan word.

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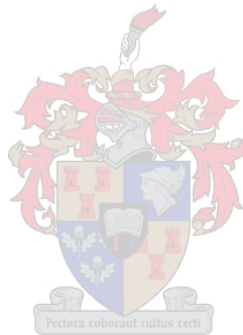


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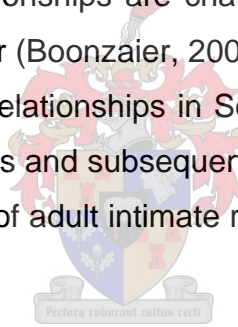
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1. INTRODUCTION AND MOTIVATION

“in the past, couple therapy as a discipline has been thought of as a technique in search of a theory” (Johnson & Whiffen, 2003, p. x).

Close relationships are essential to health and well-being. Moreover, the capacity to form intimate relationships with others is considered to be an essential developmental task and a principal feature of effective personality development and a key marker of mental health (Bowlby, 1988; Cassidy, 2001; Reis & Patrick, 1996). Problems with intimate relationships is the single most common reason for seeking therapy - it undermines family functioning and is strongly associated with depression, anxiety disorders, and alcoholism. There is clear evidence that problems with intimacy contribute to both physiological and health problems as well as to psychological problems (Cassidy, 2001).

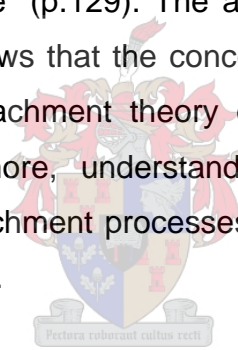
In South Africa, adult intimate relationships are characterized by physical and emotional abuse and neglect; and even murder (Boonzaier, 2005). The high divorce-rate is evident of the problems that exist in intimate relationships in South Africa. Poverty, unemployment, crime and violence, terminal illnesses and subsequent loss of life; pose specific challenges in the understanding and treatment of adult intimate relationship dysfunction (Kalichman et al., 2005).



Adult intimate relationships are highly complex phenomena and span multiple levels of analysis - the persons, their interaction, the social, cultural, and historical context of their interactions, and the systemic interplay among these levels of analysis (Johnson, 2003; Reis, Clark, & Holmes, 2004). In order to understand and treat adult intimate relationships, a theory is needed that describes and explain these complex phenomena. According to Johnson (2003), there is a need for a broad integrative theory of relationships. A theory is needed that is relevant, coherent, and well-developed in order for it to inform specific interventions for the treatment of adult intimate relationships (Davila, 2003). Although there are many theoretical approaches which can be used to conceptualize adult intimate relationships, the field continues to lack a framework or a broad theory (Dozier & Tyrrell, 1998; Kelly, 1995; Johnson, 2003).

A theory that proposes to be such a theory, is John Bowlby's attachment theory. Research suggests that attachment theory offers clinicians a way to grasp and so to help clients shape their attachment bond, transforming their marriages and their families (Johnson, 2003). It is therefore researchers' view that attachment theory offers the clinician a guide to understand adult intimate relationships and to treat and transform them. A review of the literature on adult intimate relationships, shows that attachment theory has become prominent in the field. In fact, in the last decade attachment research, including an extensive body of research on adult intimate relationships, has become "one of the most profound, and most creative lines of research in psychology" (Cassidy & Shaver, 1999, p. x).

According to Johnson and Whiffen (2003), Bowlby always intended his theory to be a clinical theory that would offer therapists a guide to intervention in adult intimate relationships. Bowlby (1979) contended that "attachment behaviour [characterizes] human beings from the cradle to the grave" (p.129). The attachment system is therefore active over the entire life span and it follows that the concept of attachment is relevant in adult intimate relationships and that attachment theory can be applied to understand adult intimate relationships. What is more, understanding adult intimate relationships as attachment bonds, means that attachment processes can be used to bring about change in these relationships (Davila, 2003).



The first systematic attempt to apply attachment theory to adult intimate relationships was in 1987, titled *Romantic love conceptualized as an attachment process* (Hazan & Shaver). Since the publication of Hazan and Shaver's (1987) paper, research has focused on how attachment security affects intimate relationships. Relatively little of that research, however, paid attention to clinicians working with adult intimate relationships (Davila, 2003). There is therefore a gap in the systematic application of this understanding to the treatment of adult intimate relationships.

Researchers have used key components of attachment theory that explain the development of affectional bonds in infancy, to understand *adult intimate relationships* (Ainsworth, 1989; Bowlby, 1980; Doherty & Feeney, 2004; Dozier & Tyrell, 1998; Feeney, 2005; Feeny, 2003; Holmes, 1997; Johnson, 2003; Kesner, 1997; Prager & Roberts, 2004;

Weiss, 1982, 1986).

Core aspects of this theory have also been used in the treatment of adult intimate relationships. Attachment theory offers a compelling and empirically supported model to understand health and dysfunction in adult intimate relationships (Davila, 2003), and therefore provides answers to key questions about the treatment of distressed couples (Johnson, 2003). It is proposed that if applied correctly, attachment theory has the potential to explain and address dysfunction in intimate relationships in South Africa.

The use of attachment theory in the understanding of adult intimate relationships, has subsequently given rise to a specific treatment model called Emotionally Focused Therapy (EFT). This model has been tested empirically and research shows that EFT is now recognized as one of the most researched and most effective approaches to changing problems in adult intimate relationships (Johnson, Hunsley, Greenberg, & Schindler, 1999; Naaman, Pappas, Makinen, Zuccanini, & Johnson-Douglas, 2005). Emotionally Focused Therapy is therefore further evidence for the usefulness of applying attachment theory to adult intimate relationships.

2. BROAD GOALS AND OUTLINE

The objective of this assignment is to explore the usefulness of attachment theory for the conceptualization and treatment of adult intimate relationships. The outline of the assignment is as follows: 1) A brief review of theories used in the area of adult intimate relationships. 2) The central concepts of attachment bond and attachment styles and how these are carried through to childhood via internal working models. This includes a discussion of the application of the concepts to the understanding of adult intimate relationships. 3) The application of the concepts of attachment theory to the treatment of adult intimate relationships. This includes the evaluation of EFT as a treatment model. 4) The evaluation of attachment theory as a model of adult intimate relationships.

3. THEORETICAL FRAMEWORKS AND ADULT INTIMATE RELATIONSHIPS

3.1 The prominent international theories used in the understanding of adult intimate relationships

Adult intimate relationships have been conceptualized in a multitude of ways. These various conceptualizations differ in a variety of dimensions related to adult intimate relationships, including level of analysis, central components, and temporal components (Laurencau, Rivera, Schaffer, & Pietromonaco, 2004). These dimensions are in turn related to the theoretical perspective taken by the particular theorist. A brief overview of the prominent theories in the field of intimate relationships precedes a discussion of attachment theory.

The **social theories** have several approaches to the subject of adult intimate relationships. There are theorists who explain adult intimate relationships in terms of divorce and separation. According to this standpoint, de-traditionalisation and the process of individualization have weakened social ties and has lead to divorce and separation (Fevre, 2000). Other theorists perceive the process of de-traditionalisation and of individualization in a positive light (Heelas, Lash, & Morris, 1996). According to this perspective, traditional, contractual notions of adult intimate relationships are regarded as having lost their relevance in the process of social change.

The **social exchange theory** developed by Thibault and Kelly (1959) is also used to explain adult intimate relationships. Social exchange theory regards human behaviour as a function of payoffs or rewards (Conradie, 2006). Rewards refer to the benefits exchanged in social relationships and are defined as any pleasure, satisfaction and gratification (Busboom, Collins, Givertz, & Levin, 2002). The social exchange theory has played an important role in explaining happiness in adult intimate relationships. Stephen (1984) proposed that social exchange theory may provide a useful framework for the understanding and predicting of the development of intimate relationships. Social exchange theory is also used to explain conflict in adult intimate relationships. Elmlee, Sprecher and Bassin (1990) apply social exchange theory in their understanding and explanation of premarital breakups. The understanding of violence and victimization are especially grounded in social theory (Goldner, 1998). Fletcher (2002) and Lehman (2005), both propose the use of general social theories as they intersect with cognitive approaches, to understand adult intimate relationships. Thompson and Snyder (1986), as well as Benson, Arditti, de Atilas and Smith (1992) applied attribution theory and showed strong evidence of the importance of attributional processes in determining spousal

interactions and relationship satisfaction. The issue of trust in adult intimate relationships is also addressed mainly by social theory (Van de Rijt & Buskens, 2000).

Social theorists who continue to perceive traditional family values as crucial to social and economic stability interpret this cultural shift in terms of loss, decline and gradual degeneration. Meanwhile, other theorists are busy documenting positive gains for those engaged in less conventional personal relationships. Both these approaches seek to describe the consequences of change and how it has influenced the way people relate to one another, but they are two very different interpretations of intimate relationships. Writers have noted that social theories are heavily implicated in the social landscape it portrays, (Billig et al., 1988). This causes complexity in the application of social theory in the understanding of adult intimate relationships. It is also argued that this theory tends to exclude important aspects of human beings, such as individual traits, personality, cognition and emotion, which make it less applicable to its use in the treatment of adult intimate relationships (Brown & Reinhold, 1999).

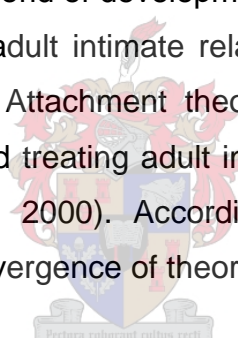
Freud's **psychoanalytic approach** assigns the source of interpersonal conflict to conflicting intrapsychic energies caused by unresolved issues in the childhood of the individual. Freud's theory, however, focuses on the individual and cannot be applied to the couple as a whole. **Erikson's Psychosocial approach** is a psychoanalytical theory and it has greatly influenced researchers' thinking about development (Lehman, 2005). Researchers have used Erikson's Psychosocial inventory in their *assessment* of couples (Burns & Dunlop, 1998), but it has not been used to *understand* adult intimate relationships. **Systems theory** relocated the source of interpersonal conflict from deep unconscious and unresolved childhood issues, to toxic interactions within the family system (Brown, 1999). L'Abate and De Giacomo (2003) use amongst other, systems theory to facilitate a better understanding of functional and dysfunctional relationships. Lehman (2005) also includes systems theory in his discussion on theoretical approaches to adult intimate relationships and argue for its use in understanding family interactions. **Experiential-humanistic theory** is concerned with each individual's emotional and intrapsychic realities and the ways in which he or she gives meaning to that experience (Vatcher, 2001). **Object relations theory** has been used to understand adult intimate relationships by examining the influence of internal object representations on adult intimate

relationships. Morrisson (1998) presented a model of marital communication based on object relations theory. Finkelstein (1988) describes the use of object relations theory to illuminate marital dynamics and provide interpretive content during the course of therapy. **Cognitive theory** emphasizes the role that cognition plays in adult intimate relationships, based on the premise that dysfunction occurs when partners maintain unrealistic beliefs about their relationship and make extreme negative evaluations about the sources of their dissatisfaction (Ellis, Sichel, Yeager, DiMatta & DiGiuseppe, 1989). **Attachment theory** uses attachment styles and internal working models and argues that attachment styles developed in childhood, continue to be influential throughout adulthood. The theory emphasizes the propensity for human beings to make and maintain affectional bonds to significant others (Bowlby, 1988).

Several conceptualizations in the field of adult intimate relationships have attempted to define and operationalize these relationships, but many of these theories lack conceptual clarity or completeness (Laurencau et al., 2004). Although each perspective has demonstrated explanatory power in its own right for the understanding of adult intimate relationships, not all theories are applicable to the treatment of adult intimate relationships. Psychoanalytic theory can be used to understand individual conflicts, but cannot be applied to the couple as a whole (Brown & Reinhold, 1999). A current prominent treatment model, **Imago therapy**, however, draws on some aspects of Freud's psychoanalytic theory. Researchers have used Erikson's Psychosocial inventory in their *assessment* of adult intimate relationships (Burns & Dunlop, 1998), but it has not been used to *understand* adult intimate relationships. Systems theory is a theoretical approach that specifically describes and explains relationships and has proven to be valuable in the understanding of problems in adult intimate relationships. It can be described as a metatheory that helps conceptualize adult intimate relationships on a broader level, especially in terms of process and patterns. Object relations theory seems to come closer to the actual treatment of adult intimate relationships as it provides interpretive content during the course of therapy. Experiential-humanistic theory emphasizes the role of emotion in the understanding of experiences within adult intimate relationships (Johnson, 1996; Johnson & Greenberg, 1994; Vatcher, 2001). This perspective forms an essential part of the treatment of adult intimate relationships with **Emotionally Focused Therapy** as well as **Imago Therapy**. Attachment theory does not only offer clinicians a better understanding of adult intimate relationships, but also provides answers to key questions

regarding the treatment of distressed couples (Davila, 2003). Emotionally Focused Therapy for adult intimate relationships is grounded in this theory and Imago therapy uses much of the learning from attachment theory. Cognitive-behavioural theories have given rise to treatment methods that identify and modify distorted or inappropriate perceptions, inferences, and beliefs that partners have about each other. Cognitive-behavioural couples therapy was designed to enhance partners' skills for evaluating and modifying their own problematic cognitions, as well as skills for communicating and solving problems constructively. The cognitive approach therapist educates and increases awareness concerning perceptions, assumptions, attributions or standards of interaction between the couple (Ellis et al., 1989).

Johnson and Whiffen propose that the field of adult intimate relationships has entered a new era. According to them, there has been a lack of theory in the past, but suggest that attachment theory has begun to fill this gap. Although attachment theory has been increasingly operationalized in the world of developmental research, this theory is now one of the most promising theories of adult intimate relationships (Cassidy, 2001; Shaver & Hazan, 1993; Shemmings, 2004). Attachment theory has therefore been extended to create a framework for studying and treating adult intimate relationships (Johnson, 2003; Rothbaum, Weisz, Pott & Morelli, 2000). According to Johnson (2003), the use of attachment theory constitutes a convergence of theory, research and practice.



3.2 The use of theory in South Africa in the field of adult intimate relationships

The need for humans to establish and maintain intimate relationships with others is a central and fundamental human motivation that appears to cut across cultures (Baumeister & Leary, 1995; Bowlby, 1980; Johnson, 2003; Laurencau et al., 2004). However, the majority of research on adult intimate relationships is based on Western partners in relationships. It is likely that models of understanding and treatment will need to be extended when applied to adult intimate relationships from diverse cultures. Current conceptions of adult intimate relationships may not necessarily be culturally universal because of differences in collectivism-individualism (Laurencau et al., 2004).

It is therefore important to look at the prominent theories used in South Africa in the field of adult intimate relationships. Conradie (2006) provides a review of selected South African

research on intimate heterosexual relationships. Her review identifies the prominent theoretical frameworks used in South Africa. She found that the majority of South African studies have an **atheoretical approach** to research. These studies are not grounded within an explicit theoretical framework and can be characterized as descriptive research. Findings such as age at first love with someone of the opposite sex, number of boyfriends or girlfriends before marriage and initiative in romantic relationships, are described.

Various South African researchers are also making use of **social theory**. As described above, this theory has limited applicability in the use of the understanding and treatment of adult intimate relationship dysfunction. There are also researchers that draw on **cognitive-behaviour theory**. Conradie (2006) includes amongst others, South African studies such as Möller, Rabe and Nortje; and Möller and Van der Merwe that utilized Ellis' Rational Emotive Behaviour theory as their theoretical frame of reference (Möller, Rabe, & Nortje, 2001; Möller & Van der Merwe, 1997).

Some South African relationship researchers adopt a **metatheoretical orientation** in which a range of frameworks within postmodernism are utilized, including feminism, social constructivism and discourse theory. By adapting, one acknowledges that we are always interpreting our experienced reality through a pair of conceptual glasses. Researchers use a postmodern methatheoretical orientation to understand how people construct their relationships and how this perception influences their lived relationships. This implies that there is no absolute way of being in and experiencing intimate adult relationships and it creates room for unique experiences of being a member of a couple.

Johnson and Whiffens' opinion (2003) that there has been a lack of theory in the past in the international field of adult intimate relationships, appears to ring true for the current status of theory in South Africa. As indicated above, South African relationship researchers mostly adopt an atheoretical approach to research. It could be argued that research that is grounded in a specific theory that conceptualizes adult intimate relationships in South Africa, would assist in enriching intimate relationship research in South Africa. According to Johnson and Whiffen (2003), attachment theory has begun to fill this gap internationally. It is therefore recommended that the applicability of attachment theory to the South African context be evaluated and studied in order to establish to what extent this theory can also

be used to add to the understanding of adult intimate relationships in South Africa.

4. CENTRAL CONCEPTS IN ATTACHMENT THEORY

Although attachment theory was developed to understand the bond between mothers and their infants, many of the concepts have proven to be useful in the understanding of the bond between adult intimate partners. These concepts have formed a framework for studying adult intimate relationships and have contributed to extend attachment theory to the understanding of adult intimate relationships (Johnson, 2003; Rothbaum et al., 2000).

4.1 The attachment bond

The heart of attachment theory consists of recognizing the critical importance of the attachment bond and the secure base phenomena throughout development (Cortina & Marrone, 2004). In attachment theory terms, a bond consists of behavioural, cognitive, and emotional elements. It involves a set of attachment behaviours, reciprocal sets of emotional responses and strategies to regulate such responses, and an inner representation of prototypical interactions, which constitute working models of self and other in this context (Johnson, 1996). A secure bond has been described as an emotional bond between an infant and one/more adults such that the infant will (a) approach them especially in periods of distress (b) show no fear of them, particularly during the stage when strangers evoke anxiety (c) be highly receptive to being cared for by them; and (d) display anxiety if separated from them (Shaver, Hazan, & Bradshaw, referred to in Millikin, 2000).

Ainsworth (1978) observed that children use attachment figures as a base from which to explore their surroundings. Bowlby (1988), views the provision of a secure base as a central feature of parenting. In essence, this means that the parents must be available, ready to respond when called upon to encourage and perhaps assist, but to intervene only when clearly necessary. Bowlby (1988) compares this concept to that of an officer commanding a military base from which an expeditionary force sets out and to which it can retreat, should it meet with a setback. Bowlby (1988) explains that only when the officer commanding the expeditionary force is confident that his base is secure, will he dare press forward and take risks. Similarly, a secure base provided by parents, provides a child with

the opportunity to venture out into the world; venturing further from base the more confident they are that their base is secure. The attachment bond is an emotional tie with an irreplaceable other who provides a *secure base* from which to confront the world and a *safe haven* - a source of comfort, care, and protection (Doherty & Feeney 2004). The central role of the attachment bond is to protect against danger, and therefore establishes an early sense of security and trust in others (Cortina & Marrone, 2004).

4.1.1 Adult intimate relationships as attachment bonds

Johnson (2003) and others (Ainsworth, 1989; Doherty & Feeney, 2004; Weiss, 1982, 1986, 1991) believe that one of the most primary human needs is to have a secure emotional connection - an attachment - with those who are closest to us. Research has shown that the ability to establish and maintain intimate relationships in adulthood is built on the foundation of a secure base with attachment figures (Cassidy, 2001; Gerlsma, 2000). The most common conceptualization of attachment theory is the individual's capacity for concern and trust, particularly in distress.

The applicability and relevance of attachment theory on adult intimate relationships is based on findings that adult intimate relationships are attachment bonds. Doherty and Feeney (2004) investigated the types of relationships that fulfil needs for adults and the relative strength of attachment to different figures in different life situations. They and other researchers (Ainsworth, 1989; Weiss, 1982, 1986) argue that the functions of attachment bonds identified in infant-caregiver studies are also apparent in adults' committed close relationships. Ainsworth (1989) and Weiss (1991) identified committed romantic relationships as the prime example of adult attachment bonds. Doherty and Feeney (2004) found that most participants in their study, who had an intimate partner, were judged to be fully attached to that partner. This suggests that spouses or partners become the primary attachment figure for the majority of adults and therefore their main source of security and comfort (Johnson, 2003).

A further argument for adult intimate relationships as attachment bonds, is that individuals in adult intimate relationships are seeking the same sense of security and support from their partners that were important in their secure attachment relationships during childhood (Kesner, 1997). In fact Bowlby stated: "There is nothing childish or pathological about it"

(1979, p. 127). Ainsworth (1989) defined adult attachment as an affectional bond that is long-enduring with a seemingly irreplaceable other. Results from Doherty and Feeney's study (2004) suggest that adults desire to be with relationship partners (proximity seeking), seek comfort from them in times of stress (safe haven), become distressed when they are unavailable (separation protest), and derive a sense of security and confidence from their intimate relationships (secure base). It can therefore be argued that adults want attachment bonds and that their intimate relationships can be seen as attachment bonds (Johnson, 2003).

Attachment is an important component of adult intimate relationships (Johnson, 2003) and marital commitment, and meeting needs of a felt sense of security is one of the primary reasons for marriage. Human beings naturally seek and maintain contact with significant others and virtually every aspect of human experience are strongly influenced by the quality of attachment bonds (Johnson, Makinen & Millikin, 2001). It is therefore important to understand what constitutes a threat to this attachment bond. Attachment researchers have pointed out that an incident in which one partner responds or fails to respond at times of urgent need, seems to disproportionately influence the quality of the intimate relationship (Simpson & Rholes, 1994). Although the literature suggests that different kinds of betrayal are detrimental to intimate relationships, these formulations have generally lacked a guiding theoretical paradigm. Attachment theory offers an explanation of why a certain painful event, such as a specific abandonment, becomes pivotal in a relationship. According to attachment theory, such an incident either shatters or confirms each partner's assumptions about the relationship and the dependability of the other, previously described as internal working models (Johnson 2003). Johnson et al. (2001), call such an incident an *attachment injury* and conceptualize it as a specific type of betrayal that is experienced as an abandonment or a violation of trust. It can be described as a wound that occurs when one partner fails to respond to the other in a critical time of need. During the therapy process, this event often reemerges in an alive and intensely emotional manner. This reemerging quality distinguishes it from the ordinary highs and lows of an ongoing relationship. This incident then becomes a clinically recurring theme and creates a barrier to relationship repair (Johnson et al., 2001). By applying attachment theory, clinicians can understand what the key features of such events will be, how they will impact a particular couple's relationship, and how such events can be optimally resolved

(Davila, 2003).

Although the need for attachment is an innate part of being human, rather than a childhood trait that we outgrow (Holmes, 1997; Johnson, 2003), it is important to note that child-parent relationships differ in important ways from adult intimate relationships. Bowlby's description of the course of attachment behaviour, indicates that a child's attachment to his parents start to change during adolescence (1969). This change occurs mainly because other adults come to assume an importance equal to or greater than that of the parents. During adolescence and throughout adulthood, people therefore have attachments other than with parents. Weis (1982) describes adult attachment bonds as between peers rather than care receiver and caregiver. In adult intimate relationships both partners are therefore sometimes anxious and security-seeking and at other times able providers of security and care (Hazan & Shaver, 1987). In child-parent relationships, the child is likely to be more dependent on the parent for especially physical caregiving, such as feeding and protection. Adult intimate relationships further almost always involve sexual attraction (Hazan & Shaver, 1987; Weis, 1982). Another difference identified by Weis (1982) is that adults have cognitive and behavioural strategies to cope with distressful situations. Adults are therefore not susceptible to being overwhelmed by other behavioural systems and life contexts, which will have a mediating effect on their experience of security. It can also be said that because of cognitive gains, adults have a more complex understanding of security and separation which will have implications for their experiences. Some researchers have dealt with these differences by postulating distinct behavioural systems and differentiate between the attachment system, the caregiving system, and the reproductive system (Ainsworth et al., 1978; Bowlby, 1979; Cassidy, 2001).

4.2 Model of attachment styles in infancy

Ainsworth et al. (1978) identified three distinct patterns of infant attachment based on their responses to separation from and reunion with caretakers in a structured laboratory procedure. These patterns are: secure, avoidant, and ambivalent.

The *secure* pattern is characterized by children who are able to depend on and trust adults, and who simultaneously develop perceptions of the self as loveable. *Avoidant* children protest little on separation, and on reunion with the caregiver. Children who

develop an *avoidant* style deactivate attachment behaviour when under threat because, from an early stage, primary caregivers consistently and predictably discouraged or rejected the display of feelings. *Ambivalent* children protest, but cannot be pacified when their caregiver returns. The *ambivalent* style results from *inconsistent* and *unpredictable* early caregiving, leaving the child with considerable mixed feelings about relationships.

Each of the three attachment organizations are highly organized systems which act to protect the infant against anxiety (Shemmings, 2004). A fourth pattern which lacks the coherence of the other three was established after re-examination of children who could not easily be classified as avoidant or ambivalent (Holmes, 1997). These children were classified as *disorganized* and show no coherent pattern of response, 'freezing' or collapsing to the ground, or leaning vacantly against a wall on reunion (Holmes, 1997).

Ainsworth also studied the links between the parent-infant relationship in the first year of life, and subsequent attachment classification. The kernel of her findings was that parental responsiveness to infant affect, is a key determinant of secure attachment. Parental environments may be *consistently responsive*, *consistently unresponsive*, or *inconsistently responsive* (Ainsworth, 1989).



4.2.1 Attachment styles in adulthood

The study done by Hazan and Shaver (1987) indicated that the three attachment styles are about as common in adulthood as they are in infancy. More specifically, Hazan and Shaver argue that the three major attachment styles described in the infant literature are manifested in adult intimate relationships. They explained a three-category measure of adult attachment style namely *Avoidant*, *Anxious*, and *Secure*. The results of research done by Bartholomew and Horowitz (1991), showed that both self-models and models of others are separate, important dimensions of an adult's orientation to close relationships. Bartholomew (1997) emphasized the importance of considering both individual's perceptions of themselves, how they feel about themselves in relation to others, and their expectations of others and their approach to others. Based on these findings, Bartholomew (1997) proposed an expanded model of adult attachment along the lines of Hazan and Shaver, but distinguished between two forms of adult avoidance. He developed a new 4-group model of attachment styles in adulthood. He therefore defines four

prototypic attachment patterns using combinations of a person's self-image (positive or negative) and an image of others (positive or negative). Each attachment style has a characteristic way of viewing both the self and the other:

Secure individuals are characterized by a positive image of the self and positive image of others. Consistently responsive caretaking in childhood is hypothesized to have facilitated the development of both an internalized sense of self-worth and trust that others will generally be available and supportive (Bartholomew, 1997). In the secure style, the self is viewed as basically loveable and others are viewed as generally reliable and responsive. An individual who can count on attachment figure's responsiveness, support, and protection is free to give full attention to other concerns, such as exploration and/or companionable interaction. Adults with a *secure* attachment style therefore find it relatively easy to trust others. They can open up emotionally and commit themselves to a long-term intimate relationship. According to Bartholomew (1997), secure adults are high on both autonomy and intimacy, and they are comfortable using others as a source of support when needed. According to Holmes (1997), proximity and responsiveness are easily achieved and assumed to be available, by secure adults. Moreover, individuals with secure attachment styles offer more hugs and other affectionate touches, and are more responsive to their partners' needs for care (Kunze & Shaver, 1994).

Preoccupied individuals are characterized by a negative self-model and a positive model of others. According to Bartholomew (1997), inconsistent parenting, particularly if accompanied by messages of parental devotion, may lead children to conclude that they are to blame for any lack of love from caretakers. They question the legitimacy of attachment needs, which renders dependency on others as dangerous and uncertain (Johnson, 1996). This fearful uncertainty explains their excessive vigilance, reassurance seeking, frequent angry protest, and jealousy (Johnson, 2003). They are preoccupied with their attachment needs and actively seek to have those needs fulfilled in their close relationships.

Those with an *avoidant* style have learned that in order to feel relatively secure they have to rely heavily on themselves and not openly seek support from a partner. They have learned not to turn to other people as a source of security (Bartholomew, 1997). It can be said that they suppress activation of the attachment system. Research has shown that

unlike secure women, *insecure/avoidant* women failed to seek care (defined as failing to share their concerns with their partners), and in fact withdrew from their partners as they became more anxious. Avoidant attachment is thought to be associated with rules and strategies (learned through interactions with attachment figures) that restrict expression of distress and support seeking (Kobak & Sceery, 1988). More recently, studies by Fraley and Shaver (1997) suggest that avoidant adults experience relatively little distress in relation to attachment - related stressors because they have learned to focus their attention away from these events.

Bartholomew suggests that avoidant individuals have very different conclusions about their own self-worth and has developed two avoidant groups. On the one hand, the *fearful*, have concluded both that others are uncaring and unavailable, and that they themselves are unlovable. The *dismissing*, in contrast, has managed to maintain a positive self-image by distancing themselves from attachment figures and developing a model of the self as self-reliant and invulnerable to the potential rejection of others.

According to Shemmings (2004), the styles adopted in infancy 'resolve' during adulthood into the styles described by Bartholomew. Beyond infancy, attachment relations therefore come to be additionally governed by internal working models that young individuals construct from experienced interaction patterns with their principal attachment figures (Bretherton & Munholland, 1999). The different attachment styles in infancy constitute predispositions to organize perceptions and responses in particular ways in adult intimate relationships (Johnson, 1996).

The expectations incorporated in internal working models are some of the most important sources of continuity between early and later feelings and behaviours. The internal working model of a person therefore underlies attachment styles in adult intimate relationships and serves as the basis of the use of attachment theory to understand adult intimate relationships (Hazan & Shaver, 1987).

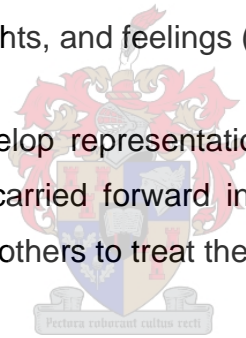
4.3 Internal Working Models

Attachment theory highlights how the ways in which each infant's attachment needs were responded to by the environment might vary, thus promoting the development of different

styles of relating or defending against relating. In their description of the three attachment styles, Ainsworth et al. (1978) refers to infants' expectations concerning their mother's accessibility and responsiveness. The child develops a mental representation of the mother, based on the experiences with the mother. Bowlby calls this an internal working model (IWM).

According to Bowlby's theory, children, over time, internalize experiences with caretakers in such a way that early attachment relations come to form a prototype for later relationships outside the family. Memories of past attachment experiences, expectations regarding future ones and strategies for dealing with attachment needs and situations are represented and organized in autobiographical memory in 'internal working models'. According to Bretherton and Munholland (1999), these internal working models are conceived as "operable" models of self and attachment partner, based on joint relationship history. They are procedural scripts for how to create relatedness (Johnson, 2003) and serve to regulate, interpret, and predict both the attachment figure's and the self's attachment-related behaviour, thoughts, and feelings (Bretherton & Munholland, 1999).

According to Johnson, people develop representations of self and others that become expectations and biases that are carried forward into new relationships (2003). These expectations or models often cause others to treat them in a certain way (Harris, 2004).



4.3.1 The use of internal working models in the understanding of adult intimate relationships

Feeney (2005) explored the role of attachment in couple relationship and concluded that the role of internal working models in shaping behaviour is vital to couple relationships. Dozier and Tyrell (1998), also emphasize the importance of considering how working models of attachment affect approaches to relationships. According to Feeney (2005), a particular relational event is interpreted through the lens of existing mental models. Mental models of attachment carry information about rejection and exclusion (Feeney, 2005) and are therefore important to the way we manage close relationships, to predict the behaviour of others in response to the self, and to plan one's own behaviour in relation to others (Collins & Read, 1994). Feeney (2005) used internal working models and conceptualized personal injury as damage to the victim's models of self and others (2005). Hence,

damage to mental models involves threats to the relational worth of self and others (Feeney, 2005).

Internal working models influence how people communicate and express emotions in intimate relationships. Individuals with secure working models of attachment (that simultaneously evaluate the self as loveable and worthy and others as trustworthy and reliable) are more open and expressive of their emotions than individuals with avoidant working models of attachment (Bartholomew & Horowitz, 1991). Secure and autonomous working models of attachment are characterized by open, flexible, and nondefensive deployment of attention to attachment-related issues, allowing the individual access to past and current relationship issues. Such internal working models enable reflection and communication about past and future attachment situations and relationships, thus facilitating the creation of joint plans for proximity regulation and the resolution of relationship conflicts (Bretherton & Munholland, 1999). Individuals with secure working models of attachment engage in more self-disclosure, have higher reported needs for closeness and less need for distance (Feeney, 1999), and more readily offer and accept emotional support. The internal working models about intimacy-relevant behaviours such as openness and self-disclosure will therefore have an impact on a couple's relational intimacy (Prager & Roberts, 2004). According to Prager and Roberts (2004) positive evaluation of the self, encourages more extensive intimate relating whereas negative self-regard discourages it. This is consistent with adult attachment research that supports this link between positive representational models of self and relational intimacy. Secure and anxious-ambivalent individuals reported greater self-disclosure than did avoidant individuals (Mikulincer & Nachson, 1991). In a study by Tidwell, Reis and Shaver (1996), individuals with avoidant attachment working models reported less disclosure and intimacy in their interactions with opposite-sex partners than both securely and ambivalently attached individuals. Thus, the way that intimacy evolves in a relationship may depend, in part, on the a of the partners involved (Laurenceau et al., 2004).

Certain types of self-disclosure may be more related to the experience of intimacy than others (Laurenceau et al., 2004). Emotional self-disclosures are considered to be more closely related to experience of intimacy because they allow for the most core aspects of the self to be known, understood, and validated by another (Reis & Patrick, 1996).

Bowlby (1969) stresses the importance of emotions in communicating and how it provides valuable information to people in intimate relationships. Attachment style, and internal working models are also related to how people experience and regulate their emotions in their interactions with significant others (Johnson, 2003; Laurenceau et al., 2004). According to Johnson (1996) emotion is central to attachment and shows that there is a connection between partners. It may influence how people go about engaging in the process of intimacy (Johnson & Whiffen, 1999; Laurenceau et al., 2004). Emotion plays a key role in organizing attachment behaviours (Bowlby, 1969), and in the way the self and the other are experienced in an intimate relationship (Johnson, 1996). Results of Feeney's study show that attachment dimensions are linked to reports of emotional reactions (2005). Attachment theory therefore provides a guide for understanding and normalizing many of the extreme emotions that accompany distressed relationships.

Cassidy (2001) proposes that the basic attachment need according to attachment theory, essentially is: Can I depend on you when I need you? Fear and uncertainty activate attachment needs and attachment behaviours for comfort and connection and attachment behaviours, such as proximity seeking, are activated. There are two strategies for dealing with the lack of safe emotional engagement, namely anxiety and avoidance (Fraley & Walker, 1998). When there is a threat to the relationship, attachment behaviours may become heightened and there is an increase in anxious clinging. When hope for the relationship is lost, the second strategy is to deactivate the attachment system and suppress attachment needs (Bartholomew, 1997). Attempts at emotional engagement is therefore limited or avoided. A third insecure strategy has been identified, which is referred to as fearful avoidant (Bartholomew, 1997). It is essentially a combination of seeking closeness and then responding with fearful avoidance.

The expression of 'vulnerable emotions' such as guilt, hurt, or sadness, that expose the 'innermost self' are especially significant (Johnson & Greenberg, 1994; Roberts and Greenberg, 2002). According to Johnson (2003), recent empirical research stresses the pivotal importance of soothing and supportive responses and the absolute requirement for safe emotional engagement. When the needs for comfort and contact are not responded to, a prototypical process of angry protest, clinging, depression, and despair occurs (Johnson, 1996). Feeney (2005) applied internal working models and looked specifically at

hurt feelings in couple relationships. According to him, attachment principles underpin the current conceptualization of personal injury, and generate viable predictions about individual differences in emotional reactions to intimate partners' hurtful behaviour.

At any time in a relationship, the quality of attachment will be the result of partners' attachment predispositions (internal working models) and present interactions that mediate the effects of dispositions (Johnson, 1996). Attachment insecurity complicates the process of emotional engagement and responsiveness and causes partners' difficulty expressing their underlying emotions and attachment needs, which impedes their ability to resolve conflicts. As a result, when such conflicts occur, one partner tends to criticize and complain, while the other takes a defensive and distancing stance (Johnson et al., 2001). Overwhelming negative affect coupled with rigid interactional patterns then obstruct the process of working through recurring issues and bringing closure to negative events (Johnson et al., 2001). Distressed couples become emotionally disconnected and tend to become immersed in fear and insecurity (Davila, 2003).

Attachment theory has therefore contributed to clinicians' understanding of couples in terms of partners' view of the self and other, communication and level of self-disclosure, as well as emotion regulation. It provides an explanation of how these aspects will look in healthy couples, but also how these aspects are affected when couples are in distress. By improving clinicians' understanding of distressed couples, attachment theory offers a valuable tool in the development of treatment of such couples.

5. THE USE OF THE CONCEPTS OF ATTACHMENT THEORY IN THE TREATMENT OF ADULT INTIMATE RELATIONSHIPS

As discussed above, although partners may provide each other with safety and comfort, they may also be the source of substantial amount of stress (Johnson et al., 2001). Attachment theory provides answers to key questions regarding the treatment of distressed couples (Davila, 2003). This section will review the literature on attachment theory's view on the treatment of adult intimate relationships, which will be followed by a review of a specific intervention model, namely Emotionally Focused Therapy.

5.1 The treatment of adult intimate relationships according to attachment theory

According to attachment theory the view of self and other, communication, and emotion regulation are the aspects of the attachment bond that are affected when couples are distressed (Bartholomew 1997; Cassidy, 2001; Fraley & Shaver 1997; Holmes 1997; Johnson & Whiffen, 1999; Johnson 1996; Kobak & Sceery, 1988; Kuncze & Shaver, 1994; Laurenceau et al., 2004; Prager & Roberts, 2004).

Attachment theory emphasizes the need for comfort and the promotion of safe emotional engagement and responsiveness as the basis of a secure bond (Johnson, 2003). These aspects therefore need to be specifically addressed by the therapist. Recent empirical research stresses the pivotal importance of soothing and supportive responses and the absolute requirement for safe emotional engagement (Gottman, 1994; Gottman, Coan, Carrere, & Swanson, 1998; Pasch & Bradbury, 1998).

Attachment theory further emphasizes the importance of emotion as a prime motivator for and organizer of attachment responses, and therefore suggests that clinicians should pay exquisite attention to the emotions clients bring to couple therapy (Davila, 2003). These emotions mostly involve anger, sadness and longing, shame and fear. In this sense, attachment theory can help clinicians help partners regulate reactive emotions (Johnson, 2003). Johnson (1996) explains that such reactive emotions fuels negative cycles such as attack/defend. By accessing and articulating these emotions, partners can be moved into new forms of emotional engagement.

Although once established, internal working models become increasingly resistant to change (Bowlby, 1972, 1988), Johnson (1996) emphasises that working models can change due to new relationship experiences. Treatment based on attachment theory, focuses on restructuring working models of self and other. Therapy must pay attention to the core cognitions concerning self and others (Davila, 2003). Implicit and explicit self-definitions and definitions of other emerge in emotionally charged couple interactions and become available for modification and reassessment (Johnson, 1996). A treatment model for couple therapy that has been developed to assess and restructure a couple's interactions, as well as facilitating new emotional experience, is Emotionally Focused

Therapy (Davila, 2003; Millikin, 2000).

5.2 Emotionally Focused Therapy (EFT)

Theoretical basis of EFT

Attachment theory is central to the EFT model. The goal of EFT from an adult attachment point of view is to foster the creation of a secure bond and reduce attachment insecurities (Johnson, 1996). Drawing on attachment theory, EFT conceptualizes partners' needs and strong emotional responses as normal, healthy, and adaptive and not as a result of personality deficiencies or other pathology (Greenberg & Johnson, 1988). EFT model posits that the desire for and seeking out intimacy and interdependence with another is a basic, normal and healthy need (Doherty & Feeney, 2004; Johnson, 1996; Vatcher, 2001). Healthy attachment to the partner fosters continued adult development, while behaviour on the part of one partner that threatens the attachment will produce reactions in the other in an attempt to reestablish closeness (although it typically has the opposite effect), whereas withdrawal is seen as an attempt to avoid unpleasant exchanges, thereby containing interaction and maintaining couple stability (Johnson, 1996).

As mentioned before, emotion plays a key role in the attachment bond. Emotionally Focused Therapy uses the emotion expressed by each partner to understand what is being experienced by each of them. By experiencing and owning the emotion behind the issue between the couple, the couple experiences each other in a new, more intimate way resulting in a change in their attachment bond (Greenberg & Johnson, 1988). Experiencing emotion in therapy helps to create a softening in the relationship (Greenberg & Johnson, 1988; Vatcher, 2001). By assuming that the members of the couples have healthy feelings, needs, and wants, attachment theory provides the clinician with the insight to facilitate the emergence of these feelings, needs and wants. Greenberg and Johnson (1988) further explains that “it is not the people's feelings and wants that cause problems in relationships, but the disowning or disallowing of the feelings and wants that leads to ineffective communication and escalating interactional cycles” (p. 38).

Emotionally Focused Therapy's interventions restructure a couple's interactions and facilitate new emotional experience and gives clinicians the tools to help break the cycle of

limited relating (Vatcher, 2001). Emotionally Focused Therapy focuses on accessing, naming, and putting out the shameful, painful feelings of each partner to be examined (Vatcher, 2001). In EFT, the therapist is constantly involved in two tasks (Davilla, 2003). Firstly, the therapist is reflecting present patterns in the process of interaction and exploring and expanding the processing of attachment-orientated emotions. The therapist will also explore the internal working models of self and others that are cued by such emotions. Secondly, the therapist will be setting interactional tasks, either to enact (and so clarify) present interactional positions or to begin shape new, more attuned, and more engaged interactions.

The EFT therapist deconstructs emotional experience or response by noting the underlying attachment fears and the part the response plays in the couple's pattern of interacting. Change occurs by the construction of new emotional experience that changes the nature of the attachment bond between partners (Davila, 2003).

Key elements of change and goals of EFT

Greenberg and Johnson (1988) identified three key elements of change for the couple. One, change can occur in the reenactments of cycles of interaction and in the highlighting of these negative interaction cycles and underlying issues (including attachment injuries). Two, change can occur in the expanding and reprocessing of emotional responses such that the enactment of new responses to previous negative interaction cycles create new experiences of connection. And thus, three, reorganized interactions create a softening bond between partners.

The goals of EFT are to expand constricted emotional responses that prime negative interaction patterns, to restructure interactions so that partners become more accessible and responsive to each other, and to foster positive cycles of comfort and caring (Johnson et al., 2001). The therapist focuses particularly on emotion because it so potently organizes key responses to intimate others, acts as an internal compass focusing people on their primary needs and goals, and primes key schemas about the nature of self and other (Johnson et al., 2001). Negative emotional responses, such as frustration, if not attended to and restructured, undermines the repair of a couple's relationship, whereas other 'softer' emotions, such as expressions of vulnerability, can be used to create new

patterns of interaction (Johnson et al., 2001; Vatcher, 2001).

Therapeutic tasks

In EFT, there are specific therapeutic tasks as well as a process of change. Johnson (1996) has delineated this process into nine steps that are designed to be implemented in approximately 10-15 sessions: The first four steps involve assessment and the delineation of problematic cycles and the absorbing states of emotion that are associated with them. At the end of this stage of therapy, the couple is able to unlatch their negative cycles and stabilize their relationship.

In the second stage, partners are able to use their emotional experience as a guide to their needs and communicate these needs in a way that maximizes the other's responsiveness (Johnson et al., 2001; Vatcher, 2001). It is during this stage that the resolution of attachment injuries takes place. Withdrawn partners are able to explore the emotional experiences that evoke their withdrawal and to become more emotionally engaged. More hostile partners become able to express their hurts and fears and take new risks with the other partner. Partners will now be able to explore insecurities and ask for comfort, caring and reassurance. This final interaction constitutes a change event that is associated with success in EFT, namely a softening (Johnson & Greenberg, 1988). The couple is then able to complete a positive bonding interaction where each can risk, share, and find a safe haven in the other (Johnson et al., 2001; Vatcher, 2001). The relationship is then defined as a secure attachment. The couple can now go on to the consolidation phase of therapy in which they construct clear models and narratives of their relationship, its distress, and its recovery, with a new ability to communicate clearly about crucial issues, and solve ongoing problems in the relationship.

5.3 Evaluation of EFT as treatment for distressed couples

Few empirical studies have focused on the psychotherapeutic restructuring of insecure attachment behaviours except in the theory and clinical applications of EFT (Millikin, 2000). Emotionally Focused Therapy has been empirically tested on numerous presenting problems, most notably marital distress and the results support the effectiveness of EFT as an intervention (Johnson & Whiffen, 1999; Johnson et al., 1999; Simon, 2004; Snyder,

Castellani, & Whisman, 2006; Vatcher, 2001).

Emotionally Focused Therapy has shown to create stronger attachment bonds and higher levels of trust and intimacy and in couples (Johnson et al., 1999). Research on EFT further shows that the task-relevance aspect of the therapeutic-alliance is the most powerful predictor of outcome (Davila, 2003). Emotionally Focused Therapy does not seem to have the same problems with relapse as other approaches (Davila, 2003; Johnson & Whiffen, 1999). There is evidence that results are stable, even in very distressed, high-risk relationships where couples would be expected to relapse (Clothier, Manion, Gordon-Walker, & Johnson, 2002). There is also a trend to continuing improvement after therapy ends (Johnson et al., 1999). This suggests that the intervention reaches the heart of the matter as it creates lasting change.

The EFT treatment model has addressed crucial questions facing the field of adult intimate relationships (Johnson et al., 1999). There had been no clear empirical model of change in adult intimate relationships other than behavioural approaches (Millikin, 2000). Most interventions targeted behavioural or cognitive change and the role of emotion had been virtually ignored as an agent of change and as a contributor to problems in adult intimate relationships (Greenberg & Johnson, 1986).

Recent studies in EFT have developed the model beyond the focus of general problems, to more specific presenting problems as depression, eating disorders, and sexual dysfunction. Studies have confirmed the efficacy of EFT with couples with a depressed partner (Davila, 2003) and chronic illness (Gordon-Walker, Johnson, Manion, & Cloutier, 1996). Another study focused on the theoretical development of EFT as applied to post-traumatic stress disorder (Davila, 2003).

Little has written about the limitations of EFT. It is important to note that most the studies that empirically tested EFT were conducted by Susan Johnson (who developed the approach) and her associates. These studies used relatively small samples and it is suggested that future research should use bigger samples, such as 30 to 40 couples. There are also few studies that compare EFT with other treatment models for adult intimate relationships. Future research should therefore compare EFT to other treatment

models.

Johnson (1996) does, however, discuss prognostic indicators for EFT. In general, EFT works best for couples who still have some emotional investment in their relationship and some willingness to learn about how they may have each contributed to the problems in the relationship. Johnson (1996) also refers to research (Johnson & Talitman) which found that EFT worked best when the couple's alliance with the therapist is high. As mentioned before, emotional engagement is an important part of EFT. Johnson (1996) identifies the willingness to engage emotionally as the variable that had the most impact on treatment success. The research referred to above, however, found that a lack of expressiveness or a reluctance to self-disclose did not hamper progress in EFT.

Emotionally Focused Therapy is not used with separating couples, or with abusive couples. With abusive couples, the expression of vulnerable emotions is likely to be dysfunctional and place the abused partner more at risk (Johnson, 1996).

6. EVALUATION OF ATTACHMENT THEORY AS A THEORY OF ADULT INTIMATE RELATIONSHIPS

Attachment theorists have generated an ever-expanding body of empirical work, and attachment theory is one of the few contemporary comprehensive psychological theories (Goldberg, 2000). However, it is also controversial as a theory of adult intimate relationships.

It seems that most of the criticisms fall into one of two major categories. On the one hand are concerns about the validity and utility of attachment theory itself. On the other hand are concerns about the application of the theory to adult relationship phenomena.

With regards to the validity and utility of attachment theory itself, there is uncertainty whether individuals form multiple attachments and whether they vary in quality or not (Levinger, 1994). If individual differences exist, when do they become stabilized and just how stable are they (Bolen, 2000)? The implication for the utility of the theory is an uncertainty about whether it is possible to refer to an individual as being of a particular attachment type (Bolen, 2000; Levinger, 1994). Research in adult attachment has involved

classifying individual differences in attachment style and internal working models. Most theorists have suggested that there is one secure style and various insecure styles. Perhaps a limitation in adult attachment theoretical development, is that some styles have overlapping characteristics. There seems to be disagreement on the overall classification of adult attachment styles (Millikin, 2000). As much of the understanding of adult intimate relationships relies on the attachment styles and subsequent internal working models, caution needs to be taken when describing intimate relationships in terms of these concepts. Clinician's understanding of the relationship may otherwise be limited and it is suggested that partners' view of themselves and others, their communication, and regulation of emotions, should be continuously explored.

There are also questions about whether attachment is best conceptualized as a characteristic of an individual or of a relationship between two individuals. This may have implications for the treatment of adult intimate relationships as it will determine the presenting problem as well as the goals of therapy.

With regards to the application of the theory to adult intimate relationships, there remains questions about whether an integrated theory of close relationships is desirable or possible. Does attachment theory provide an adequate framework for such an integration? According to Hazan and Shaver (1994) these questions are not only of theoretical interest; they have obvious implications for operationalization and measurement. There are therefore valid concerns about the extensions and applications of the theory, but as explained shortly, there are many reasons for the use of attachment theory in adult intimate relationships.

The concepts that have been proven to improve clinicians' understanding of adult intimate relationships, are the attachment styles and internal working models. Working models of attachment contains information about key aspects of attachment relationships and this internalized information constitutes a major component of a person's attachment style. Partners' attachment styles and internal working models influence how the self and others are viewed in the relationship, the quality of communication between partners, and how emotions are expressed and regulated. The fact that researchers have used the concepts of internal working models and attachment styles by linking it to many features of adult intimate relationships, validates the use attachment theory in the understanding of these

relationships.

Understanding adult intimate relationships as attachment bonds focuses the clinician's attention on the particular attachment processes involved in the distressed couple (Johnson, 2003). It helps the clinician form an understanding about how the partners view themselves and the other, how they communicate, and how emotions are expressed and regulated. It guides the clinician to the heart of the problem and shows what to focus on and what elements to target for change (Davila, 2003). Viewing adult intimate relationships as attachment bonds has therefore added to clinicians' understanding of these relationships.

A review of the literature has shown that there is a gap in the treatment of distressed couples. Attachment theory's biggest contribution lies in the fact that it has provided a strong theoretical basis for the development of a treatment model for distressed couples. The use of attachment theory to understand distressed couples has given rise to a specific intervention, namely Emotionally Focused Therapy. The evaluation of EFT, shows that literature supports the effectiveness of EFT as an intervention (Johnson & Whiffen, 1999; Johnson et al., 1999; Simon, 2004; Snyder et al., 2006; Vatcher, 2001).

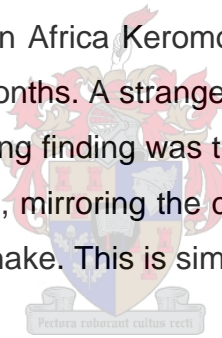
This provides evidence that attachment theory is a relevant, coherent, and well-developed theory for the use in adult intimate relationships. Davila (2003) suggest that couples found the focus on attachment relevant and compelling, which is evidence for the usefulness of attachment theory. There is also evidence that EFT creates lasting change (Johnson et al., 1999) - which provides further evidence for the usefulness of attachment theory. It can be said that EFT as an intervention, provides evidence for the value of attachment theory's applicability to adult intimate relationships. The use of EFT as treatment of distressed couples is evidence for the applicability, importance and usefulness of attachment theory.

In a country like South Africa, with a diverse population, a discussion about the usefulness of attachment theory should address the issue of the relevance of attachment theory across cultures.

The cornerstone of the current understanding of infant-mother attachment behaviours is grounded in the cross-cultural observations of Mary Ainsworth (1963; 1978) who

completed her first studies in Uganda. Her second study of American babies replicated her findings about patterns of attachment that she observed with the Ganda babies. Essentially she found that the attachment relationship was applicable to these two diverse groups, recognizing that some attachment behaviours differed (e.g. American children hugged and kissed whereas the Ganda children clapped when their attachment figure returned). Several challenges have been directed to the replicability of Ainsworth's attachment classifications in different cultures.

Observations indicate that there are similarities as well as differences in attachment beliefs, values, and practices amongst parents from different cultures. The discovery of similarities is not surprising as it is well accepted in attachment literature that the infant-caregiver attachment relationship, including children's need for responsive parents, and parents' desire for securely attached children, is universal (Main, 1990; Cassidy & Shaver, 1999). The specific attachment behaviours used by children to get the responses they need, and the attachment practices used by parents to promote secure attachment vary across cultures. For example, in Africa Keromoian and Leideman (1986) studied 26 families and children aged 8 to 27 months. A strange situation experiment was constructed with some modifications. An interesting finding was that the secure Guessi babies greeted their caregivers by extending a hand, mirroring the culturally accepted behaviour of adults who greet one another with a handshake. This is similar to Ainsworth's findings (1963) with the Ganda babies.



Rothbaum et al. are however of the opinion that Ainsworth “downplayed cultural variation” (2000, p. 1095). They question the universality of attachment theory and argue that its hypotheses are embedded in Western historical, social, political, economic, demographic, and geographic realities. They conclude that the concepts that frame attachment theory are deeply rooted in a Western perspective, and that the theory and its interventions “require renewed scrutiny through the lens of culture” (2000, p. 1093).

With regards to the cross-culture use of attachment theory in the understanding of adult intimate relationships Rothbaum, Rosen, Ujiie, and Uchida (2002) reviewed cross-cultural research, which lead them to conclude that the dynamics described in attachment theory reflect, in part, Western ways of thinking and Western patterns of relatedness. They found that in Japan there is less emphasis on the importance of the exclusive spousal

relationship, and less need for partners to find time alone to rekindle romantic, intimate feelings and to resolve conflicts by openly communicating their differences. The 'maladaptive' pattern frequently cited by Western theorists of unromantic, conflictual marriage characterized by little verbal communication may function very differently in other cultures (Rothbaum et al., 2002).

As part of the International Sexuality Description Project, a total of 17,804 participants from 62 cultural regions completed the Relationship Questionnaire (RQ), a self-report measure of adult romantic attachment (Schmitt et al., 2004). Correlational analyses within each culture suggested that the Model of Self and the Model of Other scales were psychometrically valid within most cultures. Contrary to expectations, the Model of Self and Model of Other dimensions did not underlie the four-category model of attachment in the same way across all cultures. Analyses of specific attachment styles revealed that secure romantic attachment was normative in 79% of cultures and that preoccupied romantic attachment was particularly prevalent in East Asian cultures.

The use of attachment theory in studying early attachment relationships, has highlighted the need for careful consideration of cultural meanings in attachment research (Carlson & Harwood, 2003). Observations indicate that there are similarities as well as differences in attachment beliefs, values, and practices amongst parents from different countries of origin. Little research has been done using attachment theory to understand adult intimate relationships in different cultures, but just as with early attachment relationships, there needs to be a careful consideration of cultural differences in adult intimate relationships.

The literature on the use of attachment theory in the South Africa is scarce. In reviewing South African intimate relationship literature, it seemed that researchers steered away from using well-established international theories such as attachment theory. This could be explained by possible uncertainty as to how this theory can be applied – firstly to adults and secondly to the South African context. It is therefore difficult to speculate about the applicability of attachment theory in the South African context. In the absence of such literature, one should be cautious making assumptions regarding the relevance of this theory for various groupings in South Africa. Based on this lack of research, and the prominence of attachment theory in studies on adult intimate relationships in other countries, it is strongly recommend that intimate relationship researchers explore the

usefulness of this theory for the South African population.

7. SUMMARY AND DISCUSSION

A review of the literature has shown a need for the treatment of problems in adult intimate relationships. In order to treat adult intimate relationships successfully there needs to be a good theoretical conceptualization and understanding of these relationships. Attachment theory proposes to be such a theory, and in fact, this review shows that attachment theory does improve clinicians' understanding of adult intimate relationships.

The concepts that have been proven to improve clinicians' understanding of adult intimate relationship, are the attachment styles and internal working models. Partners' attachment styles and internal working models influence how the self and others are viewed in the relationship, the quality of communication between partners, and how emotions are expressed and regulated. Viewing adult intimate relationships as attachment bonds has therefore added to clinicians' understanding of these relationships.

Although the attachment styles and internal working models of adults have added to the understanding of adult intimate relationships, these concepts have also caused uncertainty. It seems that most of the uncertainty arises because of the overlapping characteristics of the different styles and has made clinicians cautious when referring to an individual as being of a particular attachment type. Since attachment is thought to be a mental presentation of one's emotional bonds and past experiences in relationships, I think that the best way to determine attachment is through narratives that tap into the implicit representations in the mind. A clinician's understanding of an individual within his/her intimate relationship will otherwise be limited and it is recommended that there is a continuous exploration of the relationship beyond its attachment styles. The uncertainty about whether attachment is best conceptualized as a characteristic of an individual or of a relationship between two individuals, has implications for the treatment of adult intimate relationships as it will determine the presenting problem as well as the goals of therapy. It can be helpful to assess attachment individually in order to form an understanding how each partner's individual attachment has contributed to the problem within the relationship. Another point of concern is the fact that there is only one secure style, but various insecure styles. If attachment theory proposes that our attachment needs are healthy and normal, it

seems contradictory that there are so many insecure styles of attachment. It suggests that there is a limitation in research regarding healthy adult intimate relationships. Further research could lead to the identification of more secure styles in adult attachment. What constitutes health and happiness in one relationship, does not necessarily constitute the same in another relationship. There are individual differences between adult intimate relationships. A possible explanation is that there are more, yet to be discovered secure adult styles of attachment.

Another concern is around the stability of attachment styles and internal working models. If attachment styles are not stable, uncertainty arises about whether it is possible to refer to an individual as being of a particular attachment type. On the other hand, this supposedly limitation can also be seen as an advantage in that it means that attachment styles and internal working models can be modified. This viewpoint is in fact consistent with the process of change through EFT.

There has also been uncertainty regarding the application of the theory to adult intimate relationships, and whether attachment theory provides an adequate framework for the understanding of adult intimate relationships. I am of the opinion that the aspects of attachment theory that are viewed by some authors as limitations, in fact contribute to the applicability of this theory to adult intimate relationships. Relationships are complex phenomena and can only be explained by a theory that makes provision for individual differences and change.

Attachment theory is filling a crucial gap in the field of adult intimate relationships - it has given rise to the specific treatment of problems in these relationships. Attachment theory has provided a strong enough theoretical basis for the development of a treatment model. Literature supports the effectiveness of EFT as an intervention (Johnson et al., 1999; Johnson & Whiffen, 1999; Simon, 2004; Snyder et al., 2006; Vatcher, 2001). There is evidence that these changes that occur in EFT are stable and lasting. Attachment theory has therefore assisted EFT in reaching the heart of the problems in many adult intimate relationships. The development of EFT provides evidence that attachment theory is a relevant, coherent, and well-developed theory for the use in adult intimate relationships. It can be said that the success of EFT as an intervention, provides evidence for the value of attachment theory's applicability to adult intimate relationships.

A more recent contribution of attachment theory, is the conceptualization of attachment injuries (Johnson et al., 2001). Attachment theory has been used to expand EFT's application to the resolution of specific betrayals in adult intimate relationships. The fact that EFT is also used for the treatment more specific presenting problems such as depression, eating disorders, and sexual dysfunction in adult intimate relationships, further shows attachment theory's use in the understanding of adult intimate relationships.

Apart from improving clinicians' understanding of adult intimate relationships, attachment theory offers an understanding of the couple that is accessible to the couple self. With the understanding provided by attachment theory, the clinician can explore the relationship in the session with the help of the couple. The couple forms an active part in the process of change. This shows attachment theory's practical applicability and usefulness, not only to clinicians, but to the couple self. The bond between the partners is used to understand and treat the couple and so to bring about change (Johnson, 2003). In treatment, the relationship is used to treat itself and the bond that was once a source of distress is changed into one of security (Johnson et al., 2001).

The objective of this review was to explore the usefulness of attachment theory as theory of adult intimate relationships.

According to the literature the use attachment theory does not only improve clinician's understanding of adult intimate relationships, but has also given rise to a specific intervention in the treatment of problems in adult intimate relationships. Attachment theory has therefore been used to fill a gap in the field of couple's therapy and in this sense has made a valuable contribution to this field. However, extensive research on the use of this theory as a tool to conceptualize adult intimate relationships in other countries and specifically South Africa is critically needed to make well-grounded conclusions about the usefulness of this theory.

8. LIMITATIONS

Although it is recognized that there are other theories underlying models of understanding and treating distressed couples, this assignment provided only a brief overview of these theories. This paper was limited to the review of *attachment theory's* applicability and

usefulness in this regard. Attachment theory was not compared to other theories, and this assignment did not attempt to provide evidence that attachment theory is more applicable or effective than other theories.



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