

Attachment: An Integrating Framework for the 21st Century Psychotherapy

by Dr. Sue Johnson

The following is the text of the opening plenary as presented at the Creating Connection Conference, Sept. 2016, in Washington, DC.

What is psychotherapy anyway? How would you explain it to someone from another time – another world? I once tried to explain to my little English mum what I did for a living. This was hard. The best I could come up with was, “*You know how you do all your ladies hair in your hairdressing shop the same way every week, and you also give them lots of advice? You tell them what matters and how best to live their life.*” She agreed. She was one bossy little hairdresser. “*Well, I do the same thing but without the shampoo and set.*” Her face lit up with understanding and then she said, “*And they pay you for that dear?*”

Where did this great venture called psychotherapy begin? Around 1790 with Phillippe Pinel in the asylums of Paris – it was called mental or moral healing. He stopped bleeding patients and tried to create a “warm trusting familial environment,” but for a long time after this, most treatments followed a medical paradigm based on diet, rest and electricity! The public demand for psychotherapy grew – people began to actively seek out lay practitioners for relief from emotional and behavioral problems and in 1894, the great William James suggested that Mental Therapeutics should actually be studied! Freud came to America in 1908 and by the 1920’s psychoanalytic institutes had begun to flourish. At the same time, a man called Carl Rogers began to write and actually study how interacting with a safe accepting therapist could heal you! Watson founded behaviorism; the goal of which was the control of behavior. In his famous study of conditioning, he created a fear of rats that then generalized to similar objects in an 11 month old child – Little Albert. The key perennial conflict– identified by Rollo May in 1992 between those who see therapy as discovering the deeper levels of human experience and promoting growth, and those who see therapy as helping clients to simply become more “adjusted” became apparent. However, by the second decade of the 20th century, Cautin in the *History of Psychotherapy* (p.6, 2011) points out that psychotherapy, still “*consisted only of a collection of techniques implemented in accordance with practitioners’ disjointed theories.*” Now, 100 years later, have we made great progress? Maybe.

The clarion call of the last 5 decades or so (since the Boulder conference in 1949), a call reinforced by the advent of managed care in 1990’s with its focus on accountability and short, evidence based treatments, has been that we must advance, that its become more disciplined, grounded and coherent as a field by linking science and psychotherapy. We must all become “*scientist practitioners.*” This is more than a little tricky. The research tribe has different rituals and spells than the therapy tribe. The first tribe chants songs of means and effect sizes around the holy fire of publication, while the therapy tribe wails that means are meaningless and searches for the secret technique, promised by charismatic gurus, that will create instant miracles with their most difficult clients. In the universities, the song of means is dominant, but sometimes it seems that the narrow focus on one set of symptoms (the ones neatly laid out in the researcher’s thesis proposals) have very little to do with the ongoing messy lives of our clients with their need to grow and come alive in the face the existential dilemmas we all face. The field of general practice, often still seems to operate in a realm totally separate from the findings in research labs. If we take couple therapy as an example, 70% of clinicians in America now report that they work with couples. My guess is that many of these hardworking dedicated

folks do not ever read outcome studies of couple interventions. They just don't see such studies as relevant to everyday practice.

So how to bridge this gap between tribes and their different languages and cultures? Researchers must learn the language of therapy and become more accessible and pragmatic. Scientific jargon is to the point where, when our neuroscience study was submitted for publication, I called up my colleague Jim Coan and told him that, after all the changes we made to get through the reviews, our study was now completely incomprehensible to me, and could he kindly remind me what the results actually meant. Clinicians will also have to become more demanding and look past the charisma of gurus and techniques that promise instant transformation and ask hard questions. Can we do this? Is it even possible?

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In some ways the idea of melding science and psychotherapy into a meaningful whole seems more remote than ever. Our field is just a wee bit CHAOTIC. After all, we have over 1,000 different named approaches to psychotherapy and over 400 specific models of intervention which are manualized and require intensive training to implement, as well as hundreds of specific techniques to address every symptom known to man. We also have more and more “disorders” or labels which often seem to obscure as much as they reveal. My favorite obscuring label here is Borderline, which the research suggests is, in fact complex PTSD arising from violations of human connection complicated by a fearful avoidant attachment style, but is often shorthand for “Annoying Untreatable Client.” So, given the above proliferation of problems and remedies, if we try to integrate science and practice into a coherent whole that gives us a map to create lasting change in our sessions, it seems we are supposed to read all the research and manuals and then match the most tested and effective set of interventions to each client's evolving label and symptom picture with pinpoint accuracy. Sure. Why don't we? We can also just pop over to the United Nations and create world peace in our coffee break.

Solutions have been proposed. One... we could all study and just focus in on so called Common Factors in the change process; for example, therapeutic alliance and the quality of client engagement. But in most research, alliance accounts for only 10% of outcome variance (we found 20% in EFT research). So a good alliance while necessary, is nowhere near sufficient. Castonguay found that the level of alliance necessary to shape change will vary depending on the goals of a particular therapy. General factors are not so general it seems. The most promising common factor, I suggest, is the client's depth of emotional engagement. This was the factor that, across different models of therapy, predicted change in symptoms in the large NIMH study on depression. This finding and others like it hark back to the old idea that the essence of real change is a corrective emotional experience.

A second solution to the chaos I referred to is to focus on Common Features in the Problems clients bring to us. So, research the latent structure of anxiety and depression and tailor therapy to key common features: oversensitivity to threat, habitual avoidance (this has been called the kryptonite of mental health). David Barlow, here at this conference, has a model that does just this. It is called UP! – the Unified Protocol for Emotional Disorders. These two science-based ways of getting to the heart of psychotherapy seem promising, but I would also like to suggest a third solution that is compatible with and expands these two.

The third solution is to find a Unifying Vision Based on Science but relevant and specific enough to be embraced by clinicians and clients. A vision that focuses on the key, first order, organizing variables that make up Being Human and how people naturally function in health and disease, using a Proven Holistic Model

of Human Functioning to map dysfunction and craft healing. Such a model would have to be simple and elegant to appeal to therapists and clients. It would need to be based on scientific observation, prediction and explanation and outline common patterns of growth or dysfunction. It would have to explain how negative internal and interpersonal patterns evolve and what is necessary and sufficient to change them. More than this, this model would have to link self and system, the intrapsychic and interpersonal into a coherent whole, account for development of the self over time, and be based on hundreds of studies to be convincing. It would have to account for basic core processes like regulating emotion and building cognitive models of self and other, and fit with cutting edge neuroscience, such as the research on mirror neurons by my colleague at this conference, Marco Iacoboni. This is a very tall order. As Einstein said, “*Alas, our theory is too poor for our experience.*”

But maybe not. As the other plenary speakers here, Dan Siegel and Jeff Simpson can attest, attachment theory and science, which started in the 1960’s with the study of mothers and infants and has exploded in the two decades with more than 500 studies of adult attachment, offers us all of the above and more. The immense vulnerability of our young and our ongoing need for connection with others has shaped our neural architecture, emotional make-up and strategies for dealing with stress, as well as the potent interpersonal dramas that are at the very heart of our lives. I suggest, for psychotherapy, for individual, couple and family interventions, attachment theory and science is the Holy Grail. This perspective allows us to move beyond compartmentalization and fragmentation, to what E.O. Wilson called consilience – where the inherent order in human heart, brain and relationships can be discovered from converging lines of evidence and a blueprint for being a fully functioning human being set out in a way that not only helps us know who we are and how we get stuck in our lives, but shows a therapist how to move us towards our best selves in every session. We are social bonding animals wired for connection with others. We are *homo vinculum* – the one who bonds – inherently relational from the cradle to the grave. Close connection with others is THE survival code of our species and our greatest resource, our baseline ecological niche as my colleague Jim Coan would say. In fact, this connection is necessary even for the creation of a coherent sense of self. The self is an ongoing constructive process – a dance that you do with others. (Solitary confinement is abusive precisely because in isolation that sense of self breaks down).

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Attachment started out as a developmental theory of personality. It is essentially a theory of affect regulation and has only, in the last two decades, been used as a guide to clinical work. Think how different this is from the beginnings of many of the therapy models we have that spring from working with one kind of client or a narrow set of cases, personal life experience or a simple belief that some behavior is “better” than another, such as Bowen looking at families dealing with schizophrenia and defining their stuck interactions and anxiety as something called “enmeshment,” making a wide generalization to all distressed families and shaping top down “techniques” to change this apparent problem. In my work, Emotionally Focused Therapy or EFT, we get the very best results in the couple therapy field, in terms of effect sizes, stable follow-up across time even in high risk couples, and the range of variables we can impact with different kinds of clients. We impact not just relationship satisfaction but trust, depression, PTSD symptoms and attachment security. It is tempting to think that this is because we are just clever – magicians even! It is perhaps because we have learned to engage our clients with relentless empathy so we spend more time looking into people’s eyes rather than reading a set treatment outline and we actively and directly harness the power of emotion to move our clients forward. However, I believe that it is mostly because we use this tested scientific holy grail, a way into organic,

naturally occurring, inside out, change processes. We can tap into the greatest most powerful unconditioned instinct of all – our need to connect and feel safe with others, to know ourselves as lovable, to neutralize our terror of isolation and rejection, and we can then use the momentum in this already existing wired-in survival system to reset human lives. Then we don't need to shape a set of formal contrived techniques to change someone's view of self. We can simply invite them to look into their now responsive partner's eyes as they speak their fear and help them open up to the compelling affirmation those eyes offer. Their brain is wired to respond to this healing gaze by thousands of years of evolution.

But is this meta-framework simple and elegant? Well, we can grasp the principles of attachment in just a few minutes.

This little one's most primary need is for those hands to be there. Isolation – lack of connection – is coded by her brain as danger, a threat to survival. Safe connection tranquilizes her nervous system.



The same is true for these folks. The same is true when people of faith talk to their God, the ultimate attachment figure. The hands holding that child offer a safe haven from stress and fear – a place of emotional balance. They also offer a platform – a secure base from which to move out into the world. Their support becomes part of this child's mental world so she can put aside the need to be vigilant for threat and explore this world with openness. She can confidently engage with the world and learn. Acknowledging our vulnerability and our need for others and reaching for them is a STRENGTH not a weakness here. It is also a law of attachment that loss of connection triggers pain and panic in human beings (see the research of Jak Panksepp. There is a special neural pathway for this fear.)

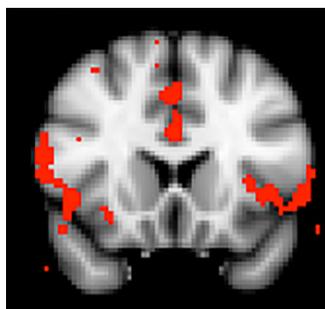


These principles apply across cultures – they are universal. There are also differences between individuals. Three basic strategies, ways of thinking and feeling that become habitual, arise in infants and adults to deal with this basic emotional trigger – separation from others. Some protest this loss and reach for connection. This is learned when others attune and respond and a person is soothed and feels securely attached. If the response from others is often ambiguous or missing, a person's nervous system will be tuned to constant vigilance and clinging to others to avoid separation and they will learn to intensify emotions, to protest and never relax into a felt sense of safe haven; they will be anxiously attached. If others are emotionally absent or abusive, a person will shut down and shut others out, avoiding their most poignant emotions and needs and close connection with others. We call this avoidant attachment. These affect regulation strategies can last a lifetime and shape states of mind and adult relationships or can be changed in new contexts and relationships. Please note that the use of certain insecure affect-regulation strategies such as emotion suppression, rumination and catastrophizing and less use of secure strategies such as self-disclosure and reappraisal are related to depression and anxiety symptoms (Garnefski & Kraaij, 2006, *Personality and Individual Differences*, 40, 1659-1669). Insecurity is a risk factor for mental illness.

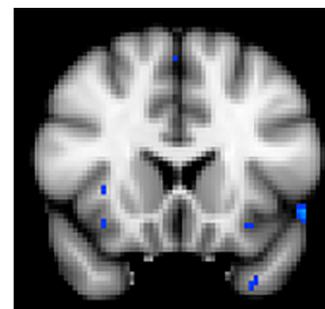
The last and perhaps most pertinent discovery of attachment science gives us the answer to one of the most asked questions on Google – one of the most asked questions since civilization began: What is the key element that shapes love relationships? What makes love work – or not? Emotional attunement, accessibility and responsiveness – a willingness to engage emotionally with another – is the core element. Emotion is the music of the dance of love and without emotional engagement love dies. Emotional disconnection is THE issue in relationships; conflict is just the inflammation caused by distance and unresponsiveness. What you understand you can shape. So in EFT with couples and families, and in our individual sessions, we can now actively shape key corrective experiences of emotional connection. (I will show you one a little later). In our nine studies of change in couple therapy we consistently find that deepening engagement with emotions and shaping conversations saturated in emotional openness and responsiveness repairs relationships and alleviates the symptoms of anxiety and depression. People and key relationships shift dramatically when the answer to the million dollar question, “ARE you there for me?”– A.R.E. – are you accessible, responsive and engaged – is a resounding bodily felt YES. As Bessel van de Kolk in his latest book on trauma said, feeling safe with other people is the first requirement of mental health.

Let’s take just one study, designed specifically to make people more accessible, responsive and engaged with self and others and see what it tells us. About 5 years ago, in my lab in Ottawa, we decided to find out if, in 20 sessions or so, EFT for couples could shift self-reported attachment orientations and attachment behaviors. Changing procedural maps for how you regulate emotions, see yourself and others and habitually move in the dance with key others is a much taller order than changing relationship satisfaction and has never been documented in any couple intervention. We found that we could do this and make the effects last across 2 year follow-up. Measuring folks after every session to see how change happened, we found that both numbed out, dismissing folks who detach from their own emotions and others, and dysregulated, anxiously attached folks who usually pursue and demand in relationships and are over-vigilant for threat, became more secure with their partners. Partners grew each other into more regulated flexible, open, responsive adults who could reach for others and take in support. Dismissing folks changed a little in every session; anxious folks gradually felt happier in their relationship, but didn’t change their attachment orientation until the corrective emotional experience we call Hold Me Tight® conversations occurred. Here partners show each other their vulnerability and ask for their needs to be met in a soft inviting way. We also put female partners in an fMRI brain imaging machine before and after therapy. Before therapy we found that whether alone, with a stranger holding their hand or with their partner holding their hand, insecure partner’s brains exploded with alarm at a cue that said an electric shock might be coming and registered real pain when they were shocked. Partners did not buffer threat perception. After therapy that follows the attachment principles I will outline in a moment, this pattern was repeated when people were alone or supported by a stranger, BUT, this time, when their partner held their hand, their brains stayed totally calm in the face of impending shock and pain was registered as minimal. It looked like this – before – after.

Changing Responsiveness to Stress with EFT



Pre-therapy Partner Handholding



Post-therapy Partner Handholding

As a therapist, this confirms for me the power of an attachment focus to change, not just key interpersonal behaviors and how the self regulates emotion, sends messages to others and constructs models of self and other, but also how the brain encodes the most powerful messages of all – messages of danger and threat. How basic fears are dealt with is a key aspect of any view of human nature – psychological, spiritual or moral. It also confirms the central place of engagement with emotion and the shaping of corrective emotional

experience in psychotherapy. We talk a lot these days about CHANGING the BRAIN in therapy. Rewiring neural circuits – creating new connections – whatever happened here, it seems that we shaped intra and interpersonal change by following the most powerful, inherent, organizing factors in our nervous system: That is by targeting attachment survival oriented scenarios – accessing attachment needs and fears – and talking to the amygdala – the part of the brain that delineates what matters – the emotional brain.

Guided by attachment theory, there are key lessons our studies have taught me about how to shape truly significant change.

The first lesson is that therapeutic alliance is indeed crucial but we are speaking of a certain kind of alliance. The therapist is a surrogate attachment figure and so must be willing to genuinely be accessible and responsive and engaged with each client. A good parent freely offers respect and non-judgmental regard. He or she actively creates safety, offers validation and titrates risk. John Bowlby, the father of attachment science, spoke of tuning into and empathizing with a widow’s “unrealism” and sense of unfairness at her loss. He did not coach her or correct her lack of realism. In EFT, we do not start out trying to change someone. We start out by meeting them where they are and seeing how where they are makes sense. We actively comfort, reassure, validate – and I believe that all good therapists of every persuasion do this. In EFT, we DISCOVER our client and their dilemmas as they come alive in the session. But, in many training texts, I see the opposite – the focus on the clinician’s version of the problem or the demands of the manual results in the person of the client being sidelined. Attachment science is a perfect fit with a Rogerian approach to alliance and also enhances this approach by promoting even higher levels of emotional attunement than Rogers ever demonstrated.

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The second lesson is that emotion is primary. Attachment privileges emotion and sees constructive affect regulation as the lynch-pin of health. Emotion organizes – at a baseline level – our experience (telling us what matters – what we need – how to stay safe) – our motivation (how to MOVE – emovere is the root of the word emotion) and the expression of emotion structures our interactions with others. This science offers us a map to the emotional architecture that shapes our lives. Emotion not only has control precedence – it is the most powerful route to change. To use an addiction metaphor, attachment directs us to move to the level of the thirst in our clients instead of becoming fixated on coping with the drinking! Do we teach therapists to really engage the client’s emotion and USE it for change? Sometimes. Often not. In fact, many manualized therapies, it seems to me, are more into suppression or bypassing of emotion which the researcher James Gross reminds us is hard work, actually causes more agitation and arousal and is basically ineffective.

In EFT we get used to evoking and distilling the elements of emotion, trigger, initial perception, body response, meaning assignment and action tendency, into ordered coherent wholes. We try not to get caught in teaching from the top down, rather we work to explore and regulate the emotions that block responses like empathy or assertiveness. Attachment, together with the work of emotion theorists such as Paul Ekman, offers us a map to the six basic emotions of human joy, surprise, sadness, anger and fear – to human longing, misery and happiness. Lasting transformation is seen as grounded in corrective emotional experience rather than insight or learned “skill” sets.

The third lesson about creating change is to work with the fact that key cognitions – models of self and other, naturally arise, are confirmed and change in an interpersonal attachment context. They are transactional. We speak of persuading people to correct irrational ideas or give them techniques to build self-esteem. But simply to be SEEN by another is the wired in route to building a coherent sense of self in all of us – always. In Jack Kornfield’s book, *Bringing Home the Dharma* (2011), he tells a story about self as a relational process. There is a family in a restaurant. The waitress takes the orders of the adults and then asks the 7 year old, “*What will*

you have?" He replies, "I would like a hot dog please." His mother interrupts, "No, give him the meat loaf with potatoes and carrots." As the waitress turns to go she says to the 7 year old, "Do you want ketchup or mustard on your hotdog?" "Ketchup," he says. "Coming right up," she replies and then leaves. A stunned silence engulfs the table. Finally the boy looks at his family and says, "You know what? She thinks I am real." Securely attached folks, of all ages, have a more coherent, integrated and positive sense of self.

How does the therapist shape a more coherent mind? The therapist focuses on Process – on the process of organization rather than content – on the HOW of experiencing, tracking how meaning emerges in the moment, how it is felt in the body, noting how clients engage with their experience. What can be known and felt and what is blocked or dismissed. The therapist matches pace and movement as a good mother does with a child, containing highly anxious clients and evoking new elements of experience for more avoidant clients. I believe, in fact, that this process of systematically helping clients knit the elements of their emotional experience into new, more ordered wholes, which inherently challenges narrow, less functional cognitions, is just a core part of what generic good therapy is – whatever model you say you are using. An EFT therapist tracks, evokes and reflects clients' experience as it occurs, constantly mirroring how core experience is constructed, evoking new elements, repeating and holding the elements of experience as they are reshaped into new coherent wholes. As Carl Rogers said, a good reflection is not a repetition it is a revelation.

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Because meaning is constructed mostly BETWEEN and WITH others – it is transactional in nature, new kinds of interactions with the therapist and deliberately crafted dialogues with a partner in couple therapy, or with an imagined past or present attachment figures in a session, can be a core potent part of the change process and compelling in the shifting of key meanings.

A good therapist, for example, constantly gives clients the explicit message, as they risk and reconstruct their core experiences, that they are COMPETENT – they can TRUST their ability to put their inner reality together and let it MOVE them. This is a HUGE lesson in affirmation and applies to every content area in a life.

To summarize, from an attachment viewpoint, the necessary and sufficient elements of change are: First, the creation and maintenance of an authentic, emotionally engaged, safe alliance; second, the active discovery distilling and reshaping of emotion and the shaping of compelling corrective emotional experiences; and third, the choreographing of new responsive attuned interactions that shift meaning models and on a meta-level, shape a more coherent ordered reality.

Let's now shift gears and WATCH part of a corrective emotional experience evolve in a couple EFT session. This live session – consultation – happened in May in Toronto with Alex and Megan as part of an EFT externship training. This is a Stage 2 session. In previous sessions of EFT this couple have de-escalated their negative dance of Megan pursuing and Alex stonewalling and then exploding. An injury then occurred in their sexual relationship, as a result of which, both totally withdrew and Alex left the relationship for a short time. As part of Stage 2, Restructuring Attachment, Alex has already become much more explicitly accessible and responsive. The injury that occurred has been addressed and healing is in process. It is therefore safe enough for me to do what the therapist here asked me to do – to explore Megan's ability to open up to him and process her attachment fears as a prelude to being able to ask for what she needs from him. This process is part of the Hold Me Tight® conversation, often called a softening in EFT, where a couple are able to move into attuned synchrony and more secure attachment interactions. This conversation predicts success at the end of therapy and positive follow-up results in 9 process of change studies of EFT. These interactions shape the secure base that allows for open engagement with and new learning about self and other. Let's see 14 minutes of a Hold Me Tight® conversation. We have touched on Megan's fear and how it feels in her body and now...

Clip (available later in 2016 as part of a training tape on Stage 2 of EFT)

She is so afraid that she cannot respond to his positive healing reach. So I work with her fear. Here we see one way in which we can stay stuck in negative emotions and relationships – in anxiety and depression, especially with insecure partners. Positive emotions and events are not trusted, taken in. Reality then cannot be revised!

What I hope you saw here was a process of Discover, Distil and Disclose – you saw me creating safe haven connection with Megan, evoking and modulating her existential fear of abandonment, putting the elements of her emotion together in coherent order, expanding her window of tolerance so that she can let in her partners care and then risk with him. I use new emotional music to shape a new, more secure, connection with her partner. New levels of engagement with softer emotions evoke Alex’s empathy and move him towards her. New interactions structure attuned connection and new connection shapes new frames and competences in the self, changes how the brain encodes threat. I do not need to teach skills or give cognitive insights, challenge conceptual frames. I just need to go to where the client is and stand with her while we soften the BLOCKS to optimal functioning. Evidence on attachment styles suggests that, especially as this is occurring in a survival oriented process, this process should generalize to other contexts in Megan’s life, broadening and building her cognitive flexibility and her affect regulation options.

In this process, she can stay with her vulnerability, share and reach for him – he can attune, respond and comfort. The relationship begins to shift into more secure connection. He sees her vulnerability, she sees his dependability and strength. Both move into new territory, in themselves and with the other, and begin to shape a bond that builds individual resilience and confidence. Here both can feel worthwhile and loved and know they have the ultimate resource – an emotional home with another human being. Research tells us that if they can grow the ability to have this kind of conversation, they will not just have a more lasting fulfilling bond, they will be better caregivers for each other and more able to parent well. They will have better sex lives, be more able to deal with differences and even, pray to their version of God in a more mature spiritual style.

In individual therapy, this “emotional home” that I refer to can be with the attuned therapist or with the mental images and models of real attachment figures that are accessed in imaginary encounters. I still talk to my long dead father when I doubt that I can do something in life. (He told me you were all going to like this talk and I believed him!) This is naturally what we do to thrive – and we can tap into this organic inborn strength of our species to shape transformation in therapy.

In summary, science progresses by grasping the essential nature of the universe and then being able to use inherent forces to shape new realities. Just as Einstein sought a unifying theory to make his discoveries of the physical universe into a coherent whole, it seems to me that we need a coherent theory to make psychological intervention whole. Fragmented chaos is not progress.

We are not just homo sapiens. We are HOMO VINCULUM – an emotional bonding mammal. Recognizing this is crucial to our survival – as individuals – as couples – as families – as tribes – as nations. Aristotle said, “What society honors will be cultivated.” It is time to honor our essential humanness. Where better in the field of mental health and growth – than the field of psychotherapy?

I would like to end with a quote from John Naisbitt, who said,

***“The most exciting breakthroughs of the 21st century
will not occur because of technology
but because of an expanding concept of what it means to be human.”***

Attachment science lays out what makes us most human and shows us how to heal ourselves and thrive.

Thank you.