



# Understanding and Treating Couples with Attachment Injuries

## Overview

A growing interest in adult attachment has placed new emphasis on the importance of Attachment Theory and clinical intervention. Johnson and colleagues (2001) introduced the concept of “Attachment Injury” (AI) to describe a clinical phenomenon where a couple’s past relational betrayals became the basis for a future treatment impasse.

This summary:

- Outlines a conceptual review of AI and implications for couple therapy.
- Identifies assessment criteria and treatment recommendations for AI.
- Describes similarities to traumatic exposure and forgiveness interventions.

## Attachment Injury

**DEFINITION:** An attachment injury is a relational trauma that occurs when one does not experience the support and availability expected from one’s partner during a time of emotional crisis or vulnerability (Johnson, 2004).

The relational event/injury must have attachment significance.

The event interrupts a natural tendency to seek a loved one’s care during a time of stress, which is an instinctive way of regulating one’s affect and nervous system (Bowlby, 1988; Johnson, 2002).

The attachment significance of this breach often recasts a couple’s narrative and has an enduring impact on the couple’s style of relating.

### Impact of AI on Relationship Functioning:

**AI Promotes Defensive Patterns:** AI damages relationship intimacy, reinforcing attachment-related fear and secondary defensive responses which feed negative interaction patterns (Johnson, 2004).

**Promotes Attachment Insecurity:** “(S)ituations in which an attachment figure is both the source of and the solution to emotional pain are inherently difficult to tolerate and result in a fundamental disorganization of the attachment system” (Main & Hesse, 1990 in Johnson, 2002, p.187).

### Impact of AI on Treatment

- Injured partner – is not receptive to more conciliatory responses of the offending partner. “I just can’t trust that he has changed and he really means it.”
- Injured partner – is reluctant to risk vulnerability with the offending partner. “I can’t let my guard down. I let it down once. It’s just too much of a risk.”

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## Case Example

“Lisa” and “Bob” came to therapy to help them “communicate better” and “express feelings more appropriately.” In the third session, Lisa began to cry and mentioned that Bob had an affair 7 years ago. Although Lisa wanted to rebuild her marriage with Bob after the disclosure of the affair and was initially excited when they began living together again after a brief separation, she currently reports experiencing intrusive images of Bob having sex with the other woman, self doubt, and doubt about whether Bob is giving her “all the information” or the “real truth.” Lisa and Bob both describe that their marriage has recovered somewhat since the affair; however, Lisa reports that she will never “fully recover” and that her marriage is “permanently scarred.” Lisa states that she wants to trust Bob, but feels so scared to trust him again and be hurt by him. She also feels angry at times that Bob appears unaffected by his choice to have an affair and that Bob can be extremely distant when she wants to feel close to him. The experience of infidelity became a defining moment in their relationship, an emotional trauma which impaired the intimacy they were able to offer and receive from each other. Attempts at emotional engagement and trust-building had been blocked as a result of the trauma and a destructive cycle of blaming and withdrawing ensued.

## Assessment

### Common Precursors:

- Relationship Betrayals – disclosure of infidelity.
- Life Transitions – birth of a child, retirement, immigration.
- Physical Loss – miscarriage, death of a child.
- Existential Uncertainty – discovery of a severe medical condition.

### AI Indications in Therapy

- Often not evident at onset of treatment.
- Couple engages a “surface narrative” – a socially acceptable presentation of a deeper level of emotional disengagement (Solomon, 2003).
- Heightened emotional interaction blocks a couple’s ability to engage.

### Characteristics – what to assess about the injury (Naaman, et al., 2005)

- Timing of the injury – recent vs. far in the past.
- Change in attachment style / pattern in relationship – before and after injury.
- History of couple’s relationship – context for the offense (the big picture).
- Life circumstances – what was going on at time of injury (the small picture).
- Severity of the injury – perceived level of broken trust by injured partner.
- Co-morbid diagnoses – depression, substance abuse, anxiety.

### Similarities with Trauma Exposure (Johnson, 2004)

- AI symptoms may “mirror” symptoms associated with PTSD
- Common symptoms: intrusive memories of the distressing event, vigilance and hyperarousal associated with a fear of potential future injuries.
- AI symptoms linked to perception that emotional support from one’s partners was crucial in surviving an injurious event.
- AI symptoms inhibit accessibility and responsiveness / attachment security.
- AI may shatter basic beliefs about relationships, others, and self (Johnson, 2002).

## Treatment

### Recommendations from Johnson (2004)

- Facilitate a corrective experience within damaged relationship that is characterized by new experience of availability and responsiveness.
- Restructure relationship patterns to promote engaging of softer emotions and bonding events that lead to increased affirmation and closeness for the couple.
- Injured Partner – Focus on helping partner connect to impact of injury on view of self, connect to underlying needs and the pervasive distrust based on the injury.
- Offending Partner – Promote partner's understanding and validation of their partner's experiencing / engaging of the attachment injury and her or his need for connection and security. Therapist facilitates this partner's connection to the injury and an expression of grief and remorse for the injury.

## Attachment Injury Resolution and Forgiveness

Couples who successfully resolve an injury in treatment had a significant increase in their self-report of forgiveness towards their partner. In contrast, partners who could not resolve their injury in treatment did not report such a change (Johnson & Makinen, 2006).

Partners recovering from a betrayal event who indicated having forgiven their partner and no longer needing to punish their partner had the most positive assumptions about themselves, their partner, and their marriage; the greatest investment in their relationship, and the highest level of marital adjustment (Gordon & Baucom, 2003).

Partners in recovery from infidelity described forgiveness as a critical aspect of their process of recovery. This included accepting their partner's acceptance of responsibility, apologies, efforts to rebuild trust (Olson, Russell, Higgins-Kessler, & Miller, 2002).

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