

# Emotionally Focused Therapy for Couples and Attachment Theory

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Emotionally focused therapy for couples (EFTC) is an important framework for couples therapy. It provides an integrative model, drawing upon experiential, systems and attachment theory to understand the dynamics of the couple relationship and to describe the therapeutic process. The aim of this paper is to ask how EFTC uses attachment theory, and whether it draws as fully as it can upon the richness of that theory to inform the process of therapy. This is set in the context of the evolving importance of attachment theory for therapeutic work.

Couples therapy represents something of a paradox: it has a long history stretching back 80 or more years, yet it is only in the last 20 years or so that it has begun to emerge as a modality of therapy in its own right (Shmueli & Clulow, 1997). Prior to that, couples therapy seems often to have been largely in the shadow of either individual psychotherapy or of family therapy, with the therapeutic techniques of those therapies being applied to work with couples. Emotionally focused therapy for couples (EFTC) is an example of a significant development within couples therapy in that it provides a model that has at its core an understanding of the dynamics of the couple relationship. Due in part to its clearly articulated therapeutic model and process, EFTC has lent itself to empirical investigation, and has been shown in a number of studies to be highly effective (Johnson, Hunsley, Greenberg & Schindler, 1999).

Emotionally focused therapy has roots in a long tradition of research into the experiential process of psychotherapy (Greenberg, Rice & Elliott, 1993; Gendlin, 1996; Webster, 2003), but also draws upon systems theory and attachment theory. In fact, attachment theory is described in the literature of EFTC as providing the core underpinning theory for the model (Greenberg & Johnson, 1988; Johnson, 1996, 2002). We believe it is, however, open to argument as to whether EFTC draws upon the full potential of attachment theory. Attachment theory is used by EFTC to

provide an understanding of some of the underlying dynamics of conflict in the couple relationship, but attachment theory also has the potential to shape the therapeutic process in EFTC with greater richness.

This article provides a brief overview of the therapeutic process of EFTC, followed by a review of how attachment theory is now being used to inform psychotherapy. That review provides a framework to suggest some ways in which the therapeutic implications of an attachment theory perspective could be used to greater effect in EFTC.

## Emotionally Focused Therapy for Couples

### *Attachment, Cycles of Interaction, and Affect*

The biologically based process of attachment behaviour is aimed at maintaining closeness and contact with key attachment figures. According to EFTC, when an individual experiences disappointment, hurt, or a threat in their couple relationship, they will have an emotional response; its purpose is eliciting from the other partner behaviour necessary for restoring a sense of security in the relationship. The form that the emotional response takes will depend upon the individual attachment style; this style is acquired in infancy and modified by subsequent experiences with attachment figures, including their current partner. Often there will be a 'primary



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emotion' (e.g. fear or hurt), which is pushed out of awareness and replaced by a defensive 'secondary emotion' (e.g. anger) that is expressed to the partner. The partner may well respond in a similar manner — expressing not their primary emotional response to the individual's distress, but a defensive secondary emotion.

How does a vicious verbal attack signal a need for compassion, or emotional withdrawal signify love? An attacking partner perhaps feels hurt or scared by the behaviour, and fears rejection or abandonment. It is the attacker's fear of being abandoned that leads him or her to lash out like someone in imminent danger of drowning.

EFTC also sees couple relationships as inherently systemic and interactional. In particular, it focuses on understanding the cyclical, destructive pattern of interaction that is at the centre of the difficulties partners experience. This pattern is described as being organised around the regulation of the two central dimensions of closeness/distance (or pursue/distance) and dominance/submission (Johnson, 1996). More recently Greenberg talks also of the cycle of blame/withdraw and of a sequence of rage–shame (Greenberg, 2002).

### **The Change Process**

Central to EFTC's understanding of change is the premise that change follows from the attainment of a new experience of emotional bonding between the partners in the therapy process. This occurs when primary emotions can be expressed and responded to in the relationship. Change in EFTC is achieved through the facilitation of three sequential 'movements'.

- *De-escalation of the conflict* between the partners involves the progressive unfolding of the experience that each partner has in the relationship, and the clarification of the interactive cycle between them.
- *Re-engagement of the withdrawing or submissive partner* in the relationship, which involves that partner identifying and owning, in the presence of the other, their primary emotional experience in the relationship.
- *Softening* involves dominant or pursuing partners owning and expressing their primary vulnerability: for example, the experience of unloveableness and shame that lies beneath their controlling behaviour or critical demands.

EFTC spells out a sequence of nine recursive activities that the therapist facilitates in order to enable these

three movements to occur (Greenberg & Johnson, 1988; Johnson, 1996; Webster, 2003).

### **Attachment Theory in Psychotherapy**

The attachment framework was developed by John Bowlby (1958; 1973) to account for the way that individuals form emotional bonds with significant others, and how psychological disturbances such as depression and anxiety are linked with disruption to those bonds. Bowlby showed how attachment provides for the safety and protection of the growing child, and how separation

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or loss disturb this 'secure base' or 'safe haven', generating powerful and primitive emotions in an attempt to restore the attachment.

Attachment theory is currently attracting renewed interest and is being applied to individual psychotherapy, couples, family, and short-term dynamic therapy (Clulow, 2001; Coren, 2001; Erdman & Caffery, 2003; Fosha, 2000; Holmes, 2001; Johnson, 2002; Whiffen, 2003; Sable, 2000); indeed, an expanded edition of the journal *Family Process* was recently devoted in entirety to attachment and family systems. Attachment theory, however, is not so much a method of treatment as a way of thinking about relationships, including the therapeutic relationship. It enables us to think about the client's experience within a developmental framework and to formulate explanations about his/her distress.

### **Client Strategies in Relationships**

Attachment theory offers a way of conceptualising how the effects of early events have influenced the 'working models' (Bowlby, 1973) of relationship that the individual employs (Fosha, 2000; Sable, 2000). Whereas secure attachment experiences lead to unconscious beliefs that others are available, understanding, and responsive (Fonagy, 2001b), insecure attachment experiences lead to unconscious beliefs that significant others are unavailable and unresponsive, or rejecting, abandoning, and abusive.

Individuals search unconsciously for a partner who can somehow 'fit' or tolerate their internal working model, with the hope that old patterns can be mastered. Understanding these experiences and the relational strategies they produce assists therapists to formulate therapeutic goals — helping clients to come to a more balanced position — not too distant and not dependently close to the therapist and others.

### ***Narrative Competence and Reflective Function***

Therapy assists clients to recapture memories and express feelings that have been disallowed in previous relationships (Fosha, 2000). This, in turn, helps clients to create a more coherent narrative or unified vision of themselves — a 'story' about the self (Holmes, 2001; Sable, 2000). This capacity to construct a coherent narrative about oneself and one's difficulties is directly linked to secure attachment (Main, 1995) and the capacity for mutuality in relationship.

Therapy also encourages exploration of the relationship between client and therapist. This allows for connections to be made between previous emotional experiences and emotion experienced in current relationships, expanding what Fonagy (2001a; 2001b) refers to as the capacity for *mentalisation* or *reflective function*. Reflective function is the capacity to reflect on one's own and other's mental states; it is highly correlated with secure attachment and psychological health.

In couple relationships, it is often this need to *have a place in the mind of the other* that lies behind many conflicts, such as how much time is spent together.

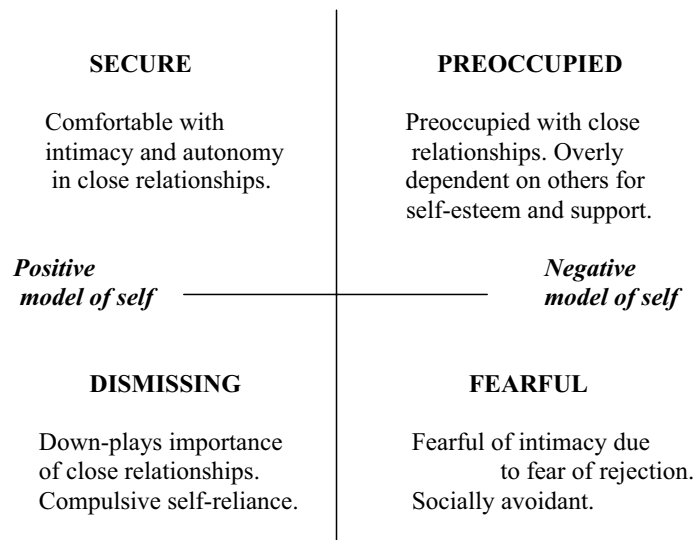
Gavin and Kirsten have reached a mutually acceptable compromise, where Kirsten spends time alone at parties and large social gatherings — occasions Gavin does not enjoy. However, Gavin finds it difficult to relax when Kirsten is out — especially if she stays out late, instead experiencing sleep deprivation and high anxiety.

His therapist offered an interpretation: 'When Kirsten stays out till all hours of the morning without letting you know when she will return, it feels like she is not holding you and your needs in mind. I wonder if this feels somewhat like the relationship with your mother, who was overburdened and could not hold your needs as primary?' Gavin responded with some relief that his therapist had understood the underlying disturbance and was able to use the insight to explain to Kirsten what was going on for him.

### **The Therapeutic Relationship: Secure Base and Safe Haven**

Therapists provide a stable warm relationship, firm boundaries, handling of protest, reliability and emotional responsiveness that assists with affect regulation — all elements of a secure attachment bond (Bowlby, 1988; Holmes, 2001; Mallinckrodt, Gantt & Coble, 1995). In Bowlby's words, the role of the therapist is to '... provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present' (1988: 138–139) in a way that will not be possible without the support of the therapist and the therapeutic alliance.

The normal interruptions in therapy mirror the separations and losses of attachment bonds; they can be explored in order to understand the internal templates clients use to construct their relationships (Grant & Crawley, 2002; Holmes, 1997). Thus, the work therapists do in exploring ruptures created by therapeutic errors, holidays, and illnesses provide a model for how relationships can be repaired, even when there is anger and misunderstanding (Grant, 2002; Grant & Crawley, 2001; Muran & Safran, 1999). Often clients with insecure attachment patterns have no such experience. As Schore (2003a) has clearly shown in tracing the neurobiology of attachment, it is the caregiver's capacity for intersubjective resonance, affect synchrony and interactive repair that is crucial for the developing infant. 'Affect synchrony' refers to parent–infant interactions, where parents intuitively engage in vocal and nonverbal communications that are contingent and easily predictable, and where each partner adapts to the other. When such synchrony is interrupted, through misattunement by the parent, this produces stress in the infant; 'interactive repair' refers to the re-attunement of the parent, which again produces affect synchrony (Schore, 2003a). These processes are believed to be the building blocks of the regulation of affect. They require an 'intersubjective resonance' where the parent can share the feeling state of the infant, and this in turn creates the basis for empathy (Schore, 2003b). In very damaged individuals, therapy provides some of these missing experiences so that the individual can develop the capacity for affect regulation, empathy, and restructuring of internal working models (Schore, 2003b) that is essential to being able to participate in a secure adult attachment relationship.

*Positive model of other**Negative model of other***FIGURE 1**

Two-Dimensional, Four-Category Model of Adult Attachment (Bartholomew, Henderson & Dutton, 2001), reprinted here with permission.

***Attachment Theory and the Couple Relationship***

Attachment theory helps us to understand the couple relationship in terms of the attachment styles each partner uses and the interaction between different styles. One very useful model is provided by Bartholomew, Henderson & Dutton (2001). Using Bowlby's analysis of internal working models, they have generated four prototypic attachment patterns in adulthood, underpinned by the two dimensions of 'model of self' and 'model of other' (Fig.1):

- *Secure attachment* leads to a positive view of self and other. Secure individuals can establish close relationships and use others as support when needed
- *Preoccupied attachment* leads to a positive model of others, but negative model of self, eliciting a demanding and dependent style
- *Fearful attachment* is where others are viewed as uncaring and the self as unlovable. Intimacy is avoided because rejection is expected
- *Dismissing attachment* leads individuals to distance themselves from others to maintain a positive view of self. Compulsive self-reliance and self-control offer protection from rejection

Although these have been described as pure prototypes, most people would have a predominant pattern, but would use multiple strategies.

In healthy couple relationships, each partner is able to move reciprocally between the depended-upon and dependent positions. With insecure attachment styles, individuals are often fixed in one position, unable to ask for support or provide it in a mutually enhancing manner. One of the questions we want to raise has to do with individuals who fall into the preoccupied, fearful, or dismissing categories, and whose attachment strategies are highly entrenched. Can we help them by only attending to the couple relationship in the present, or do we also need to explore past relationships as a way of understanding how the insecurities in the present are fuelled by past anger and anxiety?

As we have argued elsewhere (Grant & Crawley, 2002), each of us has our own unique repertoire of relationship experiences, beginning with our very earliest experiences with our mother and other caregivers. Some of these experiences were what we needed at the time to facilitate our development, while others were disappointing or lacking, or perhaps too overwhelming in terms of the level of excitement or frustration involved. From this repertoire of early life experiences, each of us develops our own unconscious 'agenda for

relationship', the uniquely personal pattern of what we look for, expect, fear and long for in our adult relationships. This becomes our personal template through which we instinctively, and largely unconsciously, manage our experience of relationships.

### **Our Questions about EFTC**

As therapists with a background in psychodynamic work, we find the EFTC approach both extremely helpful, and also mildly frustrating. We regard the emphasis of EFTC on recognising and working directly with emotional experience in couples therapy as being extremely important. Even more important are the three sequential 'movements' that lie at the heart of the process of change in EFTC; this sequence seems to make intuitive sense in couples therapy, whatever model, depth, or complexity is involved.

However, while EFTC gives a central place to attachment theory in understanding the nature of the couple relationship, it rather surprisingly seems to draw in only limited ways upon attachment theory's richness in its description of, and prescriptions for, the process of couples therapy. This seems to be a consequence of the way in which EFTC views attachment theory. Johnson and Best describe two 'threads' in attachment theory, one transactional and systemic (which they favour), the other concerned with the intrapsychic dimension of human functioning. This latter is described as being concerned with '... a series of representations, or ways of coping with emotion, that reside inside the skin of the person who is attached' (2003: 165).

We find this view somewhat limiting: the intrapsychic is not 'a thread' in attachment theory, but its core. Attachment theory is, in its origins and in its essence, a psychodynamic, developmental theory, and failure to recognise this is likely to limit the extent to which the benefits of attachment theory can be harnessed for therapeutic intervention. The couple relationship involves two individuals whose internal representational worlds powerfully impact upon the experience they have of each other. Sometimes, facilitating a new experience of each other requires that the therapist move beyond present interaction between the partners, to focus on understanding and helping one or both partners rework and modify their intrapsychic representational world.

More specifically, our concerns focus upon three issues: the assessment process in EFTC, the understanding EFTC has of the therapeutic relationship in couples therapy, and the process of working through

and integrating a partner's new position in the couple relationship following a change process.

### **Assessment**

The first stage of EFTC — the first two interviews in Greenberg and Johnson's original text (1988), and the first phase of therapy in Johnson's most recent account (Johnson, 2002) — is concerned with assessment and forming the therapeutic system. Assessment is described in terms of a focus on accessing the current experiences that each partner has in the relationship, and developing an understanding of their current destructive interactional cycle. Despite the central place attachment theory has in EFTC, it appears that EFTC places little emphasis on the therapist having a 'road map' of the individual partners' attachment journeys through their family of origin and beyond. Similarly, EFTC makes little reference to the implications of the specific adult attachment patterns of the partners (as described earlier) for the process of the therapy.

There is a significant difference between the therapist actively inquiring about the client's family of origin experience, and treating such knowledge as incidental — something to be known about or explored only if the client happens to refer to it. The story of each partner's attachment experiences needs to be heard, if the way they are currently experiencing their couple relationship is to be fully appreciated. Exploring the relational experience of each individual in their family of origin enables their unique 'agenda for relationship' (Crawley, 1998; Crawley & Grant, 2001) to be appreciated. This, in turn, can become an important element in increasing the therapist's capacity to be empathically attuned to the partners' current relational experiences. Knowledge of the family of origin story can also alert the therapist to specific experiences or deprivations that will need to be addressed and integrated into a new narrative of self-in-relation. The family of origin story can also provide rich material for helping the individual to make sense of not only their own experience in the relationship, but also the experience and behaviour of their partner.

John and Mary presented as a couple who were committed to staying together for the sake of their children, but whose marriage was a story of years of repetitive hurt and conflict. John came from a respectable family, but one where he was sexually abused. His family of origin was the antithesis of a 'secure base'. His working model of attachment as an adult contained elements of both preoccupied

and dismissing attachment. He was intensely anxious about his relationship with his wife, and constantly focused on it, but he was also sensitive to the slightest hint of her rejecting him or not caring about him, to which he would respond with a withdrawal into cold indifference. As a child, Mary experienced very little warm and accepting contact. Her working model was one of dismissing attachment: she stated that she expected nothing from the relationship with John, and just wanted to learn to 'keep the peace' more effectively. Indeed, she had great difficulty in knowing what she felt in most circumstances and had limited capacity to put any emotion into words.

Assisting John and Mary to begin to share more of the details of their family of origin with each other was an important part of creating an experience of the therapy as a safe space. Understanding their family of origin stories made it much more possible for the therapist to understand and respond empathically to their often intensely resistant stance in the early stages of the therapy. In this context, we note with interest the comments of Wampler, Shi, Nelson and Kimball. They suggest that where one or both partners exhibit a pattern of insecure attachment '[w]orking through family-of-origin issues, either in individual or conjoint therapy may be necessary before lasting changes would be possible for the couple' (2003: 512).

### ***The Therapeutic Relationship***

EFTC places a clear emphasis on the importance of creating a strong therapeutic alliance, and making the therapy a 'secure base'. We suggest, however, that EFTC again fails to draw as much as it could on the richness of attachment theory as a resource in understanding how the therapeutic relationship can function in this way. In particular, we draw attention to two issues: the specific adult attachment styles of the partners, and the closely related issue of transference and countertransference.

If the therapist actively seeks to understand the internal working model of attachment of each partner, this will provide a useful resource for understanding the dynamics of the evolving couple relationship. Some understanding of the 'agenda for relationship' of each partner gained in their family of origin is also of importance in perceiving what is likely to be recreated in the transference for particular partners and couples. The term 'transference' has unfortunate connotations for some therapists, implying a deterministic understanding of past events being reenacted in the relationship with the therapist. Thus some approaches to therapy, including the

humanistic tradition from which EFTC has developed, tend to ignore transference — even though transference-like phenomena are acknowledged to be present in the therapy. Transference is, however, a ubiquitous phenomenon occurring in all relationships, including the therapeutic relationship (Grant & Crawley, 2002). One helpful way of understanding transference is as an 'organising principle' by means of which current experience is unconsciously 'made sense of' in the light of past experiences. Seen in this way, transference becomes a useful construction for conceptualising the link between the individual partner's experience in their family of origin, their current experience of their partner, and their experience of the therapeutic situation.

A key point in John and Mary's therapy came when the therapist was able to interpret, over several sessions, an understanding of the ways they both experienced each other in the focused transference between them. John saw Mary as emotionally cold and calculating, setting out deliberately to hurt him as a way of keeping him at a distance, and not caring about him at all. Mary saw John as a man intellectually and professionally on a vastly superior level to herself, a man who could not conceivably ever feel unsure of himself or need comforting or reassuring, and especially not by her. For each, the way they were seen by the other was the antithesis of the way they experienced themselves. As they began tentatively to consider the possibility that they were wrong in their perceptions of each other, the therapist's experience of the sessions changed subtly; the sense of tension, apparent from the beginning of therapy, was no longer about whether they would leave — leave therapy and leave each other — but instead was about a sense of extreme and exquisite fragility in their relationship.

### ***Working Through and Integration of a Partner's New Position***

EFTC sees the development of a new narrative by the individual partners as an important part of the process of consolidating change in the couple relationship (Johnson, 1996; Greenberg, 2002). We suggest, however, that this narrative also needs to involve the capacity to reflect on how each partner, *in the context of the larger story of their lifelong experience of relationships*, came to find aspects of their relationship so difficult, and how that has now changed. Drawing on the work of others who have sought to integrate the insights of attachment theory into therapeutic work — for example Holmes (2001), Sable (2000), Fonagy (2001a) — we again argue that integration of past

with present is important if the changes achieved are to lead to flexibility and to be lasting.

In this context, it is interesting to go back to Bowlby himself. Even though he did not develop a fully articulated model of psychotherapy based upon attachment principles, he nonetheless provided a description of how the process of change in psychotherapy would look if attachment theory were taken seriously. He described five tasks for 'the therapist applying attachment theory' (1988: 138). The last one is particularly relevant to our argument:

The therapist's fifth task is to enable his patient to recognise that his images (models) of himself and of others, derived either from past painful experiences or from misleading messages emanating from a parent ... may or may not be appropriate to his present or future; or, indeed, may never have been appropriate. Once he has grasped the nature of his governing images (models) and has traced their origins, he may begin to understand what has led him to see the world and himself as he does and so to feel, to think, and to act in the ways he does (Bowlby, 1988: 138–139: parentheses in original).

## Conclusions

The changes we are suggesting for EFTC are in one sense modest:

- Including in the assessment protocol a process of enquiry about the family of origin experience of each partner and their subsequent attachment experiences
- paying more attention to the working model of each partner and to transference issues as these are played out in the therapeutic relationship
- giving a more specific focus to the process of working through so that each partner is helped in seeing both their difficulties and the changes they are making in the context of their larger life story of relationships

These suggestions are, however, not purely matters of technique. They address the nature of the attachment that lies at the heart of the couple relationship, an attachment that needs to be understood in a developmental and intrapsychic context, *as well as* systemically and interactively. While agreeing that the focus of couples therapy is on the current relationship, and on the articulation of the emotional experience of that relationship in the here-and-now of the therapy session, we are also suggesting that each partner's formative, developmental experience of relationships is an important component in understanding the particular

form of their current experience. Bringing this understanding into the narrative of the therapy, working it through, and integrating it, will often prove important in helping to integrate the new bonding in the present that EFTC seeks to enable the couple to experience.

If we read her correctly, Johnson's latest book on using the EFTC framework with clients who have experienced trauma (Johnson, 2002), seems to pay greater attention to the story and experience of the individual partners, but does so by seeing this as a matter for individual therapy separate from the couples therapy. By contrast, we see the individual partner as inseparable from their relationship, and

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thus see the need to incorporate the processing of individual issues into the couples therapy (Crawley & Grant, 2001). We are suggesting that this should not be limited to couples one of whom has had a recognised traumatic experience, but rather that it is likely to be helpful for the majority of couples whose relationship is in distress.

In cases where disappointing, depriving, or traumatic experiences in childhood and adolescence were not a particularly significant feature, hearing and exploring the family of origin story of each partner will ‘do no harm’; indeed, it will often give the therapist an additional resource for empathic attunement with the current experience of the partners in their marital distress. Conversely, in more complex cases, it may well be of crucial importance in enabling the therapist both to create a secure base and to assist the partners in the process of ‘working through’ changes in relational patterns. This will also help each partner to expand their reflective function as they create a more coherent narrative about themselves, their histories and their relationships with others.

## Endnote

- 1 Volume 41, number 3, Fall 2002.

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