Theoretical Background to EFT

Attachment is an innate and primary motivating force: Seeking and maintaining contact with significant others is essential for human beings across the life span. This sustained connection is seen as a survival imperative laid out by the process of evolution. Dependency, often pathologized in our culture, is an innate part of being human. It is not a childhood trait that we need to outgrow.

Secure dependence is a sign of health and complements autonomy. Secure dependence fosters autonomy and self-confidence. Secure dependence and autonomy are then two sides of the same coin, rather than dichotomies. The more securely connected we are, the more separate and different we can be. Health in this model means maintaining a palpable or felt sense of interdependency, rather than being “self-sufficient.”

Attachment offers a safe haven: Contact with attachment figures is an innate survival mechanism. The presence of a positive attachment figure provides comfort and security, whereas the perceived inaccessibility of such figures creates distress. Proximity to a loved one is the natural antidote to anxiety and vulnerability. Positive attachments create a safe haven and an optimal context for the continuing development of the personality.

Attachment offers a secure base: Secure attachment also provides a secure base from which individuals can explore and most adaptively respond to their universe. The presence of such a base encourages exploration and openness to new information. It promotes the confidence necessary to risk, to learn, and to continually update models of self, others, and the world. When relationships offer a sense of felt security, individuals can reach out to others and deal with conflict and stress positively. These relationships tend then to be more stable and more satisfying.

Accessibility and responsiveness build secure, healthy bonds: The building blocks of secure bonds are emotional accessibility and responsiveness. An attachment figure can be physically present but emotionally absent. Separation distress results from the appraisal that an attachment figure is inaccessible. It is emotional engagement that is crucial and the trust that this presence---this engagement---will be there when needed. Our strongest emotions arise in attachment relationships; this is where they seem to have the most impact. Emotions tell us, as well as communicating to others, what our motivations and needs are; they are the music of the attachment dance (Johnson, 1996).

Fear and uncertainty activate attachment needs: Powerful emotions arise when an individual is threatened, either by traumatic events; by the negative aspects of everyday life, such as illness; or by any assault on the security of key attachment bonds, such as the one between adult partners. Attachment needs for comfort and connection then become compelling, and attachment behaviors, such as proximity seeking, are activated. A sense of connection with a loved one is a primary inbuilt emotional regulation device.

A finite number of insecure forms of engagement can be identified: The number of ways that human beings have to deal with a negative response to be question “Can I depend on you when I need you?” are finite. Attachment responses seem to be organized along two dimensions; anxiety and avoidance. When the connection with an irreplaceable other is threatened but not yet severed, the attachment system may become hyperactivated; this is called anxious attachment. Anxious clinging, pursuit, and even aggressive attempts to obtain a response from the loved one escalate. Hyperactivated attachment might sound like “He’ll let me down. They always do. Why can’t he just be more attentive---then I wouldn’t get so mad.” The second strategy for dealing with the lack of safe emotional engagement is to deactivate the attachment system and suppress attachment needs; this is called avoidant attachment. Individuals focus then on tasks, avoiding distressing attempts at engaging attachment figures. Deactivated attachment might sound like “I am a bit of an island; nothing touches me. I just shut down when things get too much.” These two strategies anxious preoccupied clinging and detached avoidance---can develop into habitual styles of engagement with intimate others. A third insecure strategy has been identified that combines seeking closeness with fearful avoidance of closeness when it is offered. This strategy is usually referred to as “disorganized” in the child literature and “fearful avoidant” in the adult literature. It is associated with traumatic attachments where others are, at one time, both the source of and the solution to fear. It might sound like “I want him close. I need him so. But then, I don’t trust him so I end up saying ´Come close but no touching.`”

Attachment involves inner cognitive working models of self and other: Attachment strategies reflect ways of processing and dealing with emotion. Some spouses catastrophize and complain when they feel rejected; some become silent for days. Cognitive representations of self and other are inherent in these responses. Secure attachment creates confidence in the self and in relationships. It is characterized by a working model of self as dependable and trustworthy. These models of self and other, distilled out of a thousand interactions, become relationship expectations and procedural scripts for how to create relatedness. These involve goals, beliefs, and strategies and they are heavily infused with emotion.

Isolation and loss are inherently traumatizing: It is important to recognize that attachment theory is essentially a theory about the trauma of isolation and loss. It began with the study of maternal deprivation and separation and its effects on children. Attachment theory describes and explains the trauma of deprivation, rejection, and abandonment by those we need the most. These are traumatic stressors that influence both general personality formation and a person’s ability to deal with fear and stress. The stress of deprivation and separation is seen as the ongoing drama of “ordinary” marital distress.

The above information is from the book: Becoming an Emotionally Focused Couple Therapist by Susan M. Johnson