WOMEN'S LIVED EXPERIENCES OF ATTACHMENT INJURY WITHIN THEIR COUPLE RELATIONSHIPS

by

CATE PELLING

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Department of Educational Psychology

The University of British Columbia Vancouver, Canada

Date June 14, 2003
ABSTRACT

An attachment injury occurs within the context of a romantic or couple relationship. It can be described as an injury or wound to the couple bond as well as a critical incident in the life of the couple relationship.

The aim of this study is to explore the “lived experience” of an individual’s attachment injury within their couple relationship. An interpretative, phenomenological approach (van Manen, 1990) was used in this exploratory, qualitative study. A research interview was conducted using open-ended questions in an attempt to illuminate the phenomenon of “attachment injury”. A thematic analysis of interview transcripts was undertaken in order to discover the “experiential structures” of an attachment injury (van Manen, 1990). Six themes emerged from the participant interviews: a caregiving relational history, the nonresponsive partner, irrevocable change, coping through other relationships and spiritual beliefs, the long-term impact on the relationship, the impact on the self. Themes were further broken down into subcategories. Results from the study were consistent with research findings in attachment theory and the literature on trauma. The results allowed for a deeper, fuller understanding of the experience of attachment injury for the injured partner.
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DEFINITION OF TERMS

Trauma

The terms “trauma” and “traumatic event” are used extensively throughout this document. In the general literature, these terms are most often applied to extreme events such as natural disasters, the experience of war, assault, etc. In these instances, the physical well-being of an individual is threatened. Post Traumatic Stress Disorder is often an outcome of such circumstances.

This thesis explores the experience of “relational trauma” or injury. The participants in this study were not in any physical danger during the attachment injury incident. However, extreme psychological and emotional distress did result from this traumatic event.
CHAPTER 1

Introduction

Marital distress and breakdown exacts a considerable toll on couples and can result in high social costs as well. The negative effects of marital distress and divorce involve an increase in the physical and emotional stress on adults which can result in substance abuse issues, deteriorating physical health, or mental health issues. Children who are raised in a home where marital conflict occurs can experience a dysfunctional social environment and may be exposed to family violence. Children whose parent’s relationship ends in divorce have been shown to experience long-lasting effects (Miskell, Lusterman & McDaniel, 1995).

Counsellors working with couples distressed by marital issues have a number of therapeutic approaches available to them. These approaches address couple interaction in a number of ways: communication skills training, cognitive/behavioral problem-solving approaches, interactional systemic therapy, insight-oriented approaches, behavioral marital therapy (Johnson, 1998; McCullough, Pargament & Thoresen, 2000). Also, couples are often aware of self-help approaches described in popular literature. While many couple therapies may explore the partner’s assumptions, expectations and standards about relationships (Gordon, Baucom & Synder, 2000), most models of couple therapy do not explicitly address partner’s internal working models of attachment and connection. However, there is a need to address these deeper, underlying processes, in order to effect meaningful and lasting change in a distressed relationship.

Using a model of adult attachment, Greenberg and Johnson (1988) developed “Emotionally Focused Couples Therapy” (EFT) as a systemic/experiential approach to be used in working with distressed couples. Johnson and Greenberg are clinicians as well as researchers. The EFT
The approach was built upon research in the field of adult attachment. The EFT approach focuses on emotion as an indicator of the partners’ individual attachment styles, as well as a pathway for restructuring the couple’s attachment pattern. Over the past thirteen years, Johnson and other researchers have conducted a number of research studies on the EFT approach (Baucom, Shoham, Mueser, Daiuto & Stickle, 1998; Johnson, Hunsley, Greenberg & Schindler, 1999). Research has demonstrated that Emotionally Focused Couples Therapy has a greater impact on reducing couple distress at the end of treatment, and at follow-up, than other couple therapies (Johnson et al., 1999).

Recently, Johnson, Makinen and Millikin (2001) published a study which identified the construct of “attachment injury” within the marital relationship. An attachment injury is defined as a “wound that occurs when one partner fails to respond to the other in a critical time of need” (Johnson et al., 2001, p. 154). It is an event in which one partner is unresponsive to the distressed partner’s expectation of comfort and caring in a time of need. An attachment injury can be understood as a critical incident, a trauma, or a rupture in the marital container. An attachment injury involves both interpersonal and intrapersonal factors. When an attachment injury is uncovered during couples therapy, there is a noticeable change in affect, language, and responsiveness relating to a specific past event (Johnson, 2002). It is also apparent to the therapist that it is not the content of the event that is important, as much as it is the significance of the event to the injured party (Johnson et al.). It is hypothesized that the presence of an attachment injury in a couple’s relationship distinguishes a subgroup of distressed couples. It appears that couples who have experienced an attachment injury are less responsive to therapeutic interventions, and couples therapy often reaches an impasse (Johnson et al.).

The research literature on couple relationships identifies different kinds of betrayals which
may occur within a couple relationship, and the destructive impact these betrayals may have on
the relationship. The empirical literature suggests that neither the cognitive-behavioral models of
couples therapy, nor the insight oriented models provide a clear, integrated conceptualization of
the impact of betrayal on a relationship (Gordon, Baucom & Snyder, 2000). While the literature
on betrayal in couple relationships outlines models of forgiveness, the research is lacking an
overarching, theoretical paradigm (Johnson et al., 2001) which would incorporate the concept of
injury to the couple bond or attachment. Such a paradigm is needed in order to guide therapists
who work with distressed couples, assist therapists in identifying the presence of attachment
injury in a couple relationship, explain why some couples are more responsive to therapeutic
intervention than others, and direct therapists in identifying a meaningful course for therapy
when an attachment injury is involved.

The current literature in couples therapy suggests the need to address critical incidents within
couple relationships in order to overcome impasses in therapy. The need to acquire a greater
understanding of an attachment injury is also necessary before appropriate and effective
interventions can be developed. The existing research within the fields of attachment and
couples therapy has been largely quantitative and deductive. Phenomenological research aimed
at an in-depth, detailed understanding of the phenomenon will complement current research
within these fields. The focus of this qualitative study is to explore the phenomenon of
attachment injury in couple relationships in order to increase clinician’s and researcher’s
comprehension of this construct. This inductive, qualitative study will complement current
understandings within these fields by giving voice to individuals’ experiences of attachment and
attachment injury within couple relationships.
CHAPTER 2

Literature Review

An attachment injury occurs within the context of a romantic or couple relationship. It is described as a critical incident in the life of the relationship. One partner injures the other partner when they fail to provide support and reassurance in a situation where their partner is in distress. The injured partner's expectation of comfort and caring is not met and, as a result, the event takes on special significance. It is proposed that an attachment injury is a wound or a trauma because the injured partner experiences it as a rupture in the safety and security of the marital bond. The other partner may be unaware the event has had a significant impact on their partner. While attachment injury is a new concept in couples therapy, it has its roots in the works of developmental psychologists such as John Bowlby and Mary Ainsworth, and the more recent published research on adult attachment in romantic relationships.

Attachment Theory

John Bowlby

John Bowlby's seminal works on attachment (1969, 1973, 1980) generated over thirty years of research on attachment theory. Trained as a child psychiatrist and psychotherapist, Bowlby's interest in parent-child attachment grew out of his first research study conducted at the London Child Guidance Centre. This study examined the relationship between maternal deprivation or separation, and later juvenile delinquency (Bowlby, 1944). After World War II, Bowlby became the Director for Children and Parents at the Tavistock Clinic. Unlike many of his colleagues who worked from a Kleinian orientation, Bowlby believed that psychiatry was not directing enough attention toward the "real life events on the course of child development" (Ainsworth & Bowlby, 1991, p. 333). In 1948, he established a research unit to study the effects of early maternal
separations on offspring. Shortly after, the World Health Organization hired Bowlby to write a report on children without families. The report *Maternal Care and Mental Health* was published by WHO in 1951.

Through his research, Bowlby became convinced that interaction with a mother figure during infancy and early childhood had an effect on later psychological development. His study of young children who were temporarily separated from their mother led him to identify a sequence of general responses in these children; protest, then despair, followed by detachment. In developing his theory of attachment as an explanatory model for his research findings, Bowlby drew upon concepts from ethology, evolution theory, control theory and cognitive psychology as well as his earlier psychoanalytic training.

Bowlby understood the attachment behavior of infants as arising out of the biological function of protection. Although he conceptualized attachment and attachment behavior as necessary to the survival of the human species, he viewed attachment and attachment behavior as having implication for the later “psychology and psychopathology of personality” (Bowlby, 1980. p. 441). This allowed for an ethological approach to personality development (Ainsworth & Bowlby, 1991). Bowlby’s approach replaced the libidinal model of personality development, outlined by Freud, with a model of instinctive behavior in which infant attachment behavior served to promote proximity to a preferred individual - the primary caregiver. Proximity, in turn, facilitated protection by elicitig caregiving behavior from the caregiver. In evolutionary terms, the attachment system provides an infant and primary caregiver with an imperative to develop a stable relationship. The attachment/caregiving relationship then becomes the platform for the infant’s “social apprenticeship.” Over the course of early development, the infant’s immature brain is able to use the mature functions of the adult caregiver’s brain to organize it’s own
processes (Pederson & Moran, 1999). The repeated interactions between the caregiver and the infant also lead to a particular form of relationship representation which has an impact on the child's psychological development.

Bowlby (1980) identified that the principal determinants of an individual's attachment behavior would be their experiences with attachment figures during the years of "immaturity" (infancy, childhood, adolescence). In childhood, disturbed patterns of attachment behavior would indicate that a child's development was following a deviant pathway, which could lead to later psychopathology. Bowlby also identified that disturbed patterns of attachment behavior could be present at any age.

Bowlby made a distinction between attachment behavior and attachment. Attachment is understood as a bond, a tie, an enduring relationship, that is born out of the reciprocal interactions between an infant and a caregiver. The deepening, growing attachment to another individual results in the attachment figure being distinguished from other people in an infant's world. This distinction evolves through the infant's interactions with the environment and the social behavior of the primary caregiver. The infant comes to know that only certain individuals can provide relief from distress, and the infant's behavioral system becomes internally organized with respect to the attachment figure or few attachment figure(s) (Bowlby, 1982). When the behavioral system becomes activated, attachment behavior occurs and the attachment figure is sought. Over the course of infant development, the infant's initial repertoire of "proximity-seeking" or attachment behaviors: crying, sucking, clinging, and orientating, develop into the more complex behaviors of smiling and babbling, and later crawling and walking (Bowlby, 1982). How the primary caregiver responds to the infant's proximity seeking signals (attachment behavior), provide an outcome to the social initiatives of the child. Regardless of whether the
child remains distressed by a lack of response, or is soothed by responsive caregiving, the attachment becomes an *emotionally charged* relationship.

While the description of an attachment as a bond, may imply a stable relationship, Bowlby (1982) conceived of attachment as potentially labile. Stable patterns of interaction could be changed or disrupted by significant events. A significant event could have a disequilibrating effect on the attachment, as well as the behavioral organization of the attachment and the associated emotion. Bowlby observed lability of attachment in his research with children who had been separated from their primary caregiver for a period of time. Upon reunion with their primary caregiver, there were observable changes in the child's attachment behavior.

In his three volume work (1969, 1973, 1980), Bowlby further developed attachment theory as an explanatory model for understanding "affectional bonds, separation anxiety, grief and mourning, unconscious mental processes, defense, trauma and sensitive periods in early life (Bowlby, 1980, p. 1). In his first volume, he provided support for his theory of attachment by drawing from ethology and evolution to identify how attachment, caregiving and sexual mating are organized systems of behavior that work together to ensure the survival of the species. Bowlby proposed that attachment occupies the central role in human development since it is the first behavioral system to appear, and therefore it influences the subsequent expression of the other systems. (Feeney & Hohaus, 2001).

In the second volume, Bowlby expanded upon the theory of fear that he outlined in the first volume, and he elaborated on his formulation of separation anxiety. Bowlby proposed that the infant is not only genetically biased to seek and to maintain proximity to a primary caregiver, but is also biased to respond to certain environmental cues, or changes, as natural clues to an increased likelihood of danger (Main, 1999). The infant is born with a behavioral system that is
ready to be activated in this manner (Bowlby, 1982). When the behavioral system is activated by an internal or external cue, the infant signals their distress. Fear behavior and attachment behavior are often activated in the same circumstances (Ainsworth, 1978). If an infant's distress is not responded to, the magnitude of their fear is increased. When fear is aroused, the presence of an attachment figure serves to reduce distress and has a soothing effect (Bowlby, 1982).

Separation anxiety occurs when attachment behavior is activated but proximity to the primary caregiver cannot be achieved. When the attachment figure remains absent, the affectional bond is endangered and the infant makes more intense efforts to reestablish it. As stated, Bowlby suggested that the intense distress of the separated infant can be understood in terms of the evolutionary adaptedness of the attachment bond.

Bowlby provided theoretical support for the phases of protest, despair and detachment that an infant experiences in response to separation from their attachment figure. Bowlby defined the first phase, the protest phase as being driven mostly by separation anxiety. The infant expresses heightened, more intense attachment behavior and becomes frustrated by the continued absence or lack of proximity to the attachment figure. There is awareness of the threat or possibility of losing the attachment figure. Infants also express anger during this phase. When periods of separation are frequent or prolonged, the protest phase gives way to the next phase: despair. The infant expresses anger, sorrow and grief in response to the perceived loss of their primary attachment figure. In the third phase, the infant exhibits detachment from their attachment figure, even when the attachment figures returns. However, the attachment behavioral system is primed during this phase and infants exhibit behavior which indicate defensive mechanisms have been activated in order to cope with the loss of the attachment figure (Bowlby, 1980).

In the third volume, Bowlby elaborated on the ways in which young children respond to the
temporary or permanent loss of their attachment figure, and the subsequent effects on personality. From this work, Bowlby developed a model of healthy mourning which enabled him to identify features of childhood mourning that are indicative of later pathology, and patterns of adult mourning that can be classified as unhealthy.

Bowlby's inclusion of ethological and evolutionary perspectives in his theory of personality offered explanatory power for the vulnerable, helpless state of the human newborn and the extended period of infancy. It also recognized the complex social and cognitive development required in order to adapt to environmental and human contexts (Pederson & Moran, 1999). Given his earlier psychoanalytic training, Bowlby was also interested in the intrapersonal or internal structure of the attachment system. He digressed from object relations conceptions of personality development by drawing from cognitive psychology to explain how slowly, over the years of immaturity, the infant/child develops internal working models for relationships based on their early experiences with their primary caregiver.

Bowlby proposed that these mental structures accounted for the continuity of attachment patterns in subsequent relationships with peers and friends (Magai, 1999). He also described internal working models as encompassing defensive strategies that the individual would typically adopt when coping with stress. Bowlby theorized that while an individual's later attachments would approximate the model of attachment formed with the primary caregiver, internal working models could be revised (Bowlby, 1988). He had observed that an attachment was not fixed; a bond had some degree of lability, and he hypothesized that changes in attachment patterns were possible in later life. Mental representations of relationships could be modified; allowing for a life-span perspective of the attachment behavior system. However, Bowlby believed that internal working models were less flexible to revision as a person became older.
In adulthood, humans are not physically dependent upon their couple attachment. Yet, most adults would identify emotional availability or emotional proximity in a time of distress as important in an intimate, couple relationship. The same qualities found in infant/caregiver relationships are theorized as being important to intimate adult relationships: partner sensitivity to signals, timing of response, degree to which initiatives by one partner are successful in creating an interaction with the attachment figure (Bowlby, 1982). Bowlby identified attachment behavior as being activated and most obvious in adults whenever they are anxious, frightened, fatigued, sick or under stress (Bowlby, 1988). As in early life, attachment behaviors in adults is assuaged or deactivated by comforting and caregiving. Unlike other psychological models which may label attachment behavior in adults as regressive, dependent, or childish, Bowlby was adamant that the “urgent desire for love and care” (Bowlby, 1988. p.12) is a natural and fundamental characteristic of human nature, and this is especially true when an individual is distressed.

Mary Ainsworth

In 1950, Mary Ainsworth joined Bowlby’s research team at the Tavistock Institute. She worked with the team for four years and became interested in the naturalistic observation of children. In 1954, Ainsworth moved to Uganda, and while there she was able to conduct research based on Bowlby’s developing theory of attachment. Observing Ganda babies and their mothers in their village homes, Ainsworth studied individual differences and developmental changes in patterns of infant-mother attachment. Her observations provided support for Bowlby’s ethological approach to attachment. Based on her observations, Ainsworth was able to identify three subgroups within the Ganda babies. She labeled these groups: securely attached, insecurely attached and nonattached. Ainsworth observed that the differences among groups of babies were
related to differences in their mother’s accessibility and responsiveness to infant behavioral signals. She also identified that fear provided an emotional element to the danger-protection interaction of attachment behavior.

Ainsworth continued to be interested in the interaction between attachment behavior of the infant, and the complementary caregiving behavior of the primary caregiver. After moving to Baltimore and obtaining a post at John Hopkins University, Ainsworth renewed regular contact with John Bowlby. In 1961, she launched another study of infant-mother attachment. The Baltimore Study involved detailed home observations along with a twenty minute laboratory assessment of attachment. Her research generated a large volume of recorded observations. *Patterns of Attachment. A Psychological Study of the Strange Situation* was published in 1978.

Ainsworth’s research results categorized the different attachment styles of infants, and stimulated further research on individual differences in attachment.

Ainsworth’s Strange Situation (SS) laboratory procedure used in the Baltimore study, involved introducing children and their mothers to a strange setting, bringing in a stranger, having the primary caregiver leave, and later having the primary caregiver return. The SS supplemented extensive home observations of the infant-caregiver dyads. Ainsworth was able to identify four different types of behavioral responses in the infants she studied. The four patterns of behavior were qualitatively different from each other in distinctive and consistent ways. Out of these combined observations, Ainsworth identified three main categories of infant attachment: anxious-avoidant, secure and anxious-ambivalent. She stated that the categories reflected differences in the organization of attachment not in the strength of attachment (Main, 1999).

Ainsworth theorized that over the course of development, attachment becomes more and more a matter of the “inner representation of attachment figures and of the self in relation to them”
(Ainsworth, 1978, p. 27). She coined the term “secure base,” to reflect the way children classified as “securely attached” utilized their primary caregiver (usually the mother). In line with Bowlby’s work, Ainsworth suggested that securely attached children were able to tolerate less proximity to their primary caregiver in a strange situation because they had developed a “working model” or mental representation of their mother as accessible and responsive to them, even when she was out of sight. Ainsworth identified that the attachment system serves two functions. The safe haven function promotes survival by offering proximity to the caregiver and protection in a time of distress. The secure base function provides a sense of ongoing emotional security in the infant; even when the primary caregiver is absent (Bartholomew, Henderson & Dutton, 2001).

Ainsworth’s behavioral observations of infants and caregivers described the secure infant’s relationship as one in which symmetry is established between the expression of need for contact with the caregiver, and the receipt of contact from the caregiver. In anxious-ambivalent attachment, asymmetry exists between the infant’s expressed need for contact, and the receipt of that contact; the result is that the infant remains in a state of discontent (Fisher & Crandall, 2001).

Regardless of attachment status, an infant’s behavior evolves both to reduce the infant’s anxiety and to complement or fit the behavior of the attachment figure. Given this, an infant’s behavior can be understood as being adaptive within their infant-caregiver relationship. It and reflects a particular attachment strategy or way of behaving within the relationship. For secure infants, the attachment figure is used as a secure base. In order to adapt, anxious-avoidant infants are required to form a relationship in which their attachment behaviors are decreased and muted and anxious-ambivalent infants form a relationship in which their attachment behavior is
increased and heightened (Main, 1990).

Repeated daily transactions between the infant and their caregiver lead the infant to develop expectations about the parent’s caregiving. These expectations are gradually organized into internal working models of the caregiver, the self in relation to this caregiver and the attachment relationship as a whole. The internal working models guide both cognitive and emotional processes; including expectation, attention deployment, interpretation and memories, which in turn guide behavior (Berlin & Cassidy, 1999). Ainsworth noted that secure attachment facilitated functioning and competence outside of the attachment/caregiving relationship.

During the 1980s, research continued on representational processes of attachment and descriptions of interactive behavior. This allowed attachment research to be extended into family and couple processes. It also provided for a lifespan perspective of attachment behavior (Crowell & Treboux, 2001). Mary Ainsworth’s work initiated a research tradition directed toward investigating mental representations as well as research into the attachment styles found in peer or romantic partner relationships (Cassidy & Shaver, 1999).

**Research Traditions in Attachment Theory**

The work of John Bowlby and Mary Ainsworth paved the way for the later explosion of attachment-based research. During the 1980s, attachment theory was adopted primarily by developmental psychologists (Ainsworth & Bowlby, 1991). In 1992, Alan Stroufe, at the University of Minnesota, published the initial findings from his longitudinal study of attachment processes in childhood. This study was designed to explore the effects of early security or insecurity of infant-mother attachment on childhood development and social relationships, and to identify conditions that alter expected outcomes (Ainsworth & Bowlby, 1991). Empirical evidence from the study supported the argument that mental representations underlie the
association between early attachment and subsequent close relationships. The results indicated that the effects of childhood attachment relationships extended into adulthood and these effects could be seen in close peer relationships (Berlin & Cassidy, 1999).

Bartholomew and Shaver (1998) and Simpson and Rholes (1998) identify that current research in adult attachment originates from one of two research traditions which developed out of two subcultures within the field of attachment research. One line of research originates directly from the work of Bowlby and Ainsworth. Their backgrounds were in child psychiatry and clinical and developmental psychology. This research tradition has been influenced by psychodynamic formulations, has focused on clinical problems, has utilized interview measures and behavioral observation, and has emphasized parent-child relationships. The second line of attachment research concentrates on personality and social psychology and has approached attachment theory from the perspective of personality traits and social interaction. Researchers within this field of psychology have used questionnaire measures and focused on adult social relationships. However, both research traditions focus on individual differences and both are grounded in Bowlby’s and Ainsworth’s attachment theory.

Various assessment tools have been developed to assess attachment in childhood and adulthood. Mary Main at the University of California, Berkeley has devised assessments of attachment at age six and in adulthood (Ainsworth & Bowlby, 1991). Research focusing on attachment processes in the family of origin has used attachment based interviews to assess adult memories of childhood experiences with their parents or primary caregivers. The Adult Attachment Interview taps into an individual’s current state of mind about their early attachment figures. It elicits distal memories, beliefs and feelings about a respondent's past relationship with their parents. The AAI accesses the “representational product” (Main, 1999) of the respondent’s
internal working model of attachment which developed in childhood. This is done by examining the individual’s style of discourse (i.e. discrepancies between semantic and episodic memory), and determining how an individual structures, organizes and stores information about past attachment figures (Byng-Hall, 1999). The Adult Attachment Interview classifies adults into one of four attachment categories: secure-autonomous, preoccupied-entangled, dismissing, and unresolved-disorganized (Simpson & Rholes, 1998). The AAI was originally developed to predict the Strange Situation behavior of respondent’s children. The adult’s current “state of mind” regarding attachment was expected to influence their behavior in parenting and caregiving. Research has demonstrated that an adult’s AAI classifications strongly predicts the Strange Situation classifications of their infant, although the mechanisms for how a parent’s working models of attachment are transmitted to their child is still a topic of continued research.

The second research tradition that emerged from Ainsworth’s and Bowlby’s work is the peer/romantic partner research tradition. Bowlby stated “there is a strong causal relationship between an individual’s experiences with his parents and his later capacity to make affectional bonds” (Bowlby, 1979, p.135). Hazan and Shaver (1987) were the first to study romantic love as an attachment process involving affectional bonds. They proposed that Ainsworth’s attachment statuses might “translate” into styles of adult romantic attachment. Hazan and Shaver developed a self-report measure of adult attachment which used attachment vignettes to represent the different attachment statuses. Their research generated a new area of attachment research and theory within the personality and social psychology fields. This work explored how the attachment system underlies many of the important dynamics and individual differences observed in adult romantic relationships (Kirkpatrick, 1998) However, the categorical measure produced by the three attachment statuses created psychometric difficulties and continuously distributed
attachment scales were soon introduced by Collins and Read (1990) and Simpson (1990).

Kim Bartholomew’s research in 1990 provided a breakthrough in the understanding and assessment of adult attachment. After reviewing Bowlby’s original work, Bartholomew developed a two-dimensional, four-category model of adult attachment styles based on two underlying dimensions (Bartholomew & Shaver, 1998). One dimension, “the positivity of self” dimension, reflects the individual’s internalized sense of their self-worth. In terms of the attachment behavioral system, a positive self-model enables an individual to feel self confident rather than anxious in close relationships. A negative self-model indicates dependency on other’s ongoing approval in order to maintain feelings of self-worth. This dependency fosters anxiety in close relationships. The second dimension, “positivity of other” dimension, reflects an individual’s expectations of the availability and supportiveness of the other (Bartholomew, Henderson & Dutton, 2001). A positive other-model facilitates the willingness to seek support from close others, whereas a negative other-model is associated with the tendency to withdraw and maintain distance within close relationships; especially when feeling threatened.

Bartholomew’s model provided two continuously distributed attachment dimensions. It retained the secure and preoccupied styles of attachment but made a distinction between two forms of avoidance: fearful avoidance or dismissing avoidance.

Contemporary research on the mental representations of attachment continues to follow the two traditions. Simpson and Rholes (1998) identify that current research addresses different components of internal working models which are relevant to different levels of consciousness. The AAI focuses on dynamics of internal working models that are revealed indirectly by the way a person talks about their childhood relationships (Bartholomew & Shaver, 1998). The atypical questions of AAI are designed to bypass personal defenses in a way that self-report measures
cannot. The questions on the AAI are of a very personal nature and because they arouse emotions, the AAI questions are more likely to activate the individual’s attachment system (Simpson & Rholes, 1998). The self-report scales of the peer/romantic tradition focus on current views and perceptions the individual has of peers or romantic partners. They reflect internal working models that operate at a more conscious level. They are limited by the fact that different attachment strategies are thought to include defensive distortions of minimization and maximization (Berlin & Cassidy, 1999). The self-report measures assess working models that guide social behavior in relationships but they are less able to access working models that govern parenting and caregiving.

**Adult Attachment Processes Within Couple Relationships**

Since the early 1990s, the body of research investigating attachment processes within romantic relationships has grown enormously. Attachment style in romantic relationships has been investigated with respect to a wide variety of important relationship constructs: couple interaction patterns, communication behavior, defensive styles, the regulation of emotion within intimate relationships, relationship satisfaction, commitment, long-term stability in relationships, the level of trust in a relationship.

In adult romantic relationships, the attachments systems of the partners operate in a bi-directional manner. Adults in relationship, unlike infant-caregiver relationships, are required to tolerate being dependent on the other, and also being depended on by the other. Each partner moves between the two positions. Given the dual nature of the relationship, some researchers refer to couple attachment as “complex attachment” (Fisher & Crandall, 2001). It is suggested that secure working models of relationship relate to the capacity for reciprocity or symmetry in couple relationship and insecure working models of relationship relate to fixed and rigid patterns
of relating which leads to asymmetry in the couple relationship (Fisher & Crandall, 2001).

The Couple Attachment Joint Interview (Fisher & Crandall, 2001) is a semi-structured, clinical interview derived from the AAI. It’s intent is to assess the level of security in the couple relationship by focusing on the joint representations of the partnership, as well as observed behavior. The result is a couple “template” of complex attachment which is made up of the two individual attachment styles of the couple. The Couple Attachment Joint Interview predicts three distinct patterns of insecure couple attachment based on the constructs of being dismissive or preoccupied: dismissing/dismissing, preoccupied/preoccupied, and dismissing/preoccupied couple attachment.

In cases where the couple template is made up of secure/insecure styles, it is proposed that a secure partner may create a corrective emotional experience for the insecure partner through their capacity to assume both the dependent and depended-on positions. Research on adult attachment has supported this view. Research undertaken by Berlin and Cassidy (1999) using the AAI, identified a subgroup of securely attached individuals identified as “earned secure.” As identified, the influence of early attachments can be altered and there is room for discontinuity of attachment style. Subsequent attachment experiences (i.e. marriage, psychotherapy) can effect change in the internal working models. It is also possible that the influence of a partner’s attachment style may effect change in direction of decreased security. A secure individual may become more entrenched and inflexible as a result of repeated interactions with their insecure partner (Fisher & Crandall, 2001).

The integration of past attachment experiences and representations into a new attachment relationship poses a challenge for adults and their developing couple relationship. Research findings support the hypothesis that the quality of the current attachment relationship and the
ongoing interactions within the relationship, influence the construction of attachment representations. There are three historical sources of influence as well. These include: an individual’s previous experiences with romantic partnerships (including the experience of the parent’s marriage), peer relationships, and childhood interactions with the primary caregiver (Crowell & Treboux, 2001). Over time, partners’ working models may accommodate and assimilate new relational information so that the working models become a product of both earlier and current interpersonal circumstances (Davila, Karney & Bradbury, 1999). The research suggests that this change is a complex process that occurs on many levels in response to numerous intra and interpersonal experiences.

Collins and Feeney (2000) identify that attachment theory highlights the importance of support and caregiving processes in the development of trust and felt security in intimate relationships. Important individual differences in attachment style may influence the nature and quality of supportive exchanges between partners. Caregiving can be defined as sensitivity and responsiveness to an other person's expressed needs. Individuals learn about caregiving, in part, through their own attachment experiences. People develop working models of attachment and caregiving which guide their support-seeking behaviors and regulation of personal distress, as well as caregiving behaviors and the regulation of the significant other’s distress.

Attachment research demonstrates that attachment style is linked in predictable ways to patterns of caregiving in intimate relationships. In line with Bartholomew’s earlier research, two distinct patterns of attachment-related avoidance have been identified through self-report studies. The pattern of fearful avoidance (high avoidance and high anxiety) is associated with over involved caregiving activity. These adults have an anxious attachment style. They worry about being rejected and are overly dependent on others. They also find it difficult to set aside their
own attachment needs in order to provide the sensitive support necessary for being a responsive caregiver. The pattern of dismissing avoidance (high avoidance and low anxiety) is associated with lack of caregiving activity and ineffective support-seeking behavior. As in childhood avoidance, dismissing avoidant adults direct their attention away from attachment figures. They tend to employ indirect strategies (i.e. hinting and sulking) to elicit engagement with the partner (Collins & Feeney, 2000).

**Emotion regulation**

Attachment theory is primarily a theory of affect regulation. The formation of an emotional attachment to a caregiver(s) during the first year of life establishes certain “emotional dispositions.” This has implications for the development of attentional strategies and the regulation of affect in childhood and adulthood (Magai, 1999). As stated, the infant/caregiver relationship is an affectively charged relationship and it becomes the vehicle for the emotional socialization of the child. How a caregiver(s) responds to the infant’s affect, shapes emotional expression and regulation in distinctive ways (Magai, 1999). Patterns of affect regulation are deeply embedded in early relational experiences and are carried forward in time through internal working models of self and other which form the template for how relationship transactions will be expressed. (Magai, 1999). As in infancy and childhood, the individual’s attachment style in adulthood serves to maintain a comfortable level of proximity to an attachment figure (Rholes, Simpson & Stevens 1998).

When attachment figures are available and responsive to a child’s signals of distress, the distress can be acknowledged and regulated with strategies that involve seeking comfort and support. These are the characteristics of secure attachment (Feeney, 1998). Early experiences with inadequate parenting responses to affect, shape a child’s attentional processes. Insecure
attachment is characterized by affect regulation in which attentional strategies amplify or inhibit emotional expression. This results in the adoption of one of two insecure attentional strategies: deactivation or hypervigilance (Magai, 1999). With insensitive or rejecting attachment figures, a child learns to inhibit displays of distress and to restrict their attempts to seek comfort and support resulting in an avoidant attachment style (Feeney, 1998). The deactivating strategy serves to ward off experiences of distress or inhibit the activation of distress yet negative emotion may remain active at a non conscious level (Magai, 1999). It is also a deactivating attentional strategy as well as one that inhibits or minimizes affect. Individuals with an avoidant attachment style experience an inherent emotional conflict. They are required to dampen expressive behavior at the same time they experience the basic motivational processes of affect toward affect expression. This intrapersonal tension is brought into interpersonal interactions (Magai, 1999).

Attachment status also reflects different styles of affect regulation within interpersonal settings (Rholes, Simpson & Stevens, 1998) since the attachment styles develop out of an individual’s experience of regulating distress with attachment figures. As identified, the individual learns strategies or ways of dealing with negative affect (Feeney, 1998). If attachment figures were inconsistent, or lacked the ability to respond to the child’s signals, the child/individual becomes hypervigilant about attending to, and expressing distress (Feeney, 1998). They develop a pattern of dependency which comes to represent anxious-preoccupied attachment. The hypervigilant strategy maximizes the detection of sources of interpersonal distress and is accompanied by affect enhancement or heightening. Preoccupied attachment is associated with low self-esteem and depression (Magai, 1999).

Kobak and Hazan (1991) studied marital conflict and found that spouses with secure working
Individual differences in coping

Individuals with different attachment styles exhibit differences in coping and there are differences in the cognitive appraisal component of coping with stress. A benign appraisal, along with a sense of inner strength to cope, describes the secure style of coping. An exaggerated appraisal of threat, along with a sense of inadequacy and helplessness defines the preoccupied attachment style with respect to coping. The appraisal of self as capable and the appraisal of threat as greater characterizes the avoidant style of coping (Mikulincer & Florian, 1998).

Secure individuals rely mainly on problem-focused and support-seeking strategies. Their internal self serves as a source of resilience. They view most problems as manageable and rely on their strong sense of control, self-efficacy, and self-confidence in seeking outside help in a time of need.

Avoidant individuals deal with stressful events by restricting their acknowledgment of distress, and by adopting what Bowlby (1973) labeled “compulsive self-reliance.” They inhibit the display of negative emotions and their own access to unpleasant affect and thoughts.
Avoidant individuals suppress their underlying anxiety and depression and rely on distancing and withdrawal (Mikulincer & Florian, 1998). The internal working models of avoidant persons emphasize the threatening and untrustworthy nature of significant others, the need to rely exclusively on the self, and the importance of maintaining distance from attachment figures and relationships (Mikulincer & Florian, 1998).

For preoccupied individuals, internal working models exaggerate the appraisal of adversity which is viewed as threatening, irreversible and uncontrollable. In response, they tend to become passive, ruminate and adopt maladaptive, emotion-focused strategies. Preoccupied individuals are unable to repress negative emotions, suppress negative thoughts, detach from inner pain or contain their distress from affecting other areas of their life. In general, individuals with insecure attachment styles are more anxious and hostile than secure people (Mikulincer & Florian, 1998).

**Interaction in couple relationships**

Individuals create attachment hierarchies throughout life; identifying some attachments as more important than others. Once an attachment bond is established within a couple relationship, the partner usually becomes the most important attachment for the individual. Three types of situations activate the attachment system in adults: fear-provoking situations (the other offers a safe haven), challenging situations (the other offers a secure base), conflictual interactions (the other maintains a cooperative partnership) (Rholes, Simpson & Stevens, 1998). Main (1999) describes a well functioning couple relationship as one where both partners are able to serve as a secure base for the other; creating a symmetrical and reciprocal relationship. At times, when one partner seeks the other as an attachment figure, there will be a temporary asymmetry in the relationship. In the event the partner is emotionally inaccessible or
unresponsive to the needs and longings of their partner, attachment insecurity and relational
distress will ensue (Johnson, 2001). Partner’s perceptions of their interactions are also biased by
relationship quality as well as their attachment style (Collins & Feeney, 2000). Given that
differences in attachment statuses relate to differences in coping strategies for dealing with stress,
problematic interactions can occur within the couple relationship (Byng-Hall, 1999). Since
working models direct attention, memory and cognition, as well as behavior, partners may hold
incompatible models of what to do in a particular situation. Each partner may also interpret the
other’s actions in terms of their own model. In contrast, intimacy can be enhanced when one
partner’s expression of needs and feelings elicits the other partner’s accepting attitude and
caregiving processes (Collins & Feeney, 2000).

Preoccupied or fearful attachment predicts poor or negative caregiving (Collins & Feeney
2000). Anxious caregivers provide less instrumental support, are less responsive, and display
more negative support behaviors. Research also suggests that those high in relationship anxiety
perceive themselves as unappreciated by other people (Feeney & Hohaus, 2001). Dismissing-
avoidant individuals provide no care or incomplete care, and they are unlikely to adopt
constructive coping methods such as support-seeking or problem-focused coping (Feeney &
Hohaus, 2001). Couples in better functioning relationships engage in more supportive
interactions. (Collins & Feeney 2000).

Different attachment orientations vary in support seeking and support giving behavior
1998, Rholes et al., 1998) have demonstrated that men with secure attachment orientations tend
to be warmer, more constructive in difficult situations, and are able to facilitate better
communication. Avoidant individuals are less likely to seek support from their partner when they are upset and they are less inclined to offer support when their partner is upset. Research studies exploring the couple interactions of avoidant women have found these individuals can be responsive to support if it is offered through more distal modes of interaction (i.e. comments). Highly avoidant men and women feel uncomfortable about offering emotional support to others and feel less obliged to do so (Rholes et al.). Individuals with an anxious attachment orientation desire support from attachment figures but are uncertain about whether they will receive it. When the attachment system becomes activated, the result is often complex, contradictory behavioral responses. During conflict, fears of abandonment can become salient. The activation of the attachment system of an individual with an anxious orientation causes heightened anxiety about loss of control over the partner, and about separation or abandonment. They feel angry and anxious at the same time and are unable to achieve adequate conflict resolution. Anxious individuals often experience extreme vacillations in relationship happiness and satisfaction over relatively short periods of time.

Individuals with insecure attachment styles often feel helpless or guilty about their inability to form close bonds; to give and obtain social support. Close relationships in adulthood may trigger old anger and resentment toward childhood attachment figures and this anger can resurface in the couple relationship (Rholes et al.). In adulthood, preoccupied and fearful attachment styles are often manifested in a need for control in relationships, fear of abandonment, and vigilance about the attachment figure’s availability and commitment. Such individuals often become clingy, suspicious, dependent, jealous and controlling; and at times domineering (Rholes et al.). For individuals with a dismissing-avoidant attachment style, there is a strong desire to avoid emotional dependence. This isolates the avoidant person from the awareness of their own
emotional needs as well as the emotional needs of others; and limits their capacity for developing intimate relationships.

**Relationship distress**

Research conducted by Henry and Holmes (1998) explored how negative attachment representations in adulthood can be connected to a childhood history of divorce or family conflict. Even though research respondent’s self-report measures identified positive schemas for their couple relationship, the researchers were able to identify signs of vulnerability in the participant’s relationships. Respondents maintained positive perceptions of their relationship via powerful, defensive processes and created an “artificial optimism” that met their desire for a sense of felt security in their relationship (Henry & Holmes, 1998). However, these feelings of security were transient and negative models of attachment still exerted an “insidious influence” on interpersonal interaction within the relationship. Individuals who had a family history of divorce or family conflict exhibited negative models of relationship that predisposed them to repeat dysfunctional familial patterns. Fear also played a part in relationship conflict through a tendency to magnify perceived threats within the relationship and overcompensate in response to these perceptions (Henry & Holmes, 1998).

Research conducted by Gottman (2001) lends support for the impact of attachment representations in couple interactions. Gottman’s research indicates that distressed couples are able to fake being happily married in the verbal channel yet in spite of their efforts to conceal it, negativity leaks through in the nonverbal channels. Gottman identifies that relationship “bids for attention” are powerful predictors of relationship functioning. These bids for emotional connection can be responded to by the partner: turning toward, turning away (ignoring the bid) or turning against (Gottman, 2001). Patterns of bid/response are found to be significantly related to
styles of negative affect dysregulation during conflict: attack-defend or suppress-withdraw. Gottman (2001) reports that the negative styles adopted during conflict predict the longitudinal course of the marriage. The attack-defend style of interaction predicts early divorce and the suppress-withdraw style of interaction predicts later divorce. The patterns of bid/response identified in this literature sounds similar to the concept of a couple template of complex attachment.

The most extreme example of relationship distress is couple violence. Roberts and Noller (1998) and Bartholomew et al. (2001) have explored the association between adult attachment and couple violence. Attachment theory offers an explanatory model for understanding how violence may be related to love and intimacy. Couple violence is understood to have both individual and relational roots. Research indicates that dysfunctional communication patterns linked to insecure attachment styles create an environment which increases the likelihood of couple violence. In relationships where both partners have secure attachment orientations, partners exhibit less withdrawal and less verbal aggression. A fearful attachment style is related to interpersonal problems involving passivity and non assertion. In couples where both partners have a insecure attachment style, or the wife has an insecure attachment orientation, strong connections are found between anxiety over abandonment and the use of domination in conflict resolution (Roberts & Noller, 1998). While displays of anxiety and anger are a natural process used to protest the inaccessibility of an attachment figure (Bowlby, 1988), anxiety over abandonment and discomfort with closeness are both implicated in couple violence. Studies show that an individual’s anxiety over abandonment is associated with the use of violence when the other partner is uncomfortable with closeness. As a result, dangerous interactions between partners’ attachment orientations arise when one partner’s fear of abandonment is exacerbated by
the other partner's fear of intimacy. Violence may then be used by the anxious partner as a means of controlling the emotional distancing of the partner who is uncomfortable with closeness. A self-perpetuating feedback loop may then be set up; where violence leads to distancing which intensifies feelings of abandonment and increases the likelihood of future violence (Bartholomew et al.).

**Emotionally Focused Couples Therapy**

Attachment injury was first identified in the research literature by Johnson et al. (2001) in a study entitled *Attachment Injuries in Couple Relationships: A New Perspective on Impasses in Couples Therapy*. The construct arose out of Johnson's clinical work with distressed couples.

Greenberg and Johnson (1988) developed Emotionally Focused Couples Therapy as a short-term, systemic, experiential, couples therapy that uses a model of adult attachment to conceptualize distress in couple relationships. The therapy focuses on changing a couple’s negative interaction patterns and restructuring the couple relationship in terms of a secure emotional bond (Johnson, 1998). Attachment theory is used as a meta framework for understanding partners’ responses to each other, and for reframing those responses toward a more secure attachment (Johnson, 1998).

The EFT model views the self as a system of many processes (emotion, cognition and action) organized to act in an integrated fashion within a particular context. Distressed couples are understood as being stuck in certain ways of regulating, processing and organizing their emotional responses to each other. This, in turn, serves to constrict the couple’s interaction and prevents them from developing a secure bond.

The EFT therapist focuses on the self and the system, the intraphysic and the interpersonal, in order to understand how each reflects and generates the other within the couple relationship.
The therapist seeks to understand how the partners construct their relational context and how that context influences each partner. Emotion is seen as the primary link between the self and the system. As such, affect is viewed both as an important indicator of the couple attachment, as well as the pathway for restructuring the current attachment.

Johnson (1996) refers to emotion as the music of the attachment dance. Emotion organizes an individual's responses to intimate others, acts as an internal compass that focuses the individual on their primary needs and goals, and primes key schemas or mental representations nature of self and other. In therapy, the therapist views the emotional responses of each partner as the primary signaling system of attachment. The task of the therapist is to understand the "logic" of the emotional responses in what may appear to be extreme or irrational behavior. Adult love is outlined in attachment terms to the couple. The therapist identifies attachment needs and desires as healthy and adaptive, and the couple's cycles of interactions are identified as the problem.

In line with attachment theory, fear is addressed extensively in EFT because it constrains information processing and interactional responses. Much of the anger expressed in couples therapy is viewed as the "frantic protest" against the loss of attachment. Withdrawal is seen as the basic urge to protect oneself when perceiving danger. (Byng-Hall, 1999)

EFT encompasses two main therapeutic tasks. One is to elicit and expand the emotional experiences that prime partner's interactional positions. The other is to restructure interactions so that partners can become more accessible and responsive to each other. The therapist works to create positive cycles of comfort and caring in session. The focus is on: the present context, intrapsychic/interpersonal process patterns, and primary affect. The therapist identifies the affective responses and interaction steps that define the relationship. In session, the emotions underneath the interactional positions are evoked, acknowledged and expressed. This allows for
the restructuring of intrapsychic and interpersonal processes. New interactional patterns, as well as a change in each person’s inner experience of self, is the outcome of this restructuring (Greenberg & Johnson, 1988).

**Attachment injury**

At times, an emotionally laden incident from the past may become the focus of an EFT session. This most often occurs when the therapist is encouraging the partners to confide their attachment needs and vulnerabilities to each other during the second stage of EFT therapy. At this stage of therapy, the couple is working toward creating new ways of interacting by using their emotional experience as a guide to their needs and then communicating those needs in a way that will maximize the responsiveness of their partner (Johnson, 2002). When an attachment injury has occurred in a couple relationship, one partner resists the expression of vulnerability and “harks back to a specific incident of betrayal” (Johnson, 2002, p. 183). The other partner may discount the incident or not even remember it. While the content of the event might appear insignificant, it evokes “compelling, constricted emotional responses and rigid interaction patterns” (Johnson, 2002, p. 183). The betrayed or injured partner often uses the language of trauma when describing the event. They speak in life and death terms and make statements in reference to isolation and abandonment. A sudden increase in the emotional intensity of the couple’s interaction is a marker that alerts the therapist to the possibility of an attachment injury. The injured partner also takes the position “never again” and refuses to risk becoming vulnerable to the other. In response, the other partner often becomes angry and withdraws. Unless the therapist can help the couple find a way to overcome the attachment injury, therapy reaches an impasse.

An attachment injury is a specific type of betrayal that is experienced in couple relationships.
It is not a general trust issue, but involves a specific incident in which one partner was inaccessible and unresponsive “in the face of the other partner’s urgent need for the kind of support and caring” (Johnson et al., 2001, p. 149). Although the incident is often put aside, the attachment injury becomes a symbol for the dependability of one partner and the security of the attachment bond. In therapy, the attachment injury surfaces when the injured partner is asked to take a risk. If an attachment injury remains unresolved, it not only damages the attachment bond, it prevents repair of the bond. Johnson (2002) identifies that an attachment injury sometimes exacerbates preexisting insecure attachment or it may occur in a secure couple relationship and marks the beginning of the couple’s relational distress.

An attachment injury often occurs during times of transition, loss, physical danger and uncertainty (Johnson et al., 2001) when attachment needs are particularly salient. How the injured partner interprets the event and how the other spouse responds to expressions of hurt by the injured partner is critical. When the spouse discounts, denies or dismisses the injury, it prevents the processing of the event and compounds the injury.

**Literature on Trauma**

The literature on trauma is very relevant to this study in light of the fact that an attachment injury has been described by Johnson (2002) as a relationship trauma. Traumatic events are defined as those which cause intense distress in an individual - fear, terror and helplessness (Bowlby, 1988; Janoff-Bulman, 1992). They are events that are out of the ordinary realm of everyday experience. The American Psychological Association defines them as events that “would be markedly distressing to almost anyone” (Janoff-Bulman, 1992, p. 53).

Individuals are psychologically unprepared for traumatic events which are experienced as threats to survival and self-preservation. Events that involve actual, or potential, abandonment
and separation may also be perceived as traumatic events if an individual equates abandonment with a threat to self-preservation (Janoff-Bulman, 1992).

Since human beings are both biological and symbolic creatures. Janoff-Bulman (1992) explains that overwhelming events force individuals to recognize their human fragility and confront their mortality. Psychological integrity is threatened as well as biological survival. Part of the symbolic world that humans create can be viewed as an attempt to overcome and deny human, biological fragility. Individuals generate an illusion of invulnerability by operating from a set of assumptions about the world. What begins as threat to physical survival, becomes an overwhelming threat to psychological integrity as the individual confronts their fragility at a deep, experiential level (Janoff-Bulman, 1992). This confrontation often causes a disintegration of the individual’s symbolic world.

Major disruptions occur in both physiological equilibrium and psychological equilibrium. Freud described trauma as “the mental apparatus...subjected to excessive quantities of excitation” (Bowlby, 1973, p. 382). Exposure to extreme stress affects people at many levels of functioning: somatic, emotional, cognitive, behavioral and characterological (van der Kolk, 1996). There are no one-to-one explanations between trauma and it’s effects. Instead, there are complex interrelationships among the traumatic event and other factors such as: secondary adversities, environment, preexisting and subsequent attachment patterns, temperament, and special competencies (van der Kolk, 1996). Intense fear and anxiety are the predominant emotions that are experienced. Anxiety typically arises in situations where there is an expectation of danger but the danger is not immediate or well defined. Following a traumatic event, survivors often have difficulty modulating the intensity of their affect and warding off feelings of anxiety.
Janoff-Bulman's (1992) model for understanding the impact of traumatic events proposes that trauma is an assault on the foundation of the "assumptive world" by which humans understand their everyday experience. Three basic assumptions are implicated in trauma: the world is benevolent, the world is meaningful, the self is worthy. The first assumption involves the common tendency of humans to maintain an implicit base-rate notion about goodness and badness in the world. Most individuals tend to believe in a benevolent, safe world rather than a malevolent, hostile world. In the second assumption, the world is meaningful - people seek to understand the distribution of good and bad events in the world. In order to make sense of negative events, individuals impose contingencies between people and outcomes: natural relationships between a person and what happens to him or her. These contingencies help people create a sense of order and comprehensibility about the world. When random negative events occur, these contingencies can't be maintained and the order and meaningfulness they afforded is lost. The third assumption - the self is worthy, involves a global evaluation of the self and relates to the fact that most people perceive themselves as good, capable and moral (Janoff-Bulman, 1992). The three basic assumptions coexist and form the core of an individual's conceptual system. They are the first assumptions established in a person's internal world.

Infant development involves change and progression in the infant's subjective experience of the self. From birth, the infant distills and organizes elements of their experience into self and other "constellations" (Janoff-Bulman, 1992). This process begins the creation of a coherent model of self, of other, and of the interaction of self and other. Schemas or mental structures are generated from organized knowledge about a given concept or type of stimulus. The schemas order raw experience into a coherent structure by organizing the information conveyed by the senses and attaching meaning to this information. The use of schemas implies an active
construction of reality. Schemas contain knowledge about attributes of a stimulus as well as relationships among the attributes. Later, with the acquisition of language, the child is able to live in a world of shared meanings and verbally represent their subjective experience (Janoff-Bulman, 1992). The result is a sense of coherence that instills a sense of confidence and trust that one’s internal and external environments are predictable. The fundamental assumptions are built upon these schemas, and provide a sense of safety and invulnerability (Janoff-Bulman, 1992).

For humans, a self-made scheme of life is the only guarantee of security in a complex environment that can’t be completely controlled or understood. Individuals are highly motivated to maintain cognitive consistency in their schemas and are heavily biased toward what they already “know” and believe, even in the face of disconfirming evidence. The preservation of the self-made world becomes a goal in itself (Janoff-Bulman, 1992).

This need for stability underlies “cognitive conservatism” or the human tendency to preserve already established beliefs. Over the course of development, changes in schemas typically occur at the level of narrower schemas rather than at the level of general assumptions. Also, changes in schemas are usually gradual and incremental, with the core of the conceptual system usually remaining intact. Even during life transitions, a change in schemas most often involves assimilating change into the existing conceptual system rather than accommodating the change through revision of the system (Janoff-Bulman, 1992).

Although the core assumptions are positively biased over generalizations, and are not always accurate, they provide people with a means for trusting the self and the environment. Traumatic events, even when they involve the breakdown of a single assumption, have a negative impact on an individual’s feelings of security and safety. The conceptual system has to be revised.
The three basic assumptions described by Janoff-Bulman (1992) have a pervasive influence in human life. This is due to the "primacy effect" - where the information people learn early in life exerts more influence on their perceptions. Object relations theorists identify the importance of early introjects or internal objects arising out of the earliest social interactions of a human. These early introjects wield undue influence on thoughts and beliefs. Over the course of development, as the conceptual system develops, individuals come to have certain expectations about the world and their self. The early introjects are incorporated into the fundamental assumptions which then guide interactions. The assumptions are learned, and then, are confirmed by years of experience. Janoff-Bulman (1992) states the primacy effect is the reason the fundamental assumptions form the bedrock of the conceptual system. As a result, people are less aware of their fundamental assumptions and are less likely to challenge them.

Janoff-Bulman (1992) identifies the preverbal interactions between the individual and their caregiver as the beginning of expectations about the world. Trust is developed out of three intersecting representations derived from these early experiences. Responsive caregiving results in the child's earliest needs being met and the child perceives the world as benevolent. A responsive caregiver also provides the basis for the child's earliest understanding of person-outcome contingency, which later plays a significant role in assumptions about meaning in the world. By providing responsive care, the caregiver supplies the infant with the basis for self-worth. Acceptability in the eyes of the attachment figure also contributes to the infant's basis for self-worth.

When a traumatic event occurs, the meaning the event holds for a survivor and how the event is interpreted, determines which assumptions will be most affected. Some victimizations are
more likely to affect particular assumptions than others (Janoff-Bulman, 1992). Human
induced victimization usually results in negative assumptions about the self and the benevolence
of the world. Human-induced victimizations (i.e. war, sexual abuse) are experienced as
humiliating. Victimization that does not involve perpetrators (i.e. hurricanes, disease, or
accident) may be experienced as humbling, but not humiliating. In human-induced
victimizations, survivors have experienced helplessness before another person. People who have
been intentionally victimized by another human being feel unprotected as well as unsafe.
Predictably, they experience greater negative changes in self views compared with other types of
traumatic events. In comparison, when individuals are forced to confront randomness and
chance in their lives, through “acts of God”, accident or disease, assumptions about meaning are
affected. Individuals feel unsafe in a world in which current structures of meaning cannot
explain random events.

The fundamental assumptions, or theories of reality, are cognitively and affectively potent.
generally underestimate the likelihood of negative outcomes. As well, feeling invulnerable and
believing in one’s goodness and behavioral wisdom feels good. People are also resistant to
changing fundamental beliefs because these beliefs enable them to make sense of themselves and
the world. Changing core beliefs threatens a person’s sense of stability and way of knowing and
interacting in the world. Because they provide a coherent picture of the world and allow people
to organize their experience in an efficient and effective manner, schemas or mental structures of
meaning, are necessary for survival.

Much of Janoff-Bulman’s (1992) description of fundamental assumptions echoes Bowlby’s
conceptualization of Internal Working Models. Internal working models and assumptions
develop early in life and exert a powerful influence over the course of development. The fundamental assumptions are described as being highly adaptive. They result in positive emotions and can play a role in motivation. The assumptions afford an individual with the trust and confidence necessary to engage in new behaviors, to tackle new problems and situations, and have expectations for success (Janoff-Bulman, 1992). This function mirrors Ainsworth’s concept of secure base. The basic assumptions describe much of the same phenomenon as internal working models.

van der Kolk (1996) identifies the important role attachment plays in recovery from traumatic events. Because individuals with a secure attachment style learn how to take care of themselves effectively (as long as the environment is more or less predictable), and they also learn how to obtain help when they are distressed, a secure attachment style protects individuals against traumatization by developing psychological and biological capacities to deal with stress. These capacities act as a buffer in stressful situations. Attachment theory identifies that individuals who have a secure attachment style have learned, through the responsive caregiving they received in childhood, how modulate their arousal. They have learned how to comfort and soothe themselves, as well as derive comfort from the presence of others (van der Kolk, 1996). In contrast, avoidant individuals learn how to organize their behavior under ordinary conditions but they are unable to communicate or interpret emotional signals. Avoidant individuals learn how to handle cognition but not how to handle affect (van der Kolk, 1996). While some events are more difficult to integrate than others, affect tolerance depends on person’s ability to self-regulate arousal and emotions. Individuals differ in their self-soothing abilities. Affect tolerance is first learned through empathic caregiving. The greater an individual’s affect tolerance, the greater the likelihood they will be able to confront and integrate a terrifying experience.
Because traumatic experiences damage an individual’s sense of safety and trust in the world, sustaining hope in the face of a traumatic experience requires a person to have both a sense of interpersonal connectedness as well as self identity. Trauma destroys an person’s sense of mastery and autonomy and throws them back into a state where external sources are vital to assist the individual in regulating internal emotional states (Turner, McFarlane & van der Kolk, 1996). Emotional attachment is also viewed as a primary protection against feelings of helplessness and meaninglessness. While in childhood, attachment is essential for biological survival. In adulthood, emotional attachment provides existential meaning in life (McFarlane & van der Kolk, 1996) and it is critical after the experience of a traumatic event. Secure attachment bonds are also understood as primary defenses against trauma-induced psychopathology in both children and adults (van der Kolk, 1996).

It appears that while individuals with the most positive preexisting assumptions are those who will experience the most deeply violated assumptions, the same psychological makeup, history, and social environment that provided these individuals with their prior positive assumptions also provides them with the psychological resources to cope successfully post victimization (Janoff-Bulman, 1992). There is also some evidence to suggest that prior stressors of moderate magnitude inoculate an individual against extreme trauma following negative life events. Moderate stressors may be sufficient to challenge, and even slowly change, some assumptions in direction of decreased naïveté; enabling the survivor to maintain a stable, non threatening, integrated inner world (Janoff-Bulman, 1992).

Recovery from trauma often involves seeking help from others who represent predictability and safety for the individual. The need for deep attachments is proportional to the intensity of the victim’s terror. External validation about the reality of a traumatic experience in a safe,
supportive context is a crucial element vital in preventing and treating post traumatic stress (Turner et al, 1996). Integrating a traumatic experience requires the survivor to bear their emotional pain in the presence of another human being. Emotional openness in the context of connection defines mature intimacy. Withdrawal from intimacy in personal relationships is often an enduring, negative effect of trauma (McFarlane & van der Kolk, 1996).

When a traumatic event occurs, the survivor’s life becomes organized around a conflict between fear of revictimization, and a need for external reassurance. Often the anxieties and demands that result from this internal conflict can provoke negative responses from others (van der Kolk, 1996) exacerbating the effects of the traumatic event. Intrapsychically, the individual moves between confronting, and avoiding, trauma-related thoughts, feelings and images. Trauma research indicates that the physical experience of fear can be mitigated by safety of an individual’s attachments. Genuine support from close, caring others helps the traumatized individual rebuild their inner world. Identifying triggers and naming somatic experiences allows the individual to regain control of their internal trauma reactions and lessen their sense of terror. Security is also reestablished in the individual’s meaning schemas which allow the individual to predict and control their reactions to environmental stress (Turner et al., 1996).

Along with coping with, and alleviating the physiological and emotional responses to the traumatic event, the reconstruction of a “viable, non threatening assumptive world” (Janoff-Bulman, p. 134) is the core coping task of victims. Survivors need to recreate equilibrium in the aftermath of psychological breakdown and cognitive-emotional disintegration.

The survivor of a traumatic event is caught between two untenable choices. Their earlier assumptions are no longer valid and rebuilding new assumptions involves integrating extremely negative and threatening information. The survivor is required to reconcile their victimization
with their prior outlook. Adjustment involves two evaluative systems; cognitive/rational and emotional/experiential. Both systems need to be satisfied for recovery. A new conceptual system needs to be accepted as a valid and reliable guide for the individual’s future and it also needs to be “affectively agreeable”. The rebuilding task is difficult and is facilitated by three categories of coping processes (Janoff-Bulman, 1992).

The first category of coping is the psychological response to traumatic life events. Given that the initial onslaught is so massive, the cognitive-emotional system largely shuts down. Through denial and numbing, the individual is able to avoid painful thoughts, images and feelings. Yet intrusive thoughts and re-experiencing also occur; marking the individual’s effort to confront the trauma. This contradictory experience is viewed as an adaptive response to an abnormal event. Both the need to approach and the need avoid the traumatic event are manifested through numbing/avoidance and intrusive thoughts/re-experiencing. Emotions and cognition are involved in modulating the onslaught of painful and distressing trauma-related thoughts. Two aspects are involved in reliving the traumatic event; the ideas and images, as well as the fear and anxiety associated with these cognitions. The conscious process of avoidance turns off awareness of the event and shuts down the capacity to feel. This creates the possibility for integrating the event in the future. Through avoidance, the survivor is able to reestablish some equilibrium and confront the threatening experience in smaller, manageable doses. The pace of recovery means that excessive amounts of anxiety can be reduced and the required cognitive-emotional work can be undertaken gradually. Intrusive recollections also serve a curative purpose because repeated exposure allows the distressing emotions to gradually be extinguished. However, intrusive recollections can evoke extreme levels of fear and anxiety that interfere with habituation. If emotion can be contained, re-experiencing the event creates the opportunity for
new information to be assimilated and accommodated. The experience of a traumatic event can lead to a variety of problems with the regulation of affective states. Emotional dysregulation makes people vulnerable for engaging in a variety of unhealthy attempts at self-regulation (Janoff-Bulman, 1992).

An individual's persistent need to talk is a sign of incomplete processing. Humans have the capacity to use language to process and transform their experience. Words are used in place of images in order to confront, reconsider and integrate traumatic experience (Janoff-Bulman, 1992). Language becomes a medium for the individual to process and assimilate and accommodate the trauma-related data.

Rebuilding an assumptive world requires the individual to interpret and redefine the event over the course of coping and adjustment. The task is to once again perceive benevolence in the world, meaning, and self-worth. Individuals are motivated to minimize the differences between prior positive assumptions and the negative implications of the traumatic event. Through reappraisal, individuals find and create evidence of benevolence, meaning and self-worth in the traumatic event that threatened and shattered their illusions. Survivors accomplish this by employing various cognitive strategies. Using a comparison process, survivors may minimize the threat and malevolence of their victimization. Survivors chose the basis for their comparisons and create the possibility of reevaluating their situation and themselves in a more benign manner (Janoff-Bulman, 1992). Questions such as: how bad was this event? how am I doing? are questions regarding benevolence and self-worth. Why did this happen? Why did it happen to me? are questions about meaning. Even self-blame can be conceptualized as a positive strategy and evidence of the adaptive impulse to rebuild a valid, comfortable assumptive world by minimizing the threatening and/or meaningless nature of the event. Janoff-Bulman (1992)
also identifies that survivors are motivated by recovery, not by accuracy of attributions. In attempting to answer the question why me? and minimize possibility of randomness, self-blame satisfies assumptions about meaning. Even though it may disrupt beliefs about self-worth, the individual takes responsibility for the traumatic event. Survivor guilt is also a form of self-blame. It serves to maintain beliefs about safety and a nonrandom world. Meaningfulness and helplessness are minimized and cognitive-emotional integration of the event is maximized (Janoff-Bulman, 1992).

Meaning-making is a very personal, very powerful coping process. Transforming the victimization is another cognitive strategy used by survivors. Individuals engage in a process of accepting, then transforming the traumatic experience by perceiving positive elements in the victimization (Janoff-Bulman, 1992). Interpretations emphasize benevolence over malevolence, meaningfulness over randomness, and self-worth over self-abasement. Transforming the experience helps to resolve the existential question “for what end?” by locating purpose in the suffering. In transforming the experience in this manner, survivors are often able to have a positive impact on all three assumptions. Reevaluations transform unavoidable suffering into suffering that is meaningful and significant (Janoff-Bulman, 1992).

One way to reevaluate a traumatic event is by identifying the event as resulting in important lessons being learned. Another way is by understanding the traumatic experience in terms of benefits for others; converting victimization into an altruistic act. Both transformations result in the traumatic event being understood as serving a larger purpose. While the traumatic experience was not the individual’s choice, they can exercise some choice in how they cope in the aftermath of the traumatic event (Janoff-Bulman, 1992).

Survivors do not “get over” the experience. The legacy of a traumatic event is that some
degree of disillusionment remains even after the traumatic experience has been incorporated into a new, comfortable assumptive world (Janoff-Bulman, 1992). While the victim's view of self and world can never be the same and must be reconstructed to incorporate the event, finding a positive meaning out of an overwhelming experience is one way survivors can integrate the traumatic event (Turner et al., 1996).

Both post traumatic responses and the process of recovery are the result of complex interactions among the individual, the event and other environmental factors. As identified, since the origins of the basic assumptions are interpersonal in nature, other people play an important role in the reconstruction process of trauma recovery. When a survivor is attempting to integrate a traumatic event, interpersonal interactions provide them with feedback about the possibility of a benevolent, meaningful world and a worthy self. Social support is critical during recovery from a traumatic event. Two types of support may be available to the survivor; esteem support which communicates to the survivor that they are accepted and valued, and instrumental support. Through social companionship a person is able to feel that they are part of a social support system. Validation, and encouragement enables survivors to rebuild a sense of self and world that are positive and non threatening (Turner et al., 1996).

Interpersonal interactions also carry the risk of rejection by others who diminish or deny the effects of the traumatic experience in order to maintain their own assumptions (Janoff-Bulman, 1992). Blame creates a second injury to victims. Opportunity for recovery is optimal when a good ecological fit is achieved between the survivor and their environment (Harvey, 1996). Ideally, relationships reduce isolation, foster social competence, support positive coping, and promote belonging.

Group interventions can offer a safe place for intimate connection. Survivors give voice to
their traumatic memories and are helped to integrate their experience by creating narratives of their trauma and its effects. Narratives locate traumatic experiences in time and place, begin to separate it and make it distinct from other life stresses. Language and interpersonal interaction involved in creating a narrative in a group setting serves to lessen the impact of the trauma on the individual’s current experiencing.

Therapists often play a role in assisting individuals to integrate their traumatic experience. A therapist offers acceptance and caring, as well as acknowledgment of survivor’s experience. They may also provide psychoeducation on ways to minimize the affective overload of trauma and facilitate the reworking and reappraisal process. Through building a trusting relationship or therapeutic alliance, the survivor can again perceive others as good (benevolent world) and the self as worthy (Turner et al., 1996). Developing authority over: the remembering process, integrating memory and affect, affect tolerance, mastering symptoms, self-esteem and self-cohesion, enables the individual to overcome negative impact of trauma. Through the experience of safe attachment, the relational impact of trauma is counteracted by new or renewed opportunities for trust (Harvey, 1996). Through the therapeutic relationship, the individual can negotiate and maintain physical and emotional safety and can view intimate connectedness with some level of optimism and meaning-making (Janoff-Bulman, 1992).

Recovery is achieved when the desired outcome is realized in the affected psychological domain(s). When one or more domains is unaffected by the trauma, the survivor is able to exhibit some resiliency in the aftermath of the traumatic event. An individual can utilize the strength from an unaffected domain to cope with their vulnerabilities in the affected domains. Recovery involves both the acknowledgment of the misfortune as well as an awareness of vulnerability. The survivor now understands that their prior assumptions were naive. While the
new assumptive world is not completely negative, there is a recognition of the possibility of tragedy. However, this recognition does not need to pervade their self and world views. Janoff-Bulman (1992) describes survivors who have integrated a traumatic event, as guardedly optimistic. The experience is accepted rather denied and it serves as an unexpected source of strength rather than weakness. There is often a sense of personal triumph, in spite of extraordinary difficulty. The individual has acquired a special kind of wisdom, has made peace with the shortcomings of life, and has a new appreciation for what is really important.

Janoff-Bulman (1992) identifies the experience of trauma as arising out of a situation which is perceived as a basic threat to survival. Janoff-Bulman’s conceptualization of trauma mirrors and the internal working models described by attachment theorists. Attachment injury may be perceived as an event which is incongruent with an individual’s working models of self and other in an intimate relationship. Using Janoff-Bulman’s model, assumptions about the self and the benevolence of the world are most likely to be involved in an attachment injury.

**Literature on Betrayal in Couple Relationships**

Literature and research on betrayal in couple relationships has focused on the process of recovery from betrayals and on models of forgiveness (Gordon & Baucom, 1998). While some of this work acknowledges the presence and impact of critical incidents in couple relationships, the current research on relationship betrayals or forgiveness does not conceptualize these events in terms of the couple’s attachment within the relationship.

Psychological models of forgiveness outlined in the research, divide the process of forgiveness into four general steps “recognition of the injury to the self, commitment to forgive, cognitive and affective activity, and behavioral action” (Newberg, d’Aquili, Newberg & de Marici, 2000, p. 101). Research has focused on three different areas: empirical research in
support of specific theories of forgiveness, descriptions arising out of clinical experience, phenomenological studies (Malcolm & Greenberg, 2000). Phenomenological research on forgiveness has explored the process of forgiveness as recounted by individuals who have suffered interpersonal betrayals (Fow, 1996).

There is general agreement in the literature on betrayal in couple relationships that betrayal is a relationship violation which results in anger and hurt on the part of the injured party. Different research perspectives define relationship violations differently. Gordon, Baucom, and Snyder (2000) view the violation as a relationship trauma which disrupts important marital assumptions and violates relationship standards. The result is a high level of negative affect between partners and an increased possibility of negative cognitive distortions. Other researchers have focused on relationship betrayal as a loyalty dilemma in which an individual has valued a competing demand over loyalty to their partner and the relationship (Baxter, Mazanec, Nicholson, Pittman, Smith & West, 1997).

Different models of treatment have arisen out of different studies. Enright and Fitzgibbons (2000) use forgiveness as a psychotherapeutic approach for dealing with relationship distress, and identify how current relationship distress may be related to family of origin relationships. These researcher combine insight-oriented therapy with cognitive-behavioral tasks in order to assist their clients in working toward forgiveness.

Phenomenological research on forgiveness suggests that forgiving a betrayal involves a complex, stage-like process that involves both cognitive and affective changes in the forgiver (Gordon et al., 2000). This research has identified three specific themes in forgiving another person: movement toward forgiving, transformation of meaning, and reconciliation (Fow, 1996). The process of moving toward forgiveness is described as a change in feeling and understanding.
of how one has been involved in, or reacted to, the other's actions. Fow (1996) proposes that forgiving the offending partner raises the possibility for a change in perspective or reappraisal of the violation. This reappraisal can then have a positive effect on the level emotional distress experienced by the injured party. The change in perspective does not dismiss the violation, but the shift to a larger perspective allows for a new understandings to emerge. The meaning of the violation becomes altered and is no longer the sole determinant of how the injured partner feels about the offending partner (Fow, 1996). The injured partner is able to develop a new perception of the other and forgives him or her. Researchers and practitioners following forgiveness models do not equate forgiveness with reconciliation. It is suggested that when the injured partner forgives the offending partner then they will be able to feel and behave differently (Fow, 1996; Malcolm & Greenberg, 2000).

Gordon and Baucom (1999) describe their approach as an integrated model of forgiveness; they utilize research on trauma and insight-oriented strategies, to inform their cognitive-behavioral approaches. Unlike Emotionally Focused Therapy, these approaches relegate emotion to a background role. Emotion is not understood as a means of signaling attachment, or attachment needs. Enright and Fitzgibbons's (2000) empirical model of forgiveness is designed to assist injured parties to overcome negative emotions and resolve “excessive anger” toward people who have harmed them. Their approach uses insight-oriented approaches as well as cognitive-behavioral techniques in order to facilitate forgiveness of both present and past relationship betrayals and create a more satisfying couple relationship.

Gordon et al. (2000) have developed a multitheoretical approach for recovery from the relationship betrayal of infidelity. Their model outlines three major stages of forgiveness. The first stage is described as the experience of the impact of the interpersonal trauma. The second
stage involves a search for meaning as to why the trauma occurred, as well as the implications of new meanings. In the final stage, the injured partner moves forward with their life within the context of their new set of relationship beliefs. Although Gordon et al. conceptualize betrayal as an interpersonal trauma, the researchers identify that the primary task of each of the three stages as a cognitive task.

Stage one of the model uses cognitive-behavioral approaches to target problems related to the impact of the betrayal. At this stage, the injured partner is understood to experience overwhelming emotions which result in the cognitive disequilibrium characteristic of trauma (Gordon & Baucom, 1999). The injured partner often experiences a sense of a loss of control and predictability about the future. Their beliefs and assumptions about their partner and their relationship have been destroyed. During stage one of the therapy, the injured partner is encouraged to express how they have been hurt or angered by the betrayal. This ensures that the offender understands and feels the impact of their actions on their partner. During this stage, couples are taught to use appropriate emotional expressiveness skills in order to contain negative affect and negative interactions. Therapy provides a safe environment for the injured partner to express their feelings and be heard and validated. Injured partners are given time and assistance to rebuild their assumptions about the relationship. The offending partner’s willingness to participate in therapy is viewed as evidence of their desire to engage in repairing the betrayal (Gordon & Baucom, 1999).

During the second stage, the focus shifts to understanding the meaning, or the context, of the betrayal. Cognitive and insight-oriented approaches are used to explore a number of factors that may have contributed to the violation (i.e. family of origin dynamics, intrapersonal factors, personal history, etc.) The intent is to expand the partners’ understanding of why and how the
betrayal took place and help the couple to begin to rebuild safety for the injured partner (Gordon & Baucom, 1999). Putting the event into a context, and changing some of their attributions, enables the couple to construct new understandings and meanings of the relationship betrayal. A greater understanding of how the betrayal occurred allows partners to identify potential danger signals in the future. The injured partner also begins to regain a sense of control and predictability with respect to the relationship. As a result, their anxiety decreases; permitting trust to be rebuilt. (Gordon & Baucom, 1999). At this stage, an insight-oriented, developmental perspective is an important element in the therapy. Stage two activities provide a means for the couple to process the trauma and make sense of the past. As a result, couples develop more realistic attributions for the affair and create a “couple meaning” for the event. While the intent is not excuse the offending partner’s behavior, the exploration offers crucial information about elements that contributed to the betrayal. This information enables the injured partner to reconcile the behavior with their new understanding of their partner and the relationship.

Insight oriented approaches illuminate partners' vulnerabilities and provide a means for partners to develop empathy and compassion for each other (Gordon & Baucom, 1999). Empathy is considered an important mediating factor in forgiveness. Moving past interpersonal betrayals by acknowledging vulnerability is seen as promoting an atmosphere of mutual caring and support.

During the third stage and final stage, forgiveness is raised as a means of moving on. The couple has a coherent narrative of how the affair came about and each partner has had an opportunity to integrate what they have learned. Each partner reexamines the relationship and decides whether to continue the relationship (Gordon & Baucom, 1999).

Forgiveness theories consistently define three common elements as the outcome of
forgiveness: acquiring a more balanced view of the offender and the event, a decrease in negative affect toward the offender, and relinquishment of the desire to punish the offender further (Gordon et al., 2000). Injured partners come to realize that: they have the freedom to end the relationship, their anger about the event is understandable, they can feel angry about the event and can feel good about their progress. They are freed from the need to protect themselves.

Forgiveness is described by researchers as a process of discovery, understanding, and healing that unfolds over time as a result of cognitive and emotional processing and behavioral change in the person who is forgiving (Fow, 1996). Forgiveness is a process of resolution, a way of moving on, that involves neurocognitive processes which encompass new understandings of the self, other, and the relationship. The world is analyzed so that new and old understandings can be reconciled (Malcolm & Greenberg, 2000). A sense of equilibrium is restored when the injury is incorporated into the new understandings, and it no longer causes internal disturbance (Newberg et al., 2000).

The integration of trauma and forgiveness-based perspectives allows the affair to be viewed as an interpersonal trauma. Cognitive restructuring is seen as a necessity. Deep exploration of meaning is understood to transform understanding and decrease feelings of anger and vulnerability, which in turn leads to psychological reconciliation (Fow, 1996; Gordon & Baucom, 1999). The dyad are then able to rebuild their relationship by enacting behaviors to rebalance their relationship and develop compassion for each other (Gordon & Baucom, 1999).

Unlike the literature on EFT, the forgiveness literature does not explicitly address the couple attachment or the bond. The literature primarily addresses behavior and cognition, whereas the construct of attachment injury calls the bond itself into question as well as the emotional injury to the partner. An attachment injury is a very particular type of relationship event in which the
quality of the bond is represented by the interaction between the couple. One partner is
distressed and seeking caregiving and the other partner is nonresponsive. Gordon et al. have
identified that one limitation of cognitive-behavioral approaches is they tend to adopt a more
problem-solving, future oriented, perspective that may not be conducive in creating recovery for
all forms of betrayal.

Forgiveness researchers acknowledge that an individual’s sense of betrayal arises out of
feeling “unprotected” in the relationship because they realize that they cannot predict or control
their partner’s behavior. This realization causes them to doubt their whole system of beliefs and
assumptions about the self, their partner and the relationship (Gordon & Baucom, 1998). On
some level, betrayal is equated with a lack of security in the relationship which is connected to
prediction and control regarding the partner. Gordon et al. (2000) refer to trauma literature to
support their assertion that the severity of the injured partner’s response to the betrayal is related
to beliefs and assumptions they hold (Janoff-Bulman, 1992). While assumptions and attributions
made about the partner sound similar to aspects of internal working models described in the
attachment literature; attachment, and in particular the affective elements of attachment, is not
explicitly acknowledged in any of the betrayal literature. While Gordon & Baucom (1999)
describe their approach as an integrated model of forgiveness; utilizing trauma research and
insight-oriented strategies to inform their cognitive-behavioral approaches, these models are built
upon cognitive-behavioral constructs with cognitive tasks being the focus of the stages of
forgiveness. Unlike Emotionally Focused Couples Therapy, these approaches relegate emotion
to a background role. Emotion is not understood as a means of signaling attachment, or
attachment needs. Gordon & Baucom (1998) acknowledge that in their studies, even when
forgiveness is achieved, reverberations (i.e. emotional responses) from the betrayal may continue
to effect the couple relationship. Rather than identifying forgiveness as a therapeutic goal or a formal part of a therapy process, Johnson (2002) states that forgiveness is naturally enacted through reconciliation and renewed trust in the couple relationship in EFT therapy.

**Summary of the Literature Review**

Attachment theory is informed by both ethology and evolution theory. As such, attachment is understood as a primary motivational system which serves to promote the survival of the human species (Bowlby, 1982). Over the course of infancy and childhood, a child’s interactions with their primary caregiver leads to the development of mental representations for relationships. These mental representations, or Internal Working Models for attachment, are carried forward through an individual’s life span and they result in some continuity of attachment patterns across the relationships in an individual’s life (Magai, 1999). Although there is a degree of lability in attachment style (Bowlby, 1988), a strong causal relationship between an individual’s early experiences and their later capacities in how they make affectional bonds, has been found.

In adult romantic relationships, the attachment systems of the partners operate in a bi-directional manner. In a well functioning couple relationship, both partners act as a secure base for the other so that a symmetrical and reciprocal relationship is created (Main, 1999). An adult’s attachment representations are influenced by the quality of their current attachment relationship as well as their early attachment experiences (Crowell & Treboux, 2001). In a couple relationship, partner’s working models for attachment may accommodate and assimilate new attachment information so that the Internal Working Models become a product of earlier and current interpersonal experiences (Davila et al., 1999).

The Internal Working Models are comprised of patterns of affect regulation and cognitive appraisal. Given this, individuals with different attachment orientations exhibit differences in the
way they cope with stress (Mikulincer & Florian, 1998), the way they interact within an attachment relationship (Rholes et al., 1998), and way they handle relationship distress (Henry & Holmes, 1998). Individuals with different attachment orientations also vary in their support seeking and support giving behavior (Collins & Feeney, 2000).

An attachment injury is defined as both as a injury or wound to the couple bond, as well as a critical incident in the life of a couple relationship. An attachment injury is a particular type of betrayal within a couple relationship. It involves a specific incident in which one partner was in distress, and their partner did not respond to their distress. For the injured partner, the attachment injury becomes a symbol for the dependability of their partner and the security of the attachment bond (Johnson, 2001).

Traumatic events are defined as events outside the ordinary realm of everyday experience that are experienced as threats to survival and self-preservation (Janoff-Bulman, 1992). Because individuals are psychologically unprepared a traumatic event, the experience of a traumatic event creates intense distress: fear, terror, and helplessness (Janoff-Bulman, 1992). Exposure to the extreme stress of a traumatic event affects individuals at many levels of functioning: somatic, emotional, cognitive, behavioral and characterological (van der Kolk, 1996). Janoff-Bulman’s (1992) model for understanding the impact of traumatic events proposes that trauma is an assault on an individual’s “assumptive world” and that three basic assumptions are implicated in trauma: the world is benevolent, the world is meaningful, the self is worthy. An individual’s fundamental assumptions about the world are built upon cognitive schemas that the individual has developed to “make sense” of the world. These schemas create a sense of safety and predictability about the world (Janoff-Bulman, 1992). Schemes serve to guide perception, memory and inferences, and as such, produce fundamental assumptions that are cognitively and affectively potent.
When a traumatic event occurs, the meaning the event holds for a survivor and how the event is interpreted, determines which assumptions will be most affected (Janoff-Bulman, 1992). As well as coping with, and trying to alleviate physiological and emotional responses to the traumatic event, the individual must reconstruct a new assumptive world (Janoff-Bulman, 1992). Integrating the traumatic event involves developing a new conceptual system that is both a valid and reliable guide for the future and is “affectively agreeable” (Janoff-Bulman, 1992).

Rebuilding the assumptive world means redefining the traumatic event in order to perceive benevolence in the world, meaning, and self-worth. In doing so, individuals are motivated to minimize the differences between their prior positive assumptions and the negative implications of the traumatic event (Janoff-Bulman, 1992). Survivors employ various cognitive strategies in order to find and create evidence of benevolence, meaning, and self-worth in the traumatic event (Janoff-Bulman, 1992).

The post traumatic responses of survivors and the process of an individual’s recovery are the result of complex interactions among the individual, the event, and other environmental factors (Turner, McFarlane & van der Kolk, 1996). Janoff-Bulman (1992) states that survivors who have integrated a traumatic event are usually guardedly optimistic about life. They perceive their experience as a source of strength rather than a weakness, and they have a new appreciation for what is really important in life.

The literature on betrayal in couple relationships has focused on the process of recovery from betrayals and on models of forgiveness (Gordon & Baucom, 1998). Betrayal is viewed as a relationship transgression that results in: feelings of anger and hurt, the disruption of important marital assumptions, the violation of relationship standards (Gordon, Baucom & Synder, 2000).
Psychological models of forgiveness conceptualize forgiveness as a process involving four general steps or stages (Newberg et al., 2000). Phenomenological research on forgiveness suggests that forgiving a betrayal involves a complex process that unfolds over time as a result of cognitive and emotional processing and behavioral change in the forgiver (Fow, 1996).

Different studies have generated different models of treatment using forgiveness. Forgiveness is used as a psychotherapeutic approach (Enright & Fitzgibbons, 2000), as part of an integrated, cognitive-behavioral model utilizing the research on trauma as well as insight-oriented strategies (Gordon & Baucom, 1998) and as part of a multitheoretical approach for recovery from infidelity (Gordon et al., 2000). Unlike the literature on Emotionally Focused Couples Therapy, the forgiveness literature does not explicitly address the couple attachment or bond.

**Significance of the Research Topic**

Much of the research literature reviewed in couple therapy has been largely quantitative; focusing on descriptive studies, comparative studies and outcome studies. The dearth of qualitative research available within the fields of attachment research and couples research creates the need for participants' voices to inform our understanding of couple dynamics and the construct of attachment injury, in particular. The opportunity to hear how individuals make meaning out of an attachment injury and how they incorporate it into their inner experience, as well as their relational experience, is very timely. The inductive approach allows for a deeper, richer exploration of the phenomena in order to understand the fine nuances and complexity of the phenomenon. This study will enhance the current understanding of couple distress and the construct of attachment injury. This study has important implications -- both for counsellors and therapists working with couples, as well as researchers working within the fields of couples therapy or adult attachment.
**Purpose of the Study**

The purpose of this study is to explore the phenomenon of attachment injury from an inductive perspective and hear firsthand accounts of how people make meaning out of this event. How do individuals incorporate an attachment injury into their inner experience, as well as their relational experience with their partner? This study will attempt to broaden the current understanding of the construct of attachment injury in order to inform clinical practice. The study will also enhance existing quantitative research within the fields of attachment theory and couple relationships, by providing qualitative understandings of an attachment phenomenon in couple relationships.

**Research Question**

What is the meaning of the lived experience of an attachment injury in a couple relationship?

**Rationale for the Study**

Review of the extensive body of literature on adult attachment reveals very few qualitative studies focused on understanding the “meaning” of attachment in adult, couple relationships. As well, research within the romantic partner tradition does not address critical incidents in romantic relationships. Although research within the romantic partner tradition has measured changes in adult attachment style, the research has yet to identify how an adult’s working model of attachment may change or become qualitatively different from their earlier working model. The quantitative, descriptive and exploratory focus of previous research invites an inductive approach to these topics.

A qualitative approach focusing on the “meaning of lived experience” is needed in the field of couple research. Taking an inductive approach to the topic of attachment injury will allow researchers and clinicians to better understand this phenomena within couple relationships. An
interview procedure allows for discoveries that cannot be accomplished through self-report procedures or through quantitative methods (Bartholomew & Shaver, 1998). The creation of an interviewer/participant relationship for the purpose of understanding a phenomenon enables a deeper exploration of the construct. While Sue Johnson identified the construct of attachment injury through her clinical work with clients, to date there have not been any studies that have examined the meaning of the lived experience of an attachment injury.
CHAPTER 3

Method

This chapter will outline the method used to conduct the research, the roles of the researcher and participants within this method, and the criteria used in participant selection. Data collection and data analysis procedures will also be discussed. Finally, the appropriateness of the research design to the research topic, the rigor of the study, and researcher subjectivity within the study will also be examined.

Hermeneutic Phenomenology

The research design employed in this study is described by van Manen (1990) as a hermeneutic phenomenological approach. Phenomenological research asks “meaning” questions in order to capture the meaning and significance of certain phenomena. In asking meaning questions the researcher enters into a “dialogue” or interaction with the experience in an attempt to reach a deeper understanding of the phenomenon being studied. Meaning is created and understood through this interaction.

van Manen (1990) describes phenomenology as a “science” of phenomena. Because phenomenology recognizes that we can only interpret the phenomenon we are studying, it rejects the positivist emphasis on observable reality. Instead, through a reflective process and a search to discover meaning, the “essence” or inner essential nature of a phenomenon is uncovered (van Manen, 1990). An essence is a universal, human, “lived experience”. In trying to determine the universal or essential quality of a phenomenon, it is necessary to discover aspects or qualities that make the phenomenon what it is, without which the phenomenon could not be what it is (van Manen, 1990).

Hermeneutic phenomenology is an interpretative phenomenology, which acknowledges that
"the [phenomenological] facts of lived experience are always meaningfully [hermeneutically] experienced...even the facts of lived experience need to be captured in language [the human science text] and this is inevitably an interpretative process" (van Manen, 1990, pp. 180-181).

The orientation of researchers employing a hermeneutic phenomenological approach has been informed by the philosophy of phenomenology and the works of the German philosophers, Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976). Husserl purported that the relationship between human perception and objects is not passive. He viewed human consciousness as active in its construction of "objects of experience", and that "consciousness constitutes as much as it perceives the world" (Gubrium & Holstein, 2000, p. 488). Heidegger's philosophical orientation is described as an "existential phenomenology". He was concerned with the relationship between human consciousness and the world, along with the existential structures that support this relationship (Schwandt, 2000).

Hans Gadamer, a student of Heidegger, stated that openness to experience was relevant for researchers working within the human sciences. Gadamer identified that to understand something is to interpret it. He stated that understanding is not an "isolated activity of human beings...but a basic structure of our experience of life" (Gadamer, 1970, cited in Schwandt, 2000, p. 194) and humans utilize language in order to understand or make meaning. As such, hermeneutic phenomenology seeks "to transform lived experience into a textual expression of it's essence" (van Manen, 1990, p. 36).

**Role of the Researcher**

When a researcher employs a hermeneutic phenomenological approach to research, they begin by acknowledging their own subjectivity in this endeavour. They make their pre-understandings, assumptions, beliefs, biases, and theories explicit and "approach the experience
in a manner that is as unbiased as possible” (van Manen, 1990, p. 46). It was important for me to recognize my presuppositions and “hold them at bay”. van Manen (1990) also suggests that researchers “turn the knowledge on itself” and expose it’s “shallow and concealing nature” (p. 47). I began this process by creating a reflective journal and writing down my pre-understandings. Throughout the course of the study, I wrote my reflections in the journal: my thoughts, feelings, perceptions, responses, and ideas about the process of the research and the phenomenon of attachment injury. I attempted to maintain a “conversational relationship” with the phenomenon to “remain reflectively aware of certain experiential meanings...providing...clues for orienting oneself to the phenomenon” (van Manen, 1990. p. 75).

In conducting the interviews, my role was to hold up the phenomenon of attachment injury as an open question and maintain mine and the participant’s orientation toward it. Given that we were engaged in meaning making, there was a “hermeneutic thrust” to our interviews.

I also located myself within the study as a participant and completed a participant interview. During the orientation interviews with participants, I disclosed to them that I had also experienced an attachment injury in my relationship. I saw myself and the study participants as collaborators in an effort to understand a phenomenon we had all experienced. Our shared meanings of the lived experience of an attachment injury could help us acquire a deeper understanding of both our personal experiences, and the essence of an attachment injury.

**Role of the Participants**

Each participant was a co-researcher. During the interview, they created a conversational relationship with myself and with the phenomenon. As they articulated their experience, participants contributed their personal meanings which expanded, illuminated and validated the experiences of others. During the member check process, participants judged the final themes to
see if the themes resonated for them and met the research criteria of verisimilitude.

**Participant Selection Procedure**

Recruitment posters were displayed on community bulletin boards as well as in the Community Calendar section of the newspaper. Potential participants contacted me by telephone or e-mail to express their interest in participating in the study. I responded to interested parties and gathered information from them to ensure they understood the purpose of the study and they met the research criteria. Seven individuals expressed interest in the study but did not meet the criteria for the study. If an individual was still interested in participating in the study after exchanging information over the phone or by e-mail, and they met the selection criteria, the participant and I scheduled an orientation meeting.

Participants were selected on the basis that they identified that they had experienced a critical incident in their couple relationship and they were the injured partner. They needed to be age twenty-five or older. I was concerned that the experience of younger participants might be influenced by developmental issues. Participants also needed to be in a committed couple relationship for at least two years so that there was a relationship "history". I was also looking for participants who had experienced the attachment injury over a year ago. I thought it was important that some time had past since the injury because talking about a recent event might place undue stress upon a participant. In addition, I was interested in the meaning of the experience for a participant, and my perception was that meanings might be more defined or better understood by the participant after a period of time had past.

**Orientation Interview**

The orientation interview was the first of three face-to-face meetings with a participant. It provided an opportunity to build rapport as well as outline the study in more detail and answer
any questions the potential participant might have. I believe it was important for participants to get to know me, as well as become informed about the study. I was very aware that if a participant volunteered for the study, they would be sharing a highly personal and painful event in their life with me. Rapport-building was important for developing a sense of safety and trust in me as an interviewer, and in the process of the interview.

The orientation interview also served to ensure that the potential participant had experienced an attachment injury in their relationship. The presence of an attachment injury was identified in these interviews through the participants’ descriptions of: “an event” a turning point in the relationship, a “wound”, a broken bond, something that changed in the relationship and was different from that point on, a critical incident.

During the orientation interview, I disclosed that my interest in attachment injury was personal as well as academic. We reviewed confidentiality and the informed consent form, and I outlined the time commitment involved in participating in the study. I discussed the possibility that the interview might have a negative or positive impact on the participant. I stated that if a participant was distressed during the interview, they could stop the interview or discontinue their participation at any time. I also identified that if the participant experienced distress as a result of their participation in the study, counselling would be arranged to assist them.

I encouraged participants to take their time in deciding whether they wanted to become involved in the study and to let me know after they had a chance to think about it. After taking some time to think it over, one individual made the decision not to participate in the study. All of the participants in the study expressed a strong desire to participate in the research and to revisit and explore their experience of an attachment injury. After the participant orientations and selection process was complete, I had a back-up list of eight individuals who were interested
in participating in the research should a participant drop out.

**Research Interview**

Four participants were interviewed. All of the participants were female. The research interview lasted approximately 1.5 hours. I used a conversational, semi-structured interview accompanied by close observation (van Manen, 1990). The interview format was comprised of fourteen open-ended questions with some follow-up probing questions focused on the individual’s meaning of the experience of an attachment injury. There was enough flexibility in the interview to allow us to pursue meaningful directions when they arose during the interview.

The interview questions included questions addressing relational, intrapersonal and historical factors. The questions explored: the participant’s experience of the attachment injury in their relationship, the meaning of their experience of the attachment injury - at the time of the injury and after some time had past, interpersonal and intrapersonal effects of the attachment injury. As the participants spoke of their experience, I listened for the meaning of attachment and attachment injury in their couple relationship. I was sensitive to the potential for retraumatization and was alert for any signs that the participant was becoming overwhelmed by the interview experience.

I conducted my interview first. It was important for me to hear the questions and explore my experience in response to the questions, so that I would have some understanding of how the participants would experience the interview. It helped me to refine the interview questions to get to the essence of the experience as well. I also wanted to explore my personal experience so that it was known to me. At the end of the interview, I was surprised at how good I felt. I had a sense of empowerment in revisiting a painful experience and creating a narrative about it. My hope was that the participants would experience the interview in a similar way.
Data Collection Procedures

The audio taped interviews took place in the office of a colleague who has a private practice as a therapist. The space was comfortable and private. I approached the interviews with an open, empathic stance. I put my own experience of an attachment injury aside. I wanted to invite the participant’s story; to engage with the participant in exploring their lived experience of an attachment injury “in all of it’s modalities and aspects” (van Manen, 1990, p. 32). Once the rapport and ease created in the orientation interview was reestablished, we began the interview with an orientating question which asked the participant to describe the circumstances of the event of the attachment injury: *Can you describe a critical incident or significant event in your relationship when you felt distressed and your partner failed to respond to your distress by providing support and reassurance to you? The outcome was that the incident had an effect on your relationship.*

Throughout the interview, I strove to be as “present” to the participant as possible. I made mental notes of special responses (i.e. intense affect), behaviors, and the nonverbal communication of the participant during the interview. I recorded these observations, along with any of my intuitive responses, insights or reactions, in my reflective journal immediately after the interview ended. At the end of the interview, I checked with the participant to see how they were feeling. Even though participants expressed sadness and pain during the interview, all of the participants stated they felt better for having talked about the experience.

Transcription Process

I transcribed the audio-tape verbatim and I inserted the observational data into the transcript. Each participant was assigned an anonymous name for the purpose of the study. The study generated 120 pages of transcript. I found that as I listened to the participants relate their
experience and I typed their words, two things happened. The first was that I relived the interview but different things caught my attention. The second was that when I was listening to the beginning or middle of an interview, I already had knowledge or experience of the whole interview. I found that I had new responses to the interview and some of my earlier insights expanded or crystallized. I believe this experience reflects what Polkinghorne (1984) describes as the “qualitative gestalt”.

**Data Analysis Process**

The first step in analyzing the data is the step of reflecting, similar to the process of indwelling described by Moustakas (1990). Throughout the data analysis, I reflected on what it is that gives the experience of an attachment injury special significance. This reflection and analysis was guided toward the structural or thematic qualities of the experience. van Manen (1990) describes thematic understanding as “seeing meaning” or an opening up of a deepened understanding of a phenomenon. Themes are conceptualized as structures of experience that “capture” a lived experience. They help the researcher to get a better “fix” on the significance of a situation and they come out of the researcher’s openness to a phenomenon and their desire to make sense of it (van Manen, 1990). The researcher engages in a process of discovery by letting ideas in the data (transcripts and reflective journal) emerge.

van Manen (1990) identifies three ways to isolate thematic statements: holistic approach, selective reading/highlighting approach, detailed line-by-line approach. I utilized all three methods in analyzing the transcript data. I began with the holistic approach, followed by a detailed, line-by-line approach and then used the selective approach. I applied these approaches over the course of the first analysis and write-up of the transcript. After the member checks and peer review, I repeated the selective reading/highlighting approach.
In identifying and writing the themes, I remained aware that I was engaged in a process of applying language and thoughtfulness to an aspect of a lived experience (van Manen, 1990). I also remained "animated" by the research question which van Manen (1990) describes as maintaining a relationship with the research question and not losing sight of it. Finally, I sought understanding of the phenomenon by employing what is described as the hermeneutic circle; moving from the whole to its parts and back (van Manen, 1990). I attempted to grasp the reciprocal interaction between these two aspects of the phenomenon and how each could be understood in relationship to the other.

**Appropriateness of the Design to the Research Topic**

A phenomenological approach was chosen for this study for a number of reasons. Attachment is conceptualized as an intrapersonal process as well as an interpersonal process. It is theorized that it is through "working models" of attachment that one makes meaning of relationship experiences. Attachment in a couple relationship, as in a parent-child relationship, is a complex process and phenomenological research involves in-depth exploration of a phenomenon. Attachment is both normative and idiographic (emic). While all human beings have the capacity for attachments, the attachment existing between two individuals in an intimate relationship is built upon each individual’s "working models" of intimate relationships, as well as the couple’s specific history of interactions, repertoire of responses and quality of responding. The meaning questions of hermeneutic phenomenology are well suited to tapping into the complexity of attachment and the underlying processes of an attachment injury. Since, human attachment is also considered to be a universal human experience, all humans have the potential for an attachment injury. Attachment injury within a couple relationship is a little understood phenomenon. Phenomenological inquiry and description which rests upon a philosophy of
“universal essences” while seeking to understand an individual’s experience, is a relevant approach to understanding attachment injury.

**Rigor**

Once the transcript themes were identified, they became the object of reflection in follow-up hermeneutic conversations. The purpose was to interpret the significance of the themes in light of the original phenomenological question - with each theme, to ask: is that what the experience is really like? My goal was that the participants and I would reach a place where there was nothing more to say. Our hermeneutic conversation would reach a “fulfilled silence” (van Manen, 1990).

**Member checks**

I conducted a follow-up interview with each participant in order to have them read the themes and provide their response. The interview lasted about an hour. I presented the themes to the participant and asked them if the analysis of the interview reflected their experience. “Is this what you meant”? I also inquired as to whether anything else came up for them as a result of reading the themes, or if there was anything in the themes that they felt was incorrect. I was especially interested in finding out if the themes came close to the participant’s truth or intended meaning (verisimilitude) and if the themes resonated with the participants. Responses during this interview indicated that the themes did resonant with the participants and that I had captured their meanings “this is bang on”, “this is exactly what it was like” “it is freaky to see that others have felt the same way”, “What you have described fits...I have very little to add” Participant reactions allowed some further interpretation of the data. After completing the first analysis, I also consulted with my thesis supervisor, Dr. Marla Arvay in order to ensure that I was being faithful to the process of thematic analysis.
Peer review

Peer review was an important step in the research since it was the first time people outside of the research had an opportunity to read the themes. Peer review was undertaken with colleagues in the counselling field who work as couples therapists.

In conducting peer reviews, I was interested to see if the themes were understandable to the reader and if the content of the themes resonated with the reader. The questions I wanted to answer were: in reading these themes, can a reader, who has not experienced the phenomenon of an attachment injury, come to understand what the experience of an attachment injury is like for an individual? and do these themes invoke a response in the reader? van Manen (1990) describes the aim phenomenology as “to transform lived experience into a textual expression of it’s essence in such a way that the text is at one a reflective reliving and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own lived experience” (van Manen, 1990, p. 36). I recorded the peer responses and used them in further thematic analysis.

Researcher Subjectivity

As I identified in the section: Role of the Researcher, I used a reflective journal to record my thoughts, feelings, perceptions, responses, and ideas about the process of the research and the phenomenon of attachment injury. The journal was an invaluable tool for assisting me in putting my presuppositions aside (van Manen, 1990). I had two areas of presupposition: one based on some knowledge of theory, and the other based on my personal experience of an attachment injury.

At times, it was very difficult for me to not apply theory to research findings. This struggle was most pronounced during the transcription stage of the research. However, it would have
been premature to apply theory to the participant interviews before the thematic analysis was complete. Instead, I turned my attention to the intuitive responses or questions that came up for me during the transcription and I recorded these questions and responses in the reflective journal. I actively avoided answering the questions or forming any hypotheses until it was time to write the Discussion section of the thesis. I wanted to be informed by the participant's experiences and to allow the deeper meanings to emerge.

While conducting the interviews, I found it fairly easy to hold up the phenomenon of attachment injury as an open question, and put my personal experience aside. Yet, there was no way to really separate my personal experience from the study. When I first undertook this research, I understood that there would be times when I could experience discomfort as a result of confronting a difficult experience in my life. The most challenging time was when I wrote the Discussion section. There were moments when this process touched painful feelings. I accepted the feelings were there and I took care of myself. Usually, this meant stepping back somewhat while maintaining contact with my experience. After doing that, I could start afresh. I wanted to remain open to the phenomenon - to both the participants' experiences of the phenomenon as well as my own.

Toward the end of the study, I reread and reflected on my reflective journal. I was struck by how the nature of my reflections had changed over the course of the study, and how my "understandings" changed. Looking back over the entire research process, I saw the different ways I was engaged with the phenomenon through the various stages of the research. When the research was complete, I was surprised at some of the results.

For example, I initially understood an attachment injury as an event - a happening - in a couple relationship. The outcome of an attachment injury was pain for the injured partner, and a
wound to the couple bond. Now, I understand an attachment injury as a manifestation of relationship dynamics within a couple relationship. It seems as if there is no way an attachment injury could not occur in some couple relationships. All the relationship dynamics telescope down to a basic level. I see this "inevitableness" of the attachment injury within a couple's relationship as both positive and negative. The negative aspect is that it reflects very significant relationship issues. The positive aspect is that it is a defining moment where issues crystallize, and the depth of the experience can open the door for profound changes to occur.

Over the course of this study, I became more aware of the complexity of couple relationships. Couples struggle in various ways to be "in relationship". Professionals working within the field of counselling need to be respectful of this struggle, to seek to understand it, and to avoid simplifying or diminishing the struggle. A couple relationship is an attachment relationship. The relationship can be about "life and death" on many different levels.
CHAPTER 4

Results

In the first section of this chapter, I give a brief description of each participant and their relationship with their partner. The attachment injury (event) is also described. The second section of the chapter focuses on the results of the research.

The thematic analysis revealed six themes. These themes spoke to a “process” regarding the meanings of attachment injury for the participant and for the couple relationship. This process reflects the traumatic aspect of the attachment injury as well as the fact that an attachment injury is a relationship event. Theme #2 also revealed two discrete stages. Quotes are taken verbatim from the transcripts to illustrate the themes.

Participants

Belinda

Belinda is a twenty-seven year old woman who has been married for seven years. Belinda and her partner met when they were both seventeen years old and in Grade 12. They had an “on again off again” relationship for three years before they married. The couple has a daughter who is 3 years old. Belinda enjoys motherhood and works part-time so that she may be home with her daughter. Belinda is not pursuing a particular type of employment. Her jobs are chosen based on how well they fit into the family’s life.

The attachment injury in Belinda’s relationship occurred two and a half years ago. Her husband lied to her about his employment and he maintained the cover-up by using Cash Advance services. Before long, collection agencies were calling the couple’s home and Belinda became aware of her husband’s deception.
Dee

Is fifty years old and has been married for twenty-nine years. She and her husband met in University and dated for two years before marrying. Both Dee and her husband have undergraduate degrees. Dee worked in the health care field for five years before having five sons who are ages 22, 20, 17, 15 and 10. Dee stopped working in order to be home for the children. She became involved in various volunteer activities during that time. Dee recently returned to University as a full-time graduate student.

The attachment injury in Dee’s relationship happened five years ago when the couple sought help for their second oldest child who was later diagnosed with schizophrenia. Dee’s husband refused to talk about their marital relationship in a counselling session, and he decided that he would not attend ongoing counselling with Dee.

Iris

Iris is fifty years old and was married for twenty-four years. She and her husband separated four years ago and divorced two years later. Iris met her partner when they were both sixteen years old. They began dating in college and they married when they were twenty-three years old. Iris has three children: ages 23, 21 and 17. Iris’s husband is a police officer. The couple agreed early in their marriage that it was important that Iris not work more than part-time in order to run the household and care for the family. Iris is currently taking steps to return to college next year in order to complete her undergraduate degree.

The attachment injury in Iris’s relationship happened six years ago as a result of her husband’s affair with his coworker. The couple sought counselling when Iris became aware of her husband’s infidelity. However, the relationship eventually ended in divorce.
**Rose**

Rose is forty-six years old and has been married for twenty-three years. She and her husband met when they were in their teens but did not start dating until four years later. They had an “on again off again” relationship for three years before marrying. They have three children who are ages 22, 18 and 16 years old. Rose finished her undergraduate degree and graduate degree while raising her children. Over the years, both she and her husband have adjusted their work in order to be home “as much as possible” with their children.

The attachment injury in Rose’s relationship happened almost nine years ago. Her father-in-law behaved inappropriately towards Rose while he was staying with the couple over the Christmas holidays. Her husband refused to say or do anything about the matter and would not support Rose in her efforts to address the situation.

**Themes in the Meaning of the Lived Experience of an Attachment Injury in a Couple**

**Relationship**

**Theme one: A caregiving relational history**

All of the participants described a relationship history with their partner in which they had provided a great deal of caregiving to their partner. The relationship had become somewhat structured around this dynamic in which the partner needed something from the participant.

“It seemed that I had to fill him up, like something was missing”

“...he was holding me in front of him like a shield”

“it was almost like there was a constant hole there that he needed to be filled...bolster him up and you know tell him what a good guy he was...I was very supportive of him emotionally...I think as the years go on, you...eventually get tired of doing that or having to do that with someone and, and it’s not being reciprocated”
Some of the participants felt some fear as well - about their perception that their partner was emotionally fragile. Positive feelings about being helpful to the partner were expressed by some participants. Others were less positive about this role or responsibility.

"I always saw him as emotionally fragile and needy and I did not want to hurt him...I was afraid of what it might do"

"I just knew I was dealing with this person who had a tendency to be moody quite a bit of the time...I would walk on eggshells around him sometimes, never knowing, quite knowing what I was going to get from him emotionally"

"When we first got together, I remember seeing him as a person who was really needy and I had this kind of motherly feeling... I knew he liked being with me and I knew that he was lonely and I had this thing about feeling good about being able to be helpful to him"

Why did this lack of reciprocity exist in these couple relationships? The study participants identified that they were aware of their partner’s high need for caregiving from the beginning of the relationship. Certainly this speaks to the relational history of both the partner and the participant, and raises the possibility that part of their attraction to each other may be connected to attachment/caregiving factors. An individual (participant) who is comfortable in the role of caregiver, or who feels good about caregiving, develops a relationship with a partner who has a high need for caregiving. It is possible that asymmetry evolved in a couple’s relationship because caregiving was the only means by which the participant could “feel attached” to a partner with an avoidant or preoccupied attachment style. As such, caregiving behavior would be positively reinforced because it helped to create a sense of felt security through a sense of connection to the partner. This dynamic would be similar in nature to the “artificial optimism”
that Henry and Holmes (1998) describe in dysfunctional family patterns. In this case, the artificial optimism meets the desire for felt security in the absence of felt security.

Along with the long-standing asymmetry in their relationships, all of the participants identified at least one earlier instance in which they had felt abandoned or betrayed by their partner. All of these factors contributed to a relationship context for the attachment injury.

**Theme two: The nonresponsive partner**

Participants identified very similar experiences of the attachment injury incident. Their descriptions of their thoughts, feelings and actions over the course of the attachment injury event mirror Bowlby’s (1973) descriptions of separation anxiety and protest.

There was a precipitating event in which the participant experienced a sense of distress and actively sought connection or comfort from their partner. All of the participants report that their distress was expressed to their partner by expressions of emotion and verbal requests for help or comfort.

Participants describe their partner’s response as either totally nonresponsive or as a low level response that involved verbal statements that diminished the significance of the event, or were dismissive of the participant’s emotions and experience.

“he would withdraw completely into himself...he wasn’t really hearing what you’d say”

“he brushed it off...he couldn’t see why I was upset”

“I poured out all my feelings to him, all my pain and he just had nothing to say...when I expressed my unhappiness at his lack of responsiveness, he said - well, what do you expect me to do? and he was angry”

Participants felt alone and afraid in the face of their partner’s lack of response. Participants then made increased attempts to elicit connection and comfort from their partner. Participants’
feelings of panic, desperation and confusion arose at this point. Many of the participant
descriptions of this experience take on the “life and death” quality as described in the research
literature by Johnson (2001). Some participants also experienced a great deal of anger at this
point yet this anger was not expressed to their partner.

“I was feeling like I was a drowning victim”

“there was all this turmoil going on, he seemed just sort of very cold and detached from
all the pain that it was causing me, which was very confusing to me” “I was - can’t you
see I’m dying here? I need your reassurance, I need you to just do something”

“I was sinking to the bottom”

Partners’ responses to the increased efforts to elicit caregiving involved a more complete
withdrawal. Partners walked away from the injured partner, or shut the door on the injured
partner, or went to sleep rather than listen to the injured partner. Some partners also responded
with anger at this point.

“his response...was deal with it...it’s a problem but I’m not going to do anything about it,
even if it means protecting you”

“he’s walking out the door and saying - I haven’t got time for this”

“he would get mad at me and then get in the car and drive away”

Participants report feeling intense pain, and a profound sense of being alone. This is the point
of injury.

“ When it come crashing down, it’s very, very, devastating...unimaginably horrible”

“ a deep, deep knowing that I was alone...that nothing I said was going to make it
different”

To be confronted with an attachment figure who refuses you caregiving in a time of need and
vulnerability is painful in itself. For the study participants, the pain was likely magnified by the fact that they had provided so much caregiving to their partner in the past. They had been the “giver” and the partner had been the “receiver”. When the participants sought caregiving and that caregiving was withheld (in spite of the fact the participant had often put their needs second to the needs of their partner), it was a “moment of truth” - about the nature of the bond and the participant’s place in the mind of their partner.

**Theme three: Irrevocable change**

“It was never going to be the same. I’d had all the disappointment...that I could take. I wasn’t going to put myself in that position again”

“This whole door opened for me...suddenly I began to see things I hadn’t seen before...feeling stuff that I had been coping with”

“I was feeling really desperate at that point because I was feeling increasingly more lost. I was feeling by myself. Really lonely...I think I probably was lonely before that but I didn’t realize it...it was a point where I suddenly started looking...and realizing that...you know all the kinds of things I had dreamed of, early on in our relationship, really weren’t going to happen and I’d better face it”

In the immediate aftermath of the attachment injury, participants describe the relationship as irrevocably changed. Overall, there was a sense of disillusionment and loss. Participants report feelings of futility and hopelessness. The event was experienced as a shock and participants felt emotionally fragile. Some were unable to cope.

“I spent a lot of time crying...just sobbing my heart out and at other times being incredibly angry”

“I would cry uncontrollably”
"It made me ill...I ended up becoming depressed...literally just feeling like I couldn’t get out of bed"

Common thoughts were “how did this happen?” “how on earth did I get here?”

All of the participants also reported that their thoughts turned to their children and they felt concerned about any potential impact on the children. The desire to protect their children reflects the participant’s caregiving system in response to the needs of their offspring. Bowlby (1980) conceptualized attachment, caregiving and sexual mating as organized, related systems of behavior that work together to ensure the survival of the species. The attachment injury was experienced as a life and death situation. Humans are biologically determined toward survival. Once the systems were activated, it is understandable that the participants’ thoughts turned to their children.

At this point, daily life is about surviving.

"just carry on, bury it...and try to make everything ok for my kids"

"I was still in a lot of pain although I covered it up, I tried to carry on...I sort of just put on a happy face...I was hurting but I kind of carried on"

"a time of great turmoil...day to day, sometimes minute to minute...wondering what was going to happen...I was just desperate"

"I felt fragile. There were some times I, I couldn’t cope with too much at once, so...I would psychologically shelve a lot of it...deal with what I had to deal with today and then move on to the next day"

**Theme four: Coping - through other relationships and spiritual beliefs**

Participant descriptions of how they coped in the weeks immediately following the attachment injury revolve around turning inward and turning outward to assuage the pain and alleviate
feelings of loneliness. They felt alienated from their partner yet they had a strong (biological) need for connection. All of the participants created new relationships and/or strengthened current relationships outside of the couple relationship. All of the participants described an increased connection to God/universe and identified that they invested more time in their spiritual relationship.

"The spiritual side is not new...but definitely has grown and I have to say it has made a big change in terms of my feelings of loneliness...I have found other parts of me...other places...that being one of them"

"I have faith...I believe in God and I think that has been very helpful to me too...through the difficulties and I think it very much strengthens your faith"

"I started reaching out to other people"

All of the participants started to focus more attention on the "self" through increased self-care, self-exploration, and self-expression. For participants, the attachment injury had highlighted how they had abandoned their "self" by making their needs secondary to someone else's. Tied to this were issues of self-worth. Attention to the self was a way of valuing the self in spite of their mistakes and in the face of what could be perceived as a devaluing event.

Participants had asked themselves "how did I get here - how did this happen?" and they began an internal search for some of the answers. Some participants accessed individual counselling. One couple sought couples counselling. In this case, the injured partner gave her partner an ultimatum - couples counselling or the relationship was over.

None of the participants turned to their partner at this point. There was a quality of disengagement from the partner which is described by almost all of the participants as living separate lives. "we were kind of almost strangers...most of the time we hardly talked"
“something withdrew...closed off to him”.

**Theme five: The long-term impact on the relationship**

Participants identify that they achieved a new stability within the relationship. Some degree of increased separateness from the partner was maintained by all of the participants. This separateness had a different quality across the participant relationships.

The participant who ended her relationship stated

“I was thinking if I don’t do something now, at this point in my life, I may have to deal with this another time further down the road...there was just huge fear that I couldn’t trust him, I really could not trust him...I thought I can’t afford to let that happen to myself again...that’s sort of when the rubber hit the road...I think I still loved my husband but ...the logical part of me was saying how can you continue to love somebody who is hurting you like that?”

In the remaining relationships, all of the participants reported being more assertive within the relationship. Only one couple of the four worked together to repair the attachment injury with the help of individual and couples counselling. Reflecting back on her experience of an attachment injury, this participant expressed:

“that series of events was the most important part of defining who we are now as a couple because....he took responsibility for his actions...we were not healthy at all, until finally it just all broke and it could have gone either way but we both finally were able to be honest with each other...with lots of counselling. ...I finally stood up for myself. We are equal now...with me gaining a lot of strength from finally saying no”

For the other two couples, the attachment injury remains alive and present for the injured partner and in the relationship “it is always in the back of my mind” “it colours everything”.
The relationship stability that these couples have achieved is acknowledged by the participants as being “shaky”. “it is like sitting on a chair with one leg broken off. You can sit on a three-legged chair if you balance it just right”. One of these participants is about to enter couples counselling. For the other participant, their partner has refused to participate in couples counselling. These participants describe their relationship life as

“I just see us as living very separate lives...and at this point I am not prepared to end the relationship...but if he wanted to, I’d let him go.”

“he’s doing his own thing more. I’m doing my own thing more” “we went our separate ways”

“I can’t totally trust him...the relationship is more superficial”

“sometimes it makes me angry...depending on what’s happening at home and when I feel alone”

These relationships seem to be characterized by ambivalence. Both of these participants are being more assertive within the relationship and focusing more on their self up to the point the relationship will tolerate these changes. The relationship still does not meet their emotional needs, yet they remain in the relationship. The stated reasons for staying are for the sake of the children and because some hope (however small) remains. In spite of the emotional disengagement, one of the participants has actually increased her level of caregiving to her partner. There are a number of possible explanations for these ambivalent relationships: intrapersonal factors such as attachment style, complicated grief/mourning, issues of self-worth, or practical factors such as income, work, raising children, etc.

**Theme six: The impact on the self**

All of the participants reported a greater sense of self as a result of the attachment injury
event. This new sense of self developed out of increased self-awareness and cognitive changes. These changes were expressed through new behavior, such as: being more assertive with others, taking risks, speaking up etc.

“not just go along to get along but be sure that I’m doing something with my life that is valuable to me and that may be of service to others as well”

“regaining who I was...I became myself, this incident helped me define who I was and I started facing my fears...that was the biggest thing...it took this incident to wake me up to myself, to reality and to being a whole self”

“I’m not stopping myself from doing the things I want to do”

Often, the cognitive changes involved revising their expectations of themselves, of others, and of others towards them.

“I was afraid (before)...I felt like I had to make it look good, right and it looked like it was working for the kids too...to be who they need me to be...the cost is too high...so I probably care less about what other people think now”

“I’m holding myself...loving myself and being forgiving of myself”

“I’ve been able to accept my inability to do things...more. I’ve had to...and I’ve reached out for help. I wouldn’t have done that before”

“there are parts of me that I ...felt that I...for whatever reason, couldn’t be or do and I think that I need to do those things. I think that they’re in the best interest of all of us, including the relationship”

“I not hiding from them (friends/family)...and I’m being honest with them”

One major area of change was around responsibility. Participants began to recognize and accept what they could be responsible for, and what was not their responsibility. Being overly
responsible was a common quality among the participants and it played a significant role in their caregiving.

"I realize that there are some things that I cannot change"

"it's something to do with him. I don't understand it, I can try to work with it"

"I don't know what that thing is, maybe something from his own past that I know nothing about, that he can't talk..."

"I can't take responsibility for things that are not mine"

All of the participants identified an expansion of the self, a spirit of altruism, that developed out of the attachment injury experience. Everyone acted on their desire to give back to others.

"I am more open to others"

"I'm more compassionate and understanding now. All round I'm probably a better person having come through it...probably deeper...it just sort of enriched maybe what I already had"

"I'm a strong advocate for women as a result...if I could help or be of service to other women"
CHAPTER 5

Discussion

In this chapter I will discuss my ideas about the research findings in relation to the literature on attachment and attachment injury, as well as the literature on trauma and the literature on betrayal in couple relationships. The meaning of noteworthy findings that emerged from this research will be explored. I will then discuss the significance of the research, the implications of the study for future research, as well the implications of the study for the counselling profession. The limitations of the study will also be examined followed by some concluding comments.

Phenomenological research aims to establish contact with original experience. Participants in this study were asked to reflect on a particular event in their life. In their interviews with me, participants recollected their experience of an attachment injury. The structures of meaning or “essences” of this experience were embedded in each participant’s lived experience of an attachment injury. Thematic analysis of the interview transcripts allowed for the structures of meaning to be made explicit. The interpretative phenomenology is available to readers of the study when they read the textual expression of the lived experiences and enter into a “dialogic relationship” with the phenomenon of attachment injury (van Manen, 1990).

Links to Attachment Theory

“A feature of attachment of the greatest importance...is the intensity of emotion that accompanies it...if it goes well, there is joy and a sense of security. If it is threatened, there is jealousy, anxiety and anger. If broken, there is grief and depression” (Bowlby, 1998, p. 4).

A marital bond is created out of reciprocal attachment and caregiving (Feeney & Hohaus, 2001). The couple relationships in this study lacked reciprocal caregiving and attachment
behavior prior to the incident of attachment injury. Whether the couple relationships were established without one partner (the study participant) experiencing felt security, or if mutual felt security eroded over time, is not known. The asymmetry within these couple relationships is reflective of a parent-child relationship. Parent-child relationships are asymmetrical because it is not appropriate for parents to receive caregiving from their children (Berlin & Cassidy, 1999).

Couples with secure attachment orientations provide each other with a secure base and a safe haven (Feeney & Noller, 1996). A sense of felt security develops out of each partner’s support and caregiving of the other (Collins & Feeney, 2000). The indications are that the participants in this study did not have a secure attachment relationship with their spouse prior to the reported attachment injury. Participants identified a preexisting asymmetry within their couple relationships. This suggests a fixed and rigid pattern of relating that is typical of insecure couple relationships (Fisher & Crandall, 2001). As well, all of the participants described an earlier incidence of attachment injury that occurred within their relationship. Johnson (2002) reports that once an attachment injury has occurred within a couple relationship, the relationship can be defined as “insecure”. For the couples of this study, the asymmetry in their relationships put them at greater risk for an attachment injury to occur because: the couple relationship could not provide for the attachment needs of both partners, one partner was unable or unwilling to provide the safe haven and secure base functions, one partner was deprived of “felt security”.

In spite of their insecure style of relationship, these couple relationships were very stable. This reflects Ainsworth’s original assertion that attachment categories reflect differences in the organization of attachment, not the strength of attachment (Ainsworth, 1978). Bowlby (1980) identified that different forms of disturbed marriages, based on anxious attachment, can exist for long periods of time. Recent research literature finds that the strength of a couple attachment is
unrelated to the quality of the attachment (Bartholomew et al., 2001) and dysfunctional relationships can also be the most stable (Gottman, 2001).

All of the participants described a similar sequence of experiences that culminated in the attachment injury. Participant descriptions of their thoughts and feelings leading up to, during, and after the attachment injury incident were strongly reflective of Bowlby’s (1973, 1980, 1982) descriptions of attachment, protest, despair and detachment. The precipitating incidents described in this study are significant relationship events which most people would find distressing. Participant descriptions of their support-seeking behavior suggest that they demonstrated appropriate support-seeking behavior and were responded to with ineffective caregiving behavior by their partner. Participants describe communicating both their feelings of distress and their need for support. When their partner was unresponsive, participants’ distress increased. Their partner’s failure to respond evoked fear in the participants and their attachment behaviors intensified. Bowlby (1973) identified that in times of distress, the presence of “a trusted other” serves to calm an individual and reduce distress. When an individual feels alone, their fear is magnified. However, the “trusted other” must be both accessible and responsive in order to be considered truly available as an attachment figure. Participants’ descriptions of their internal experience during this time also bear a striking similarity to Bowlby’s portrayal of separation anxiety (Bowlby, 1973). Unlike secure couples, the couples in this study were unable to successfully negotiate their needs for proximity, attachment and caregiving in response to the precipitating event (Byng-Hall, 1999).

The unresponsiveness of the partners may have been due to an avoidant attachment orientation (dismissing or fearful). A partner with this attachment style would experience inhibition or deactivation of their emotional system in response to a participant’s expressed need
for caregiving. The other possibility is that a partner had a preoccupied attachment style. Research identifies that preoccupied individuals provide caregiving that has a self-centered quality, since they have difficulty setting aside their own relationship needs in order to respond to those of a partner (Feeney & Hohaus, 2001). In terms of emotional regulation, Mikulincer and Florian (1998) identify that two appraisal factors play an important role in how individuals with different attachment orientations respond during conflict situations. Individuals who view the self as capable and the threat as high respond to conflict with an avoidant style. Individuals who do not assess the self as capable and appraise the threat as high respond to conflict with a preoccupied style. It is not known what intrapersonal factors caused the partners to be unable to provide caregiving.

Participants’ responses to their partners’ continued lack of responsiveness were very similar to Bowlby’s descriptions of the protest phase of separation anxiety. Bowlby described the protest phase as “frustrated attachment behavior mingled with anger” (Ainsworth & Bowlby, 1991, p. 336). He described the protest phase as being comprised of two types of anger. Functional anger serves to dissuade that attachment figure from terminating contact in the future. Dysfunctional anger is described as the anger of despair (Bowlby, 1973). The fact that some of the participants felt anger, yet did not express their anger to their partner, suggests dysfunctional anger. Dysfunctional anger might be indicative of a relational history where the participant learned that expressing their anger did not serve a functional purpose. Alternatively, the suppression of anger might be related to a participant’s attachment style and their internal working models for relationship conflict (Magai, 1999).

All of the participants increased their efforts to engage their partner. When the partner remained unresponsive or was rejecting, participants report they felt abandoned by their partner
(attachment figure). This is the point of the attachment injury. Why did the partners close down and demonstrate a lack of empathy? There are a number of possible answers: the attachment orientation of the partner and their capacity for caregiving, the partner’s childhood experiences of dependency, the couple’s attachment template, the couple’s pattern of interaction, the attachment style of the participants.

Successful caregiving is contingent upon the caregiver’s ability to see things from their partner’s perspective and read their affective cues accurately. During their interviews, participants used desperate life and death language to describe their experience of the attachment injury (i.e. drowning, dying, etc.) yet their perception was that their partner was oblivious to their intense distress. Fonagy (1999) describes the “mentalizing self” as an individual’s capacity to reflect on the mental states (mentalizing) of oneself and of other people. The intrapersonal process of mentalizing has a positive impact on interpersonal processes and is also a factor in the establishment of a secure base (Clulow, 2001). Fosha (2000) defines a similar function in the conceptualization of the “reflective self”. An individual’s capacity to reflect, rather than use defensive exclusion, allows for healthy coping or resilience in adverse situations, and fosters secure attachment in relationships (Fosha, 2000). In childhood, secure attachment is dependent upon the caregiver’s ability to anticipate the mental state of the child. In adulthood, secure attachment can be defined as “knowing you exist in the mind of another” (Fosha, 2000, p. 58). When they were in distress, the participants in this study had no evidence to suggest they occupied a place in the mind of their partners.

Bowlby identified four phases of mourning: numbing, yearning for the lost figure and anger, disorganization and despair, reorganization. The phase of numbing was evident in participant descriptions of the immediate aftermath of the attachment injury (Theme #3). An attachment
injury involves a different type of loss than the loss suffered from death or physical separation. In an attachment injury what is lost is somewhat less tangible. Participants did not identify feelings of yearning or anger in the time immediately following the attachment injury. Anger was present again later for two participants (the participants who remained in their couple relationship but did not participate in couples therapy).

Participants' descriptions of turmoil in Theme 3 reflect the disorganizing aspect of the attachment injury as well. This disorganization parallels the experience of infants classified as disorganized in the assessment of infant attachment (Main & Soloman, 1990). In this instance, the attachment figure is both a source of fear and a solution to an infant's fear. This results in an internal conflict between two types of protective behavior: attachment behavior and withdrawal behavior (Bowlby, 1973). Johnson (2001) applies the same processes to the couple attachment, where the partner is both a source of pain as well as a potential solution to pain and fear. Being confronted with this relational contradiction disorganizes the attachment. If a couple continues their relationship after an attachment injury, it follows that it will be difficult to establish or reestablish felt security for the injured partner (reorganization).

The impact of an attachment injury can be understood as an accommodative dilemma (Gaines et al., 1997). A participant's need for felt security (protection) conflicts with maintaining the relationship. Participants varied in how they attempted to accommodate both the attachment injury incident and it's meanings. One participant used the attachment injury as an impetus to begin couples therapy immediately. Therapy offered the possibility that the relationship would accommodate to the attachment injury and it's meaning. As mentioned, another participant who was already involved in couples therapy when the attachment injury occurred, ended the relationship. For the other two participants, the relationships continued with their (not their
partner’s) recognition that the relationship had been irrevocably changed by the attachment injury. This supports Johnson’s descriptions of the effects of an attachment injury on a couple’s relationship. The two participants who remained in their relationships and did not access therapy were unable to repair the attachment injury (Johnson, 2002). Instead, these participants appeared to accommodate the attachment injury by maintaining some degree of protective, emotional distance from their partner. This in turn changed the quality of their couple relationships.

Participant accounts of the time immediately following the attachment injury (Theme #3) echo Bowlby’s observations of grief and mourning that follow the loss of an attachment figure (Bowlby, 1980). Although the attachment figure or relationship was not lost in three of the cases, the fact that the attachment injury brought about change means that some aspects or qualities of the old relationship were lost. Participants identify that the attachment injury caused their perceptions of their relationship to change. Their “old way” of looking at their relationship was lost. Their psychological loss involved decreased confidence in their partner’s availability and responsiveness in the future (Cowan & Cowan, 2001) and an awareness that to be vulnerable within their relationship was dangerous (Johnson 2001). The fourth participant made a decision to end her relationship as a result of the attachment injury. She identified that she had lost trust in her partner’s promises to work toward making changes in their relationship.

Themes #4, #5 and #6 may be understood as addressing different aspects that make up a period of reorganization following the attachment injury.

During the period of reorganization, participants experienced a great deal of stress as they attempted to adjust to the attachment injury. Given this stress, the attachment system remained strongly activated and participants sought contact with others. Research identifies that for many individuals, God or a higher power offers a meaningful attachment and is often sought as a
substitute attachment figure in times of crisis (Feeney & Noller, 1996). All of the participants reported turning to their spiritual beliefs following the attachment injury. Belief in the existence and presence of a God often serves to allay fear and provides a sense of comfort (secure base). Feeney and Noller (1996) identify that regular prayer can be understood as a way of maintaining contact with God (proximity seeking). For the participants, their spiritual relationship offered support and strength (safe haven) (Feeney & Noller, 1996) during the period of despair, disillusionment, and reorganization.

All of the participants turned to other people (family and friends) for a sense of attachment. Participants report they expanded their support network and changed the quality of many of their existing relationships by increasing their level of self-disclosure. This, in turn, helped to deepen an individual’s sense of connection. Most of the participants sought some individual counselling. Therapy provides a secure base and a validating attachment for emotional expression. The safe haven aspects of therapy enhance an individual’s ability to cope with, and regulate, the grief and mourning that results from an attachment injury (Cudmore & Judd, 2000). Therapy also creates a reflective space for the client (Fosha, 2000).

The three participants who remained in their relationships describe a sense of increased emotional distance from their loved one. As identified, one of the participants sought couples therapy in order to assist her and her partner with the impact of the attachment injury. Through the therapy process some of this distance was maintained in the form of healthier boundaries within this couple relationship. For the other two participants, intrapersonally they mourned the loss of caregiving from their partner. On an interpersonal level, these participants emotionally disengaged in their relationships in order to protect themselves from further pain or harm. Protection appeared to be about emotional proximity rather than physical proximity. Fosha
(2000) identifies that when felt security is threatened in relationships, individuals differ in the way they enact self-protective proximity rejecting behavior. Some individuals suppress their emotions and sacrifice their affective self in order to maintain and function within the relationship. This response would be indicative of an avoidant attachment orientation. However, the participants in this study identified that the injury was always present for them. This is more characteristic of a primed attachment behavioral system and the use of defensive detachment to cope with the loss of an attachment figure (Bowlby, 1980).

Without some form of intervention, the prognosis for these two relationships is not positive. The attachment injuries in these relationships were reflective of preexisting relationship dysfunction. Also, how the partners have dealt with the injury has “cemented” its destructive impact (Johnson, 2002, April). The participants’ ways of coping with their grief within the relationship perpetuates their sense of estrangement and alienation from their partner and maintains the attachment insecurity within the relationship. While participants’ self-expression has increased within these relationships, these participants are still primarily adopting a “suppress/withdraw” style within their relationship. This serves to decrease both individual and couple resiliency, making the couples vulnerable to future negative relationship events (Johnson, 2002, April). This is a relationship style that fits with Gottman’s (2001) “later divorcing” couples. This negative outlook does not predict that these relationships will necessarily end. As identified, dysfunctional relationships can be very stable and many long-term relationships are built on marital misery rather than marital mastery (Gottman, 2001).

As identified in Theme #6, all of the participants acted on their desire “to give back” to others through volunteer activities, group involvement, and causes. This altruistic impulse broadened participants’ social networks, provided a sense of usefulness, and likely increased their sense of
attachment to others. However, there is reason to view some of these participant behaviors in a less than a positive light. In attachment terms, healthy exploration and expansion of one’s social world occurs as a result of secure attachment and the felt security it provides (secure base/safe haven functions). For three of the participants, a couple relationship was not providing a secure base. Whether there was another secure attachment that fulfilled this function is unknown. The participants did not identify other secure attachments over the course of the interviews. What is known is that all of the study participants had suffered a loss in their experience of an attachment injury. In Volume III of his work, Bowlby (1980) outlined his attachment-based conceptualization of loss, and described various disordered variants of mourning. When an individual experiences a “prolonged absence of conscious grieving” (Bowlby, p. 138) two different disordered variants of mourning may occur: compulsive self-reliance and compulsive caregiving. In both of these instances, Bowlby identified that the attachment needs of the individual are disowned. Viewed from this perspective, being “myself” and “coming into my own” might be interpreted as compulsive self-reliance. Similarly, advocating for others, and helping and assisting others, might be construed as compulsive caregiving.

Bowlby referred to these disordered variants of mourning as “complicated grieving” (Bowlby 1980). Often, a loss experienced in adulthood can reactivate grief from childhood. This is especially likely if an individual has experienced a disordered variant of mourning in childhood. Compulsive caregiving typically has its roots in childhood. The individual has experienced what Bowlby describes as an inverted relationship with their parent/caregiver - the child was made to feel responsible for the emotional needs of their parent. It is possible that complicated grieving is an aspect of Theme #6. It may have played a role in the attachment injury as well. During the participant interviews, three of the four study participants also alluded to their partner’s
Links to the Literature on Trauma

A traumatic event has been defined as an event that is experienced as a threat to survival and self-preservation. Janoff-Bulman (1992) identifies that threats of abandonment and separation may also be perceived as traumatic if this threat is equated with a threat to self-preservation. In Theme #2 - The Nonresponsive Partner, there may or may not have been a perception of threat to self-preservation, but there was a perception of threat to the preservation of the couple relationship. Participant accounts of their emotions during the attachment injury are reflective of the intense distress, fear, confusion, and sense of helplessness that people experience in the face of a traumatic event. Participants also experienced a high level of anxiety as a result of their partner’s lack of responsiveness. This fits with Janoff-Bulman’s (1992) description of anxiety as arising from an expectation of danger that is either not immediate or well-defined.

There were a number of traumatic aspects attached to the attachment injury event. A participant’s expectation for caregiving in a time of need was violated, resulting in a loss of security within the couple relationship. The participant’s beliefs about the trustworthiness of their partner and their relationship were shattered. The assumptive world that offered a sense of predictability and meaning in their couple relationship was seriously challenged.

The attachment injury can be viewed as a human induced victimization by a trusted other (Janoff-Bulman, 1992) This factor served to promote a participant’s feeling of being unprotected as well as unsafe. A participant’s sense of loss and isolation was further compounded when their partner appeared not to care about their expressed pain, or became angry with them for seeking caregiving (Johnson, 2002). Johnson (2002) states that isolation is traumatizing to individuals.

Theme #3 - Irrevocable Change speaks to a participant’s experience of the traumatic event as
overwhelming their internal capacity to contain it (Cudmore & Judd, 2001). Participants describe a period of numbness: “going through the motions” or “living day by day”. Janoff-Bulman (1992) identifies this as the first category of coping. Denial and numbing along with intrusive thoughts and re-experiencing, are the first steps toward the eventual integration of the traumatic event. Some of the participants also described some difficulty in modulating the intensity of their affect (van der Kolk, 1996). Two of the participants reported that they became depressed in the aftermath of the attachment injury.

Similar to the links to attachment theory, Themes #4, #5 and #6 may be understood as the participants’ movements towards integrating the trauma and reconstructing viable new assumptive worlds. In Theme #4 - Coping Through Other Relationships and Spiritual Beliefs, participants described themselves as “turning outward and turning inward” in order to begin this process. Participants turned to spiritual beliefs in their search for meaning and as a way to organize their experience. This also appeared to assist some individuals with affect tolerance and self-soothing.

Participants sought out other people and deepened existing relationships. van der Kolk (1996) states that because trauma damages an individual’s sense of safety and trust in the world, a sense of renewed hope can be achieved through emotional attachment. Interpersonal connection can protect individuals from their feelings of helplessness and meaninglessness (Turner et al., 1996). Other relationships provide opportunities to experience predictability, safety, external reassurance and existential meaning in life. All of these aspects counteract the negative effects of a traumatic event (McFarlane & van der Kolk, 1996).

Some participants accessed individual therapy. Therapy would be helpful to participants to rebuild trust and integrate the traumatic experience because it would require the survivor to be
emotionally open in the presence of another (McFarlane & van der Kolk, 1996). Therapy would also enable the survivor to confront their experience in a safe, contained environment and use language to process and transform the thoughts, feelings and emotions related to the traumatic event (Janoff-Bulman, 1992). Another outcome of therapy would be that participants could again experience the self as worthy and the world as benevolent (Janoff-Bulman, 1992).

The ways in which participants integrated the traumatic event are evident in Theme #5 - The Long-term Impact on the Relationship, and Theme #6 - The Impact on the Self. The differences among participants in their post traumatic responses can be understood as a result of interactions between the individual, the event, and environmental factors (Turner et al., 1996).

Participants who attempted to assimilate the attachment injury into their existing relationship schema experienced a sense of decreased relationship security (Janoff-Bulman, 1992). These participants described a frayed bond and a fine balancing act required to maintain the relationship. At an intrapersonal level, these participants attempted to accommodate these changes. Their sense of detachment from their partner may be understood as resulting from the difficult task of assimilating the attachment injury into their schemas of self. The participant who sought couples counselling worked toward "relationship accommodation" as well as the intrapersonal processes of accommodation and assimilation. For the participant who ended her relationship, no relational accommodation was required, although she was confronted with accommodating and assimilating both the attachment injury event and the loss of her marriage into her schemas for relationship.

van der Kolk (1996) states that traumatized individuals experience internal conflict between the fear of revictimization, and the need for external reassurance. Withdrawal from intimacy in personal relationships is often an enduring, negative effect of trauma (Johnson, 2002). Within
two of the couple relationships, the tendency toward detachment was exacerbated by the lack of support from the partner. These participants describe their relationships as “leading separate lives”. Johnson (2002, April) states that the best predictor for the long-term impact of a traumatic event is whether the individual seeks comfort from someone. Comfort can protect against feelings of helplessness and meaninglessness, yet it was not available from the partners in two of the three intact relationships.

For the study participants, the fundamental assumptions that were affected by the attachment injury were: the world has meaning and the self is worthy. Participants appeared to apply a person-outcome contingency to the attachment injury rather than viewing the injury as resulting from a world that was not benevolent and safe. This was an unexpected result. It may be connected to: the fact that each of the participants had experienced an attachment injury earlier in their relationship, the caregiving relational histories in the couple relationships (Theme #1), relational experiences in childhood, their perceptions of the partner.

To rebuild a new assumptive world requires an individual to redefine the traumatic event and interpret it in a way that enables them to again perceive benevolence and meaning in the world and experience the self as worthy (Janoff-Bulman, 1992). In order to achieve this, the differences between the individual’s prior positive assumptions and the negative impact of the traumatic event need to be minimized. Janoff-Bulman (1992) identified different cognitive strategies that individual’s employ in order to achieve this. Individual’s exercise choice in the strategies they use to rebuild their assumptive world and cope with the aftermath of trauma.

In order to sustain a sense of hope after experiencing a traumatic event, Turner et al. (1996) identify that individuals require both a self identity as well as a sense of connection to others. When a traumatic event occurs, the meaning the event holds for the survivor, and how they
interpret the event determines which assumptions will be affected (Janoff-Bulman, 1992).

Theme #6 - The Impact on the Self is suggestive of both of these processes.

The participants in this study reevaluated the attachment injury and found meaning in this event through important lessons learned “I am a better person because of it”, as serving a larger purpose, and as a way to benefit others “I am a more open to others now” “If I can be of service to others.” Their participation in this research study was another way they were able to find meaning in the attachment injury event.

Assumptions about basic goodness and badness in the world underlie the basic assumption: the world has meaning. Janoff-Bulman (1992) describes this as person-outcome contingencies. The person-outcome contingency violated by the attachment injury may have been along the lines of: “I am a good person/partner/mother and so nothing bad will happen to me”. It is interesting the study participants did not interpret their attachment injury in terms of the benevolence of the world. By interpreting the attachment injury in terms of person-outcome contingencies, they were able to maintain their beliefs about the benevolence in the world. Instead, they located meaning in the relationship. Three choices are then available for meaning: the participant, the partner, the couple. Locating meaning for the attachment injury in the participant will conflict with assumptions about the self is worthy unless the meanings can be reconciled with a “worthy self”. The remaining two choices are more strongly evident in the participants interviews. Meaning is made through some sort of problem with the partner “it’s something to do with him”. Or, meaning is created through the relationship “we were not healthy at all”.

As outlined, a self-identity built upon a sense of mastery and autonomy allows a person to sustain a sense of hope after a traumatic event (van der Kolk, 1996). Individuals need to rebuild their assumptions about the “worthiness” of the self (Janoff-Bulman, 1992) in the face of a
traumatic event. Theme #6 - The Impact on the Self, describes the numerous ways individuals asserted their autonomy and sought mastery in their life. All of the participants redirected an increased amount of attention and energy toward their "self" in the form of self-acceptance, self-expression, self love and expanded self-knowledge. Changes to their self-identity also had a positive impact on many of their relationships.

**Links to the Literature on Betrayal in Couple Relationships**

As identified in the Literature Review, the literature on betrayal in couple relationships has focused on couple recovery from relationship betrayals and the phenomenology of forgiveness. Some of this literature does conceptualize relationship betrayals as critical events or relationship trauma. Much of this literature focuses on the process of forgiveness to repair relationship betrayals. In contrast, over the course of the ten participant interviews included in this study, no one used the word "forgive".

Enright and Fitzgibbons (2000) use a forgiveness-based model in working with distressed couples. Their approach looks at how current relationship distress may be related to family of origin issues. They combine insight-oriented therapy with cognitive-behavioral tasks to assist clients. Theme #1 - A Caregiving Relational History is very relevant to this approach.

Gordon et al.'s (2000) multitheoretical approach to infidelity is also relevant to Theme #1. During the second stage of this therapy, the meaning or context for betrayal is examined. Family of origin dynamics, intrapersonal factors and personal history are explored. Insight-oriented and cognitive approaches are used to assist the couple to understand why and how the infidelity took place within the couple relationship, and to help the couple to identify danger signals in the future.

Gordon and Baucom (1999) view insight-oriented approaches as necessary to help partners be
responsive to each other. Because Gordon et al. (2000) conceptualize infidelity as a relationship trauma, the first stage of their model acknowledges the overwhelming emotions identified in Theme #3 - Coping With Irrevocable Change.

Cognitive restructuring is a major part of the forgiveness approaches. Coupled with the deep exploration of meaning, it is seen as a means of transforming understanding and decreasing feelings of anger and vulnerability within the relationship (Fow, 1996; Gordon & Baucom, 1999). Cognitive restructuring prevents cognitive distortions and allows for new understandings of the self as well as the development of a new set of relationship beliefs. These elements are applicable to Theme #5 - The Long-term Impact on the Relationship and Theme #6 - The Impact on the Self.

In the research literature, forgiveness is understood as a process of resolution or psychological reconciliation (Fow, 1996; Gordon & Baucom, 1999). Researchers view forgiveness as encompassing new understandings of the self, the other and the relationship (Malcolm & Greenberg, 2000). These aspects of forgiveness are also relevant to Theme #6.

**Noteworthy Findings**

A number of interesting findings emerged from this study of a lived experience of an attachment injury. The most noteworthy finding was the common relationship context in which the attachment injuries occurred. Theme #1 - A Caregiving Relational History represented the couple relationships as insecure couple attachments that were defined by asymmetry in attachment and caregiving. Also, all of these couples had experienced a previous attachment injury.

Support was found for Bowlby's contention that attachment processes continue to operate across relationships and over the course of the life span. The stages of separation anxiety,
protest, despair, and detachment were evident in the participant descriptions of the attachment injury event.

The study highlighted the traumatic impact of broken attachments. The personal way individuals ascribe meaning to traumatic events in order to cope was also apparent. The participants of this study did not include forgiveness in their narratives about the attachment injury experience. This lends support to Johnson’s (2002) view that after a relationship betrayal, feelings of forgiveness arise out of a repair process that involves the enactment of reconciliation and renewed trust.

**Significance of the Research**

The criteria used in assessing the value of this study were: verisimilitude, resonance, and understandability. As identified, I met with each participant for a follow-up meeting for the purpose of a member check. The member check provided an opportunity for feedback regarding two of the criteria for evaluating the worth of this study: verisimilitude and resonance. Verisimilitude is the criteria of getting close to the “truth”, an approximation of the participants’ intended meaning. The criteria of resonance requires a response to be invoked in the reader as they read the material. Reading the material touches them and they can relate to the text. As outlined in the section on Rigor, the study did meet these criteria.

Peer review provided the opportunity for resonance as well as evaluation of the criteria of understandability. Can a reader, who has not experienced the phenomenon of an attachment injury, come to understand what the experience of an attachment injury is like for an individual by reading the work. If the reader is able to reach this understanding, then the work has met the criteria of understandability. During peer review, four peer reviewers were asked “What happens for you when you read this theme? How do you understand what the participant has said”? Peer
reviewer responses supported the criteria of resonance and understandability.

It is too soon to estimate the pragmatic value of this research. Participants did report that the experience of being interviewed for the study was important to them. It provided them with an opportunity to speak about their experience and be heard. Participants stated that they felt their personal experience of an attachment injury was validated through the experiences of others "being part of this study...was a learning and affirming experience for me".

**Implications for Future Research**

The qualitative approach employed in this study served to expand our understanding of attachment processes within distressed couple relationships. Future research within this field needs to include qualitative studies in order to further inform theory and practice.

Attachment injury is a new construct in the research literature. The present study has highlighted the importance of the couple’s relationship history for understanding attachment injury. Johnson (2001) identified that attachment injuries occur in secure couple relationships, as well as insecure couple relationships. In the present study, all of the couple relationships were insecure. There may be important distinctions between secure versus insecure couples in their experience of an attachment injury. This may have implications for the repair of attachment injury. Future research needs to explore whether these distinctions may comprise two different types of attachment injury: simple attachment injury and complex attachment injury.

This study uncovered an interesting finding with respect to a long-standing asymmetry in attachment and caregiving within distressed couple relationships. Further research may be directed toward exploring attachment and caregiving asymmetry with respect to: the couple attachment style, the impact on couple resiliency, and relationship trauma.

It was also evident that there were potential ties between partners’ early attachment
experiences, their relationship asymmetry, their attachment injury, and their accommodation to
the injury. Future research directed toward the investigating the processes underlying attachment
injury will expand our understanding of the attachment injury event and will assist in the
development of appropriate interventions for couples.

Implications for Counselling

An important aspect of this research is the inclusion of the "participant voice." One outcome
of this study is to alert therapists and counsellors to listen for the language or narrative of an
attachment injury. When counsellors are being sensitive to the potential for attachment injury in
couples presenting for counselling, it enables them to uncover, understand and approach these
events in counselling.

This study raised potential connections between couple attachment and relationship trauma, as
well as the effects of early attachment history on attachment injury. The interplay of these factors
helps to explain why some couples have more difficulty responding to therapeutic interventions
in couples counselling.

Existing models of couples therapy would benefit from incorporating attachment theory into
their approaches. Attention to attachment markers such as: emotional proximity, felt security,
attachment and caregiving, protest, functional and dysfunctional anger, detachment, complicated
grief/mourning, compulsive self-reliance or caregiving, and trauma can inform current models in
couples counselling.

Emotionally Focused Couples Therapy (Greenberg & Johnson, 1988) focuses on a couple’s
present context and the creation of positive interactional cycles in session. While the EFT
approach has strong empirical support, for some couples the exploration of the broader
relationship context is indicated. In cases of attachment injury, it would be helpful to expand the
EFT model to include insight-oriented approaches that would address relationship history and family of origin issues. Janoff-Bulman (1992) identifies that recovery after a traumatic event involves two evaluative systems: cognitive/rational and emotional/experiential. In the case of an attachment injury, a new conceptual system needs to be developed and accepted by the injured partner as a valid and reliable guide for the future. Including a cognitive therapy component in the EFT model that is directed toward meaning-making around safety, could assist clients and counsellors in overcoming impasses in couples counselling.

Counsellors also need to be aware of how a client’s spiritual belief system may provide them with a powerful attachment in a time of distress. The participants of this study utilized God/universe as a secure base and a safe haven. It may be helpful for counsellors to conceptualize God/universe as an attachment figure that can fulfill attachment functions.

Practitioners and researchers within the field of couples counselling need to give greater attention to attachment/caregiving interactions, the exploration of the critical incident of attachment injury, and the relational context in couple relationships. This may lead to the development of specific interventions to assist couples in resolving and integrating attachment injury events into their relationship in a healthy way.

**Limitations of the Study**

As van Manen (1990, p. 77) states, “meaning questions can never be “solved” and thus done away with...they can be better or more deeply understood...and they will need to be appropriated, in a personal way, by anyone who hopes to benefit from such insight.” A qualitative study will not be generalizable to large numbers of people. The uniqueness of individuals means that a qualitative study will not be entirely generalizable to even one other person. Yet, phenomenology does speak to universal experiences and while the experiences of the four
individuals in this study may be different, there were many points of similarity. Everyone has the
potential to experience an attachment injury. One person's experience of an attachment injury
will have some qualitative differences from another person's experience. Both the similarities in
experience and the differences in experience inform our understanding of the construct.

Attachment is understood as an instinctively based, behavioral pattern evident in a wide range
of environments (Main, 1999). Attachment has been studied across a number of different
cultures and research findings indicate that the attachment "system" does not differ across
cultures (Cassidy & Shaver, 1999). However, attachment behavior is influenced by different
social contexts. As a result, attachment behavior does exhibit qualitative differences across
cultures (Cassidy & Shaver, 1999; Rothbaum, Weisz, Pott, Miyake & Morelli, 2000).

An attachment injury occurring within a nonwestern couple relationship may give rise to
"meanings of lived experience" that are not be represented in the present sample. Future research
needs to address attachment injury within nonwestern couple relationships as well as cross-
cultural couple relationships in order to expand our knowledge of attachment injury.

Another limitation of this study involves gender. The four participants involved in this study
were women ages 27 to 50 years of age who have male partners. It would be useful for future
studies to explore the attachment injury experiences of males as well as the attachment injury
experiences within same sex relationships. These studies would further inform our
understanding of attachment injury.

Conclusion

Bowlby maintained that attachment processes play an important role in human life "from the
cradle to the grave" (1979, p. 129). Shortly before he died in September 1990, John Bowlby
wrote about the implications of attachment theory for psychopathology and psychotherapy, "a
major contribution of attachment theory is that it provides a language in which the phenomenology of attachment experiences is given full legitimacy...raising attachment to the status of a primary motivational system...enables the clinician to attend to attachment experiences in their own right...the language of feeling protected or unprotected, helpless or helped, valued or dismissed, anxious or secure in a variety of relationships or circumstances has powerful emotional resonance” (A. Lieberman cited in Bowlby, 1991, p. 297). A couple relationship may serve many functions yet first and foremost it is an attachment. As an attachment, a couple relationship has the potential to be a source of strength, resiliency and healing. Yet unrepaird injuries to the couple bond compromise the couple relationship, increase an individual’s sense of isolation, and prevent partners from realizing their full potentials. More injury often follows an attachment injury, and the lives of children can be negatively affected - setting up future insecure attachment and relationship dysfunction. Johnson et al. (2001) have made an important contribution to our understanding of couple distress. The challenge for professionals is to respond effectively to the needs of these distressed couples.
REFERENCES


Appendix D
Interview Questions

Can you describe an incident or event in your relationship when your partner failed to provide support and reassurance to you when you were in distress? This event had an impact on your relationship.

What happened?

How was this event different from other events in your relationship?

What was that like for you? during the incident? afterwards?

What did it mean to you or how did you make sense of the event?

How did you feel about....? 

What or how was it different afterwards?

What did it mean for the relationship?

Before the event happened, how would you describe your relationship? (security, vulnerability)

How do you think your partner saw this or perceived the event?

Looking back, how do you understand the event now?

How has this experience changed you? How are you different?

How might you change this now? or How did you change it or overcome it?

How could you make it better? What would have to happen?
Appendix F

2 Dimensional/4 Category Model of Adult Attachment Style
Bartholomew (1990)

Positivity of Other

SECURE

PREOCCUPIED

Positivity of Self

DISMISSING
(Avoidance)

FEARFUL
(Avoidance)