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WHAT IS EMOTIONALLY FOCUSED COUPLES THERAPY (EFT) ?

Emotionally Focused Couples Therapy (EFT) is a short-term treatment approach whose goal is the reconnection between partners. EFT, developed by Susan Johnson and Les Greenberg, is based on John Bowlby's Attachment research over 50 years ago. Bowlby found that humans and higher primate animals appeared to have an innate need to feel attached to and comforted by significant others.

Adult attachment relationships are believed to have the same survival function as the mother-child bond, since ideally these attachments can provide the same love, comfort, support, and protection throughout the lifespan. However, due to our relationship histories, and the negative interaction cycles we get into with our partners, many of us have difficulties with trust and expressing emotion to those who mean the most to us.

When couples argue about such issues as jealousy, sex or money, the origins of these arguments are usually some form of protest from one partner about not feeling connected, not trusting, or not feeling safe or secure with the other partner. When those we are attached to are not available, or are not responding to our needs to feel close or supported, we feel distressed. We may become anxious or fearful, numb or distant.

These behaviors can become habitual or rigid modes of reacting to our partners. Furthermore, these toxic behavior patterns seem to take on a life of their own as they cycle into repetitive couple's interactions that cause much pain, injury and despair. We focus on these patterns and work on changing these negative interaction cycles in a non-judgmental environment.

In a relatively short time, couples begin to recognize and eventually express their needs for love, support, protection and comfort that are often hidden or disguised by the harsh or angry words used in repetitive self-defeating patterns of conflict or arguments with each other. Partners begin to "listen with the heart," one of the cornerstones of EFT – which means listening not for the literal meaning of a partner's words, but for the feelings that lie beneath. In return, the other partner is better able to respond from their heart in kind. This is the emotional focus of Emotionally Focused Couples Therapy.

We view the building of "a safe haven" in your relationship as our primary task, and we will try to focus on your primary needs -- to feel close, secure and responded to --- which probably underlie most of your couple's conflict.

Once this safe haven and feelings of connection are reestablished, you will be better able to manage conflict and the painful or difficult feelings that will inevitably arise from time to time in a close relationship. Furthermore, without so much defensiveness, each of you will be able to send clearer messages and will be better able to hear the other's perspective. You will be better able to collaborate, problem-solve, and compromise – in short – you'll be more of a team – which is the secret of a long-lived, successful marriage!

Research on the success of EFT: -- EFT appears to move couples from distress to recovery in 10-12 sessions for 70-75% of cases, and creates improvements in 90% of couples coming in for therapy. EFT has been used with many different types of couples in private practice, university training centers and hospital clinics. These distressed couples include partners suffering from disorders such as depression, post-traumatic stress, and chronic illness.

To view further references, recent articles describing EFT therapy and books on EFT, please refer to the EFT website: www.eft.ca; Psychology Today, March/April 2003

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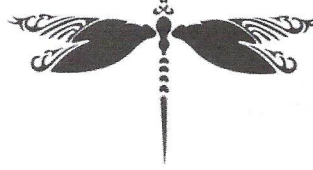
NAME _____

AGE _____

RELATIONSHIP STATUS _____ YEARS TOGETHER _____

CASE NUMBER _____

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Please answer each question as completely and accurately as possible

What are the things you like most about your relationship? _____

What are the things you most want to change? _____

How often do you argue? _____

What do you most often argue about? _____

Describe your most recent argument. How did it start? How did it end? _____

When you do argue, does someone end up leaving? Who? How long before they come back?

How long do you stay mad at each other? _____

Who is the first to attempt to make things better? _____

Do your arguments get physical? _____

Who initiates sex most often? _____

The Ubiquitous Clinical Problem of Adult Intimate Partner Violence: The Need for Routine Assessment

Kathy McCloskey
University of Hartford

Nancy Grigsby
Georgia Coalition Against Domestic Violence

Appendix A

Initial IPV Screening Questions

- How do arguments usually begin?
- Why do you think these arguments keep happening?
- During your last argument, where were you? (Give as much detail as you can, such as where you were standing and where your partner was located).
- How long did the incident last?
- How did it end?
- What happened when it was over?
- During your arguments, did you or your partner ever (be VERY specific):

Slap	Grab	Punch	Kick	Bite
Push	Push to ground	Pin to ground/wall	Pull hair	Hold
Twist arm	Hit with an object	Break objects	Tear clothes	Throw food
Punch fist through wall	Break down door	Strangle/choke	Beat up	Use gun
Use knife	Use other weapons	Force sexual activities	Threaten to hit	Threaten to kill
Harm/neglect kids	Harm/neglect pets	Threaten kids/pets	Threaten others	Threaten suicide

IF CLIENT SAYS THAT NONE OF THE ABOVE VIOLENCE OCCURRED, ask if it has EVER occurred since the relationship started, or in past relationships.

IF NO, you may end the screening. Go on to the other partner and complete the next screening.

IF YES, complete the full-scale assessment (see below).

History Taking

Intimate Partner Violence Across Time

- What is the FIRST incident you remember?
- What is the WORST incident you remember?
- What happened during the MOST RECENT incident?
- Were there any injuries? If so, to whom and what kind? How were they handled?
- Were children involved in these incidents, or did they observe what happened?
 - Were you (or your partner) pregnant during any of these incidents?
 - Have you (or your partner) ever been stopped from getting help or accessing emergency services (locked in house, phone pulled from wall, etc.)?
 - Were you afraid for your safety? Why or why not?
 - Are you (or your partner) currently considering leaving the relationship? Are you currently separating?
 - If your partner were here, how would he/she describe the incident(s)?

Intervention by Others

- Was there any outside intervention during the incident(s)? Did someone try to stop it (children, family, friends, neighbors, police, etc.)?
- Were the police called after any of these instances?
- If yes, have you seen the police report? If I had the police report in front of me, what would it say?
- Have you (or your partner) ever been arrested/convicted of domestic violence? If so, where and when?
- Have you (or your partner) ever been arrested/convicted for any other criminal activity? If so, what, where, and when?
- Have you (or your partner) ever hurt someone or been violent in front of others? If so, who, where, and when?
- Have you (or your partner) ever threatened or harassed family members, friends, or coworkers? If so, who, where, and when?
- Have you (or your partner) ever obtained a protection order against the other? If so, where was it obtained and for what?

(Appendixes continue)

- Have you (or your partner) ever violated a protection order or ignored the orders of a police officer, judge, or probation/parole officer? If so, where and when?

Mental Health and Substance Abuse Issues

- Were you (or your partner) drinking or using any other drugs at the time of the incident? If so, what and how much?
- Have you (or your partner) ever received treatment for a mental health issue? If so, when was it obtained, and for what? (Consider obtaining release of information to talk with other provider.)

- Have you (or your partner) ever received treatment for domestic violence? If so, when and with whom? (Consider obtaining release of information.)
- Have you (or your partner) ever been treated for depression or past suicidal thoughts or attempts? If so, when, where, and how? (Consider obtaining release of information.)
- Have you (or your partner) ever said you would kill yourself or others? If so, when, where, and how?
- Do you (or your partner) have access to weapons of any sort, or have you (or your partner) received weapons training in the past?

Appendix C

Primary Batterer and Victim Assessment

Client Meaning Making of IPV Incidents

-
- Given that the violence has been going on for a while, what is different right now that has led you to seek help?
 - How is this situation a problem for you?
 - What do you think has caused the violence?
 - What seems to keep the violence going?
 - What needs to change for the violence to be reduced or solved?
 - What do you think will happen if the violence is not stopped?
 - What do you want to see happen?
 - What is the best/worst that could happen?
 - What would be the long-term result of the best/worst that could happen?
 - What would the best/worst outcome say about you, your partner, your children, your family, and so forth?
 - What has been tried to stop the violence? Who tried it? Was it successful? Why or why not?
 - Who else knows about the violence? Why do others know, or why not?
 - If your partner (parents, children, friends, neighbors, etc.) were here, what would she/he (they) say about the violence?
 - Do you think this relationship will continue?
 - How are decisions made in your relationship?
 - What do you expect of your partner?
 - What would happen if you changed your regular role in the relationship?
 - What has been the effect on you (Changes in eating, sleeping, weight, activities, energy, anxiety, depression, time alone, work or school activities, friendships, etc.)?
 - How do you explain these effects on you?
 - Who is responsible for the violence, as well as the effects on you?
-

Note. This material is liberally expanded on and synthesized from *Training/Reference Manual for Volunteers and Interns*, by Artemis Center for Alternatives to Domestic Violence, 1992, Dayton, OH: Author; and from "Using Feminist MRI Brief Therapy During Initial Contact With Victims of Domestic Violence," by K. A. McCloskey and J. S. Fraser, 1997, *Psychotherapy*, 34.

Table C1
Conceptual Indicators in Determining the Primary Victim and Batterer

Indicator	Exceptions
Primary victim	
<i>Fear:</i> Victims express genuine fear of what partner will do next; they may describe a long-standing pattern of living in fear of their partners' behavior.	Batterers may express fear if they believe it will convince others of their own victimization, or in the presence of victims' weapons.
<i>Takes Responsibility:</i> Victims assume responsibility for partner's violence (e.g., "I said the wrong thing . . . I knew not to do that . . . I started the argument.").	Batterers rarely take initial responsibility, although this is possible in latter stages of treatment.
<i>Admission of Own Violence:</i> Victims admit to their own violence in self-defense or retaliation; they will also admit to hitting first.	Batterers rarely admit to their own violent behavior in the absence of confronting evidence.
<i>Pattern of Abuse:</i> Victims usually report numerous violent or abusive incidents and can identify a pattern of escalation and what typically precedes the incidents.	Batterers rarely perceive a pattern unless it is pointed out by others, can not identify preceding situations.
<i>Being Threatened:</i> Victims report that partners have threatened to harm them, children, pets, family members, coworkers, and so forth.	Batterers may identify partners' statements about ending the relationship as a threat; in extremely violent situations, the victim may also issue physical threats to the batterer in self-defense.

SPECIAL SECTION: ASSESSING INTIMATE PARTNER VIOLENCE

Table C1 (continued)

Indicator	Exceptions
Primary victim (continued)	
<i>Trauma Effects:</i> Victims report dissociation, somatic complaints, depression, anxiety, sleep problems, hypervigilance, startle response, and so forth.	Batterers rarely report trauma effects unless they believe it will convince others of their own victimization.
<i>Goal of Services:</i> Victims' typical goal is to "stop the abuse" and keep the relationship intact; they may wish to access help to get safe or to leave the relationship.	Batterers rarely address the violence in goal setting; they usually want help to keep things the same in the relationship.
<i>Patterns of Injury:</i> Victims' reported injuries are consistent with being attacked by another: black eyes; bruises on head, back, stomach, thighs, and upper arms; grip or slap marks on skin, and so forth.	Batterers easily report injury, yet usually of a defensive nature; do not use these reports alone because determination is accurate only by comparison to partner injury.
<i>Strangled or Choked:</i> Victims reports of being strangled by their partners at some time in the relationship are common; visible injury is not apparent until a few days later (if ever), whereas there is the report of defensive injuries on batterers.	Batterers rarely report being strangled or choked by victims.
<i>Admission of Arrests:</i> Victims will admit criminal history and give details, can describe socially unacceptable behaviors toward police during incident that may have led to arrest (for women, there may have been a gender bias operating at time of arrest).	Batterers rarely admit to a criminal history, exceptions include justification for own violence or victims' use of weapons.
<i>Criminal Investigation Sounds Incomplete:</i> If applicable, arrests of victims usually result from the lack of a full narrative, incomplete evidence, or failure to interview witnesses.	Batterers may also report or show incomplete investigative reports; thus, do not use alone.
Primary batterer	
<i>Calm, Cool, and Collected:</i> Batterers are overly calm and confident and have no fear or apprehension about violent incidents (or court process, if applicable).	Victims may dissociate or present with little or no emotion. Cultural barriers can also cause this.
<i>Vague Accounts and Inconsistent Chronologies:</i> Batterers give vague generalized accounts lacking in detail and timelines that do not hold; they may say, "My partner just acts crazy."	Victims may have memory impairment or may have been under the influence at the time of the incident. Cultural barriers may also result in reduced disclosure.
<i>Denial:</i> Batterers give outright denial of violence against partner.	Victims may deny presence of violence because of fear, shame, guilt, and so forth.
<i>Minimization:</i> If confronted with evidence of their own violent behavior, batterers will minimize the impact: "I didn't do it, but if I did it was no big deal" or "I may have put my hands around partner's neck, but I didn't squeeze."	Victims rarely deny their own retaliatory or self-defensive violence.
<i>Persuasion:</i> Batterers will try to convince clinicians that they are the injured parties, will try to ally with therapist, and will sometimes try to ingratiate themselves with "wink-and-nod" presentations.	Victims who are beginning to understand their victimization or who blame themselves may also do this.
<i>Angry or Demeaning:</i> Batterers will aggressively criticize their partners, namecall, or refer to their partners in demeaning ways.	Victims fully experiencing anger may do this, although it is rare.
<i>Ownership of Partner:</i> Batters convey strong sense of ownership, jealousy, and/or obsession concerning partner.	Victims may feel these things, and this should not be considered alone.
<i>Revenge:</i> Batterers are focused on extramarital affairs, child custody, or money issues; they may be smug or gloat over negative results of violence against partner (including criminal charges); ulterior motives are common.	Victims may sometimes focus on infidelity or express fears around child custody (especially perpetrators' threats to remove children).
<i>Power and Control:</i> Batterers state that they have power and control over their partners (make decisions, control money, set relationship rules and enforces those rules, etc.).	Victims may control some parts of relationship or may overreport control to feel safe or because of cultural norms (i.e., the need to appear "tough").
<i>Goals of Therapy:</i> Batterers want to get partner to do what client wants but do not necessarily want to reduce violence; they want help in convincing partner to stay in relationship, want to maintain "the status quo" in their relationship without getting in legal trouble.	Victims may also want help in keeping relationship intact but also want violence to stop.
<i>Size Difference Inconsistent With Facts:</i> Batterers report IPV incidents inconsistent with their size or that of their partner.	Never use size differential alone, especially with same-sex partners and in instances with weapon use.
<i>Defensive Injuries:</i> Batterers have scratches around arms or hands, bruised hands or feet; their injuries should be compared with injuries of their partners.	These injuries must be compared with injuries reported from other partner and can not be considered alone.
<i>Criminal Record or Court Knowledge:</i> Batterers have a history of arrest or conviction and/or of violating court orders; they are very familiar with the justice system and are vague in describing criminal history, whereas partners know history well.	Some victims have been arrested, even though they were acting in self-defense, and thus they know the court system.

Note. This material is liberally expanded on and synthesized from *Training/Reference Manual for Volunteers and Interns*, by Artemis Center for Alternatives to Domestic Violence, 1992, Dayton, OH: Author.

Appendix D

Lethality Assessment

Severity of Violence

- Serious injury
- Attempts to kill (partner, children, pets, others)
- Threats to kill (partner, children, pets, others)
- Violence/threats in public
- Use of weapons
- Threats with weapons
- Sexual assault/abuse
- Repeated/escalating violence
- Strangles/chokes partner
- Sadistic/terrorist/hostage acts
- Violence during pregnancy
- Child abuse
- Violence in presence of children
- Threats to abduct child
- Property damage to intimidate and control
- Forcible entry to gain access to partner
- Pet abuse

Other Criminal Behaviors

- Assaults on others
- Threats/harassment of others (family members, friends, coworkers, neighbors, etc.)
- Previous criminal charges
- Pending criminal charges
- History of other criminal behaviors

Failure of Past Interventions

- Family members, children, friends, neighbors, coworkers have intervened but violence continues
- Numerous police calls
- Prior intimate partner violence (IPV) arrests/convictions
- Ignores police/court/probation orders

- Violates protection or restraining orders
- Prior IPV treatment

Obsessive and/or Stalking Behaviors

- Following (to work, school, store, daycare, etc.)
- Watching (frequent drive-bys, drop-ins at work/school, etc.)
- Monitoring (checking telephone bills, caller ID, credit cards, computer log-ins, listening in on conversations, etc.)
- Enlisting others to follow/watch/monitor
- Telephone harassment (home, work, etc.)
- Requiring frequent "check-ins" when partner is away (work, school, store, etc.)
- Requiring debriefing after absence (partner must recount time spent away in great detail)
- Isolation of partner (physical, social, financial, etc.)
- Ownership: partner as property

Psychological Risk Factors

- Previous homicidal/suicidal attempts
- Homicidal threats
- Suicidal threats
- Previous mental health hospitalizations
- Severe depression
- External life stressors (job loss, death in family, etc.)
- Drug/alcohol abuse or addiction

Other

- Victim attempting separation from batterer
- Interference with victim access to emergency services or other help (pulling phone from wall, etc.)
- Weapons access
- Weapons training
- Any other unusual or concerning behavior reported by victim

Appendix E

Barriers in the Environment

Concrete Environmental Forces

1. Legal system and laws
 - Mandatory arrest laws
 - Mandatory sentencing
2. Police/court responses
 - Enforcement of laws
 - Enforcement of protection orders
 - Diversion vs. time served
3. Medical/mental health responses
 - Identifying causes of injury
 - Believing battered women
 - Counseling to keep marriage intact
4. Shelter availability
5. Advocacy center availability
6. Local social oppression against minorities and/or immigrants
7. Money
 - Batterers' control over finances
 - Woman's employment

- Permanent food and shelter for family
 - Transportation
 - Social and legal aid
 - Knowledge of resources
8. Batterer himself
 - Woman physically isolated (locked in house)
 - Woman socially isolated because of batterer's influence
 - Increased risk of death/extreme violence by batterer during attempts to leave
 - Threats and violence against children

Family and Sociocultural Roles

1. The belief that being a good woman means putting yourself last
2. The belief that being a good mother means never raising children without a father
3. Religious beliefs and norms
 - Pastoral counseling to keep marriage intact
 - Beliefs about women's place

SPECIAL SECTION: ASSESSING INTIMATE PARTNER VIOLENCE

4. Family beliefs and norms: breaking rules of family of origin
5. Beliefs about divorce
6. Violence as normal within relationship
7. Definition of self as victim
8. Degree of cultural identification

Consequences of Battering Relationship

1. Brainwashing
 - Results of repetitious violence and control
 - Psychological warfare
2. Posttraumatic stress disorder
 - Denial and numbing
 - Terror and fear are normal states
 - Exhaustion
 - Low emotional resources
3. Learned helplessness
 - Low self-esteem and self-worth
 - Extreme self-doubt/immobilization
4. Stockholm syndrome
 - Identifying with batterer
 - Taking on batterer's belief system
 - Prisoner-of-war psychological impact

5. Battered women's syndrome
 - Personality change as result of battering
 - May present as mental health problem
 - Recovery occurs after violence ends
 - Most women do not enter into another violent relationship
6. Cognitive deficits/other disabilities
 - Head trauma
 - Other physical injuries
7. Forced/coerced illegal activities
 - Prostitution
 - Illicit drug use/sale
 - Other criminal activity

Intrapsychic Forces

1. History of abuse: physical and sexual abuse as child
2. Personal variables
 - Resiliency
 - Strengths and weaknesses

Note. This material is liberally expanded on and synthesized from "The Barriers Model: An Integrated Strategy for Intervention With Battered Women," by N. Grigsby and B. R. Hartman, 1997, *Psychotherapy*, 34.

Appendix F

Safety Planning Hand Outs for Clients Who Are Victims of Intimate Partner Violence

- Call police: 911 (program phone with these numbers).
- Go to shelter (address and phone number).
- If currently safe, consider contacting advocacy center (address and phone number).
- If in same room with abuser and violence occurs, avoid rooms with no outside doors and those containing weapons (kitchen, bathroom, bedroom, garage).
- Change locks, code on house alarm system, garage door opener, answering machine access code, log-in on computer, and so forth.
- Identify two or three persons who are your main supporters and know of the situation and who can help you if a crisis occurs.
- Stay with family or friends who will keep you safe (hidden from abuser).
- Inform neighbors of the situation. Ask them to call the police if they notice anything suspicious.
- Obtain protection order against abuser (civil or criminal).
- Develop safety plan with children: (a) stay in bedroom during argument, (b) leave house and go to friends or neighbors, (c) tell a relative, (d) call 911.
- Create a code word with children, friends, and neighbors so that they can call for help.
- Give school and/or day care written instructions about (a) who can pick up children and (b) copies of custody papers or protection orders.
- Pack a "safety bag," and put it in a safe, accessible place during a crisis. This should include extra cash, clothes, documents, extra sets of car and house keys, bus tokens, quarters for phone calls and laundry.
- Save a little money each week and hide it in a place only you know about (not in a car or a bank the abuser has access to). Open own bank account with statements mailed to a safe place.
- Important documents include the following:

Birth certificates
School/medical records
Welfare/immigration cards
Social Security cards
House deed/mortgage papers
Medications/prescriptions
Address book (friends etc.)

Marriage/driver's licenses
Insurance information/forms
Divorce papers
Credit cards/ATM cards
Keys for car/house
Clothing (self and children)

Car title
Bank account/savings passbooks
Other court documents
Lease/rental agreements
Keys for safety deposit boxes
Comfort items (self and children)

**THE MOST IMPORTANT THING IS YOUR SAFETY!
MAKE SURE YOU ARE SAFE BEFORE DOING ANYTHING ELSE.
IF YOU OR YOUR CHILDREN ARE INJURED,
MAKE SURE YOU ARE TREATED FOR YOUR INJURIES.
REHEARSE THIS SAFETY PLAN REGULARLY.
CHANGE THE PLAN AS NEEDED.
TRUST YOUR OWN JUDGMENT ABOUT WHAT IS SAFEST AT THIS TIME—
ANYTHING THAT WORKS TO KEEP YOU AND YOUR CHILDREN SAFE.**

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The Cycle

LOVE WORKS PART 1

_____ Pursuer

Withdrawer _____

_____ Behavior

Behavior _____

_____ Perceptions/Attributions

Perceptions/Attributions _____

_____ Secondary Emotion

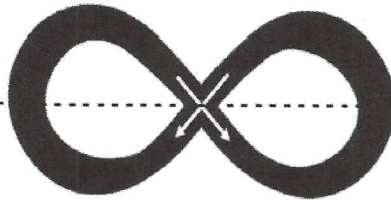
Secondary Emotion _____

_____ Primary Emotion

Primary Emotion _____

_____ Unmet Attachment Needs

Unmet Attachment Needs _____



Hold Me Tight

By Sue Johnson, published on January 01, 2009 - last reviewed on July 07, 2012
<http://www.psychologytoday.com/articles/200812/hold-me-tight>

Love demands the reassurance of touch. Most fights are really protests over emotional disconnection. Underneath the distress, partners are desperate to know: Are you there for me?

I grew up in my parents' pub in England, where there was always a lot of drama. And all the drama—fights, flirting, tears, tantrums—revolved around love. I also watched my parents destroy their own love for each other. Since that time I've been on a mission to figure out exactly what love is. My mother described it as "a funny five minutes." It's also been called a mysterious mix of sentiment and sex. Or a combination of infatuation and companionship. Well, it's more than that.

My personal insights, gleaned from researching and counseling more than a thousand couples over 35 years, have now merged with a growing body of scientific studies, to the point where I can now say with confidence that we know what love is. It's intuitive and yet not necessarily obvious: It's the continual search for a basic, secure connection with someone else. Through this bond, partners in love become emotionally dependent on each other for nurturing, soothing, and protection.

We have a wired-in need for emotional contact and responsiveness from significant others. It's a survival response, the driving force of the bond of security a baby seeks with its mother. This observation is at the heart of attachment theory. A great deal of evidence indicates that the need for secure attachment never disappears; it evolves into the adult need for a secure emotional bond with a partner. Think of how a mother lovingly gazes at her baby, just as two lovers stare into each other's eyes.

Although our culture has framed dependency as a bad thing, a weakness, it is not. Being attached to someone provides our greatest sense of security and safety. It means depending on a partner to respond when you call, to know that you matter to him or her, that you are cherished, and that he will respond to your emotional needs.

The most basic tenet of attachment theory is that isolation—not just physical isolation but emotional isolation—is traumatizing for human beings. The brain actually codes it as danger. Gloria Steinem once said a woman needs a man like a fish needs a bicycle. That's nonsense.

The drama of love that I saw played out at the bar each night as a child is all about the human hunger for safe emotional connection, a survival imperative we experience from the cradle to the grave. Once we do feel safely linked with our partner, we can tolerate the hurts they will—inevitably—inflict upon us in the course of daily life.

Broken Connections

We start out intensely connected to and responsive to our partners. But our level of attentiveness tends to drop off over time. We then experience moments of disconnection, times when we don't express our needs clearly. He is upset and really wants to be comforted, but she leaves him alone, thinking that he wants solitude. These moments are actually inescapable in a relationship. If you're going to dance with someone, you're going to step on each other's feet once in a while.

Losing the connection with a loved one, however, jeopardizes our sense of security. We experience a primal feeling of panic. It sets off an alarm in the brain's amygdala, our fear center, where we are highly attuned to threats of all kinds. Once the amygdala sends out an alarm, we don't think—we act. The threat can come from the outside world or from our own inner cosmos. It's our perception that counts, not the reality. If we feel abandoned at a moment of need, we are set up to enter a state of panic.

It's what we do next, after those moments of disconnection, that has a huge impact on the shape of our relationship. Can you turn around and reconnect? If not, you'll start engaging in fights that follow a clear pattern. I call these "demon dialogues." If they gain momentum, they start to take over and induce a terrible sense of emotional aloneness. Your relationship feels less and less like a safe place, and it starts to unravel. You start to doubt that your partner is there for you, that he values you. Or that she will put you first.

Consider a couple with their firstborn child. Having a baby is a stressful, sleep-depriving experience. But it's also a time when people's attachment fears and needs are particularly strong. The man might think something like, "I know it's wrong, and I know it's pathetic, but I feel like I've lost my wife to my kid." And the woman might say, "When I had the baby I felt so fragile. I was taking care of this little being, and I just needed extra comfort and caring myself, but he was out working all the time." Their intentions are good—she cares for the infant, he works hard to support his new family—but they fail to give each other what they really need.

Or think of a man who is doing just fine in his job while his wife flies high in a new career.

She's spending long hours on exciting projects while he is deprived of affection, attention, and sex. Lying in bed alone each night, waiting for her, he feels like a fool for needing her so much—and also angry that she can't see how deeply her absence affects him.

But we don't talk about these conflicts in terms of deeply rooted attachment needs. We talk about the surface emotions, the ire or indifference, and blame the other. "He's so angry; I feel so attacked," or "She's so cold. I don't think she cares at all!" Each person retreats into a corner, making it harder and harder for the two to

express their fundamental attachment needs, foreclosing the ability to gain reassurance from each other.

Women are often more sensitive to the first signs of connection breakdown than men, and their response is often to begin what I call the dance of disconnection. Almost ritualistically they will pursue their partners in a futile attempt to get a comforting response. But they do it in a way that almost guarantees their basic need will not be met—they blame their partner for failing in some essential way.

Men, on the other hand, have been taught to suppress emotional responses and needs, which inclines them to withdraw from the conflict. But her rage and his withdrawal both mask what lies below the surface—an underlying vulnerability and need for connection, now compounded by sadness, shame, and, most of all, fear.

Too often, what couples do not see is that most fights are really protests over emotional disconnection. Underneath all the distress, partners are desperate to know: Are you there for me? Do you need me? Do you rely on me?

Repairing Bonds

For years, therapists have viewed these demon dialogues as power struggles. They've attempted to resolve couples' fights by teaching them problem-solving skills. But this is a little like offering Kleenex as the cure for viral pneumonia. It ignores the attachment issues that underlie the pattern. Rather than conflict or control, the issue, from an attachment perspective, is emotional distance.

And what's frustrating to people is not knowing how to bridge that emotional distance. In my office, men sometimes tell me, "I do all kinds of things to show I care. I mow the lawn, bring in a good salary, solve problems, and I don't play around. Why is it that in the end, these things don't seem to matter, and all that counts with my wife is that we talk about emotional stuff and cuddle?" I tell them, "Because that's just the way we are made. We need someone to pay real attention to us, to hold us tight. Have you forgotten that you need that, too?"

When we fight with our partners, we tend to follow the ball as it goes over the net, paying attention to the last barb lobbed at us—and not whether we even want to be in the game at all. It's possible to break out of the demon dialogues, but the first step is to be aware of the game itself, not just the play-by-play. Once you realize you are latched onto your pattern of arguing, you can agree to put the whole game on hold.

Disappointments are always part of relationships. But you can always choose how you handle them. Will you react defensively, out of fear, or in the spirit of understanding? Let's say your partner says, "I don't feel like having sex tonight." You can take a deep breath and think about how much she loves you, and say, "Gee, that's too bad, I was really looking forward to that." Or you can spit out a sarcastic, "Right! Well, we never make love anymore, do we?"

Of course, you may not feel you really have a choice if your panic button has been pushed and your emotions are boiling over. But just being aware that it has been pushed can help calm you down. You can think to yourself, "What is happening here? I'm yelling. But inside, I'm feeling really small." Then you can tell your partner, "I got really scared there—I'm feeling hurt."

If you take that leap of faith and respond with such a bid for reconnection, you have to hope your partner will, too, instead of saying something hurtful like, "Well, you're being asinine and difficult." That's the tricky part about relationships: To change the dance, both people have to change their steps.

Simply accepting your attachment needs instead of feeling ashamed of them is a big and necessary first step, and it applies to single people as well as to those in relationships. A single person might say, "I'm depressed because I'm lonely, and I know I shouldn't be lonely; I know I should be independent." Well, of course you're depressed if you're feeling lonely and then you turn around and beat yourself up for it! When you're ashamed, you tend to hide from others, setting off a vicious cycle that nearly ensures you won't find the social connection you need.

Healing Touches

A man will often say to me, "Even if I do think that she really needs me or is feeling scared, I don't know what to do!" He'll end up making his wife a cup of tea, which is very nice—but it's not what is called for. Had he put his hand on her shoulder and pulled her towards him, however, his bid for connection would have been much more successful.

Men often say they don't know what to do. Yet men do know how to soothe—they do it with their children, tucking them in at night and whispering gently to them. The difference is, they see their children's vulnerability, and respond to it, but when they look at their wives, they see only someone who is judging them. But she feels vulnerable, too.

Touch is the most basic way of connecting with another human being. Taking your partner's hand when she is nervous or touching his shoulder in the middle of an argument can instantly defuse anxiety and anger.

The world of therapy has been obsessed with maintaining boundaries in recent years. I say our problem is just the opposite—we're all cut off from each other.

If you watch two people in love, they touch each other all the time. If you watch two people finding their way back into a love relationship, after falling into demon dialogues, they touch each other more, too. They literally reach for each other; it's a tangible sign of their desire for connection.

Secure (and Saucy) Sex

A big myth about love is that it's got a "best before" date, that passion is a burning fever that must subside. That's pretty silly. I don't see any scientific or human reason why people can't have happy long-term love relationships.

Among people who do have affairs, they don't do so because their sex lives are boring. I've never had anyone come to my office and tell me that they had an affair because they were bored in bed. They have affairs because they're lonely, because they can't emotionally connect with their partner. Then somebody else smiles at them and makes them feel special and valued—and suddenly, they're in this strange situation where they're committed to one person but find themselves responding to another.

Passion is like everything else: It ebbs and flows. But sex is always going to be boring if it's one-dimensional, cut off from emotional connection. On the other hand, if you're emotionally involved, sex has a hundred dimensions to it, and is as much play as passion.

I call this kind of secure sex "synchrony sex," where emotional openness and responsiveness, tender touch, and erotic exploration all come together. When partners have a secure emotional connection, physical intimacy can retain all of its initial ardor and creativity and then some. Lovers can be tender and playful one moment, fiery and erotic another. Securely attached partners can more openly express their needs and preferences and are more willing to experiment sexually with their lovers.

In a secure relationship, excitement comes not from trying to resurrect the novel moments of infatuated passion but from the risk involved in staying open in the moment-to-moment, here-and-now experience of physical and emotional connection. With this openness comes the sense that lovemaking with your partner is always a new adventure.

Lasting Love

Once you're reconnected with your partner, and both of you are getting your attachment needs filled, you have to keep working at being emotionally responsive to one another. You can do that by helping each other identify the attachment issues that tend to come up in your recurring arguments.

If, for example, you always erupt over your girlfriend's risky mountain climbing trips, talk to her about how your anger is born out of a fear of losing her. Figure out how she can take more precautions. Or, if you often feel abandoned when left with the brunt of childcare duties, plan out how you and your husband can be

better parents together, so that you won't call him a deadbeat in a moment of pent-up frustration.

You should also celebrate positive moments together, both big and small. Regularly and deliberately hold, hug, and kiss each other when you wake up, leave the house, return, and go to sleep. Recognize special days, anniversaries, and birthdays in very personal ways. These rituals keep your relationship safe in a distracting and chaotic world.

Stories shape our lives, and the stories we tell about our lives shape us in turn. Create a future love story for you and your partner that outlines what your life together will look like five or ten years down the road. It will prime you to keep your bond strong.

Arms Wide Open

Because attachment is a universal need, the attachment view of love can also help parents understand conflicts with their children. I was recently in a cafe with my teenage son, yelling at him over the roar of the latte machine, while he sulked and huffed. Then suddenly he said, "Mom, we're doing that thing, where I feel like you are criticizing me, and you feel like I don't care what you have to say." We both started laughing and my anger melted away.

Now that we know what love is really about, we know how to sustain it. It's up to us to use that knowledge to nurture it with our partners and families. And then, with the empathy and courage it teaches us, we can search for ways to take it out into the world and make a difference.

Sue Johnson is a clinical psychologist and author of *Hold Me Tight*.
Learn more at www.holdmetight.net.

1. To whom did you go for comfort when you were young? _____

2. Could you always count on this person/these people for comfort? _____

3. When were you most likely to be comforted by this person/these people? _____

4. How did you let this person/these people know that you needed connection and comfort? _____

5. Did this person/these people ever betray you or were they unavailable at critical times? _____

6. What did you learn about comfort and connection from this person/these people? _____

7. If no one was safe, how did you comfort yourself? How did you learn that people were unsafe? _____

8. Did you ever turn to alcohol, drugs, sex or material things for comfort? _____

9. Have there been times when you have been able to be vulnerable and find comfort with your partner? _____

10. Have there been any particularly traumatic incidences in your previous romantic relationships? _____

11. How have you tried to find comfort in romantic relationships? _____

Name: _____ Date: _____

Individual Problem Checklist

Directions:

Put a number next to any item which you experience. 1 = mildly, 2 = moderately, 3 = severely

Emotional Concerns

- feeling anxious or uptight
- excessive worrying
- not being able to relax
- feeling panicky
- unable to calm yourself down
- dwelling on certain thoughts or images
- fearing something terrible about to happen
- avoiding certain thoughts or feelings
- having strong fears
- worrying about a nervous breakdown
- feeling out of control
- avoiding being with people
- fears of being alone or abandoned
- feeling guilty
- having nightmares
- flashbacks
- troubling or painful memories
- missing periods of time - can't remember
- trouble remembering things
- feeling numb instead of upset
- feeling detached from all or part of body
- feeling unreal, strange or foggy

- feeling depressed or sad
- being tired or lacking energy
- feeling unmotivated
- loss of interest in many things
- having trouble concentrating
- having trouble making decisions
- feeling the future looks hopeless
- feeling worthless or a failure
- being unhappy all the time
- dissatisfied with physical appearance
- feeling self critical or blaming yourself
- having negative thoughts
- crying often
- feeling empty
- withdrawing inside yourself
- thinking too much about death
- thoughts of hurting yourself
- thoughts of killing yourself
- frequent mood swings
- feeling resentful or angry
- feeling irritable or frustrated
- feeling rage
- feeling like hurting someone

Behavioral and Physical Concerns

- not having an appetite
- eating in binges
- self induced vomiting for weight control
- using laxatives for weight control
- eating too much
- eating too little
- losing weight - how much? _____
- gaining weight - how much? _____
- trouble sleeping
- trouble falling asleep
- early morning awakening
- sleeping too much
- sleeping too little
- # of hours I usually sleep: _____
- lack of exercise
- not having leisure activities
- smoking cigarettes
- often spending in binges
- temper outbursts

- aggressive toward others
- impulsive reactions
- trouble finishing things
- working too hard
- using alcohol too much
- being alcoholic
- using drugs
- driving under the influence
- blackouts - after drinking

Yes No Have you ever felt you ought to cut down on your drinking or drug use?

Yes No Have people annoyed you by criticizing your drinking or drug use?

Yes No Have you ever felt bad or guilty about your drinking or drug use?

Yes No Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Intimate Relationship Concerns

- feeling misunderstood in relationship
- not feeling close to partner
- trouble communicating with partner
- not trusting partner
- lack of respect by partner
- partner being secretive

- lack of fairness in relationship
- problems with dividing household tasks
- disagreeing about children
- lack of affection
- unsatisfactory sexual relationship
- lack of time together
- lack of shared interests
- lack of positive interaction

- lack of time with other couples
- jealousy in relationship
- frequent arguments
- trouble resolving conflict
- partner being demanding and controlling
- partner putting you down
- violent arguments
- emotional abuse in relationship
- physical abuse in relationship
- sexual abuse in relationship

- partner having alcohol or drug problem
- self or partner having an affair
- feeling uncommitted to relationship
- wanting to separate
- discussing separating or divorce
- problems with in-laws
- problems with ex-partner
- problems with step parents
- children having special problems

Sexual Concerns

- worrying about getting pregnant
- having miscarriage(s)
- choice of birth control
- having an abortion
- not able to become pregnant
- not enjoying sexual affection
- too tired to have sex

- too anxious to have sex
- feeling a lack of sexual desire
- wanting to have sex more often
- feeling neglected sexually
- feeling used sexually
- feeling unable to have orgasm
- being unable to sustain an erection
- feeling negatively about sex

When Growing Up to Present Time:

- being physically abused - by whom?
- being emotionally abused - by whom?
- being sexually abused - by whom?
- having an alcoholic parent - which?
- having a drug abusing parent - which?
- having a depressed parent - which?
- having a parent with emotional problems
- having parents separate or divorce

- close family member dying - who?
- felt neglected or unloved - by whom?
- having an unhappy childhood
- having serious medical problems - what?
- having drug or alcohol problem
- frequent moves
- having learning problems - what?
- having emotional problems
- having attempted suicide - when?

Stresses During the Past Several Years:

- death of family member or friend - who?
- birth or adoption of child
- self or family member hospitalized - who?
- moved
- being harassed or assaulted
- frequent family or couple arguments
- separation/divorce

- an important relationship ending - who?
- losing or changing job
- financial trouble
- legal problems
- natural disaster
- serious or chronic illness -what: _____
- other

Please State Your Goals for Therapy:

1. _____
2. _____
3. _____

Additional Comments:

Name _____ Date _____

Couple Satisfaction Checklist

Place a (✓) check in the box to the right of each relationship category that best describes **how satisfied you feel**.

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	✓ Check 3 Areas You Want Most to Change
1. Degree of Closeness, Openness, Confiding, Sharing and Comforting							
2. Expression of Affection and Caring							
3. Satisfaction with Sexual Intimacy							
4. Handling Conflicts and Arguments							
5. Expression of Anger, Criticism or Blame							
6. Handling Family finances							
7. Handling of Parenting Issues							
8. Handling of Household Tasks							
9. Common Interests and Social Life							
10. Degree of Respect and Admiration for Your Partner							
11. Satisfaction with your Role in the Relationship							
12. Satisfaction with your Partner's Role in the Relationship							
13. Overall Satisfaction with Your Relationship							

Name: _____ Date: _____

Couple Screening Form

Directions: ✓ *Check the items that apply*

MOODS: (ex. irritability, depression etc.)

___ My moods are a problem to the relationship. how?:

___ My partner's moods are a problem to the relationship. how?:

ALCOHOL and SUBSTANCE USE

___ My use of alcohol is excessive

___ My use of prescription or illegal drugs is a problem

___ My partner's uses alcohol excessively

___ My partner's use of prescription or illegal drugs is a problem

AGGRESSION

___ My temper adversely affects our relationship

___ I have been verbally abusive to my partner

___ I have been physically abusive to my partner

___ My partner's temper adversely affects our relationship

___ My partner has been verbally abusive to me

___ My partner has been physically abusive to me

___ Our fights and arguments are very destructive to our relationship.

AFFAIRS

___ I have had an affair during our relationship (or an inappropriate outside relationship).

___ I am currently having an affair (or an inappropriate outside relationship).

___ My partner has had an affair during our relationship (or an inappropriate outside relationship).

___ My partner is currently having an affair (or an inappropriate outside relationship).

SATISFACTION AND COMMITMENT

___ % I am committed to staying in our relationship.

___ % Overall how satisfied are you now with your relationship?

Directions:

In percentage terms, how strongly do you agree with the statements below.

Use this scale to answer the questions below.

0	25%	50%	75%	100%
Not at all	Slightly	Moderately	Very	Extremely

- _____ % I feel disorganized by all this negative emotion.
- _____ % I can't think straight when my partner gets so negative.
- _____ % Talking things over with my partner only seems to make them worse.
- _____ % I have little confidence that we can discuss a significant problem without fighting.
- _____ % I am basically unhappy with my relationship.
- _____ % I have often felt like leaving my partner.
- _____ % I often don't feel close to my partner.
- _____ % I'm not satisfied with our sex life.
- _____ % I feel lonely in our relationship.
- _____ % I feel we are disconnected.
- _____ % My partner and I live pretty separate lives.
- _____ % I confide in a special person outside of our relationship. Who?
- _____ % There are specific events in our relationship which I am having trouble getting over.
What?
- _____ % In spite of all our problems, I believe that my partner really cares about me.