

# A NEW ERA FOR COUPLE THERAPY: THEORY, RESEARCH, AND PRACTICE IN CONCERT

SUSAN M. JOHNSON  
Ottawa Couples and Family Institute

*In this plenary address, presented at the Emotionally Focused Therapy "Summit" in 2006, Sue Johnson describes attachment theory as the new way of understanding adult love. It provides the road map for couple therapists to make their way through the complicated territory of adult attachment and attachment injuries. She suggests that couple therapy is more than a set of techniques in search of a theory because attachment theory offers a language for adult love—for effective dependency. The points made in this plenary include:*

- 1) People's most basic need is for a safe emotional connection;*
- 2) Seeking a safe haven is a sign of strength, not enmeshment or weakness;*
- 3) This connection provides a secure base to deal with the world;*
- 4) Fights that matter are about the quality of the emotional connection—mutual emotional accessibility and responsiveness;*
- 5) Separation distress follows the pattern of protest, clinging on, to abandonment rage;*
- 6) Intense emotions are the key organizers of the relationship "dance," anguish and sadness, shame, fear of rejection, abandonment, and loss;*
- 7) Emotions around insecure relationships are managed either by spiraling anxiety (turning up the attachment signals) or by avoidance and shutting down the attachment system;*
- 8) Our sense of self depends is shaped by our attachment to others—if we are securely attached we see ourselves as trustworthy, dependable, lovable, entitled to care;*
- 9) Visual interactions are more important than words alone.*

Susan M. Johnson and Les Greenberg developed Emotionally Focused Therapy. Susan is Co-Founder of the Ottawa Couples and Family Institute, Ottawa, Ontario, Canada.

Address correspondence to Susan M. Johnson, Ottawa Couples and Family Institute, 1869 Carling Ave., Suite 201, Ottawa, Ontario, Canada, K2A 1E6; E-mail: [ocfi@magma.ca](mailto:ocfi@magma.ca).

## THE NEW ERA FOR COUPLE THERAPY

Never before has there been so much attention given to couple relationships. This includes attention by the public (bookstores with many “how to have a better relationship” books), attention by governments (millions of dollars in the United States assigned to actively promoting happy marriages), a wealth of scientific research into the nature of happy and unhappy relationships, the effects of this happiness/unhappiness, the nature of adult love, and interventions for unhappy couples. This is a new era in couple therapy.

This is as it should be. A recent survey also found that a loving relationship was rated as the most important goal in life by North Americans. It was above career goals or monetary aims. Also, a 2004 poll in *Psychology Today* found that people ranked problems with a spouse the “most difficult life event,” ahead of medical conditions and diagnoses. It is also the number one reason why people in North America seek out psychotherapy.

We seem, at last, to have decided that we cannot leave something as important as the quality of our most important relationship to the whims of chance. We can no longer accept that love between two partners is, as Yalom (2001) puts it, “an intoxicating mixture of sex and sentiment that no-one can define” (p. xii). This definition is really bad news for a couple therapist, for how can you systematically repair a nebulous, random mystery? We cannot accept this definition because we are starting to really understand how central love relationships are for health and happiness and because we have never needed these relationships so much.

Putnam (2000) in his book, *Bowling Alone*, tells us that we in Western societies suffer from a loss of social capital. We live more isolated lives than ever in human history. We now expect from our marriages what only a few generations ago people could count on a whole village to provide. Most of us live in a community of two and bring our children up there. No wonder when this relationship becomes distressed we are so likely to find ourselves clinically depressed, highly anxious, and less emotionally and physically resilient. As Twenge (2000) notes, we are more affluent than any human society in history and we suffer from an epidemic of anxiety and depression.

Perhaps, having almost conquered man's time-honored foes of famine and pestilence, we have fallen prey to the oldest enemy of all, isolation. Isolation is a killer. Hawkey (2006) reports that the association between heart disease and isolation is “stunning” in its magnitude. Loneliness increased blood pressure even when the effects of weight, alcohol consumption, age, and smoking were taken into account to the point of doubling the risk of heart attack and stroke.

## EMERGENCE OF A THEORY OF ADULT LOVE

If the question of how to deal with this deep human need for connection and build happier love relationships is more important than ever, the good news is that we

now can do this. For the first time in the field of close relationships, there is a rich convergence of theory, research, and practice. All the arrows have at last begun to point in the same direction. For the first time the couple therapist is walking in a territory that is predictable, explainable, and changeable.

What is it that is transforming this field? Is there a main thread in this new tapestry?

I believe that it is that, at last, couples therapy is not simply a set of techniques in search of a theory. We now have a powerful theory of adult love, a theory of human attachment.

Let us be clear about the nature of the journey. The question for couple therapists is, "how do we get from alienated distress to safer, more satisfying closeness and effective communication?" How do you get from, "You are always the same, cold, distant, hostile. You are an emotional cripple. I have never felt so miserable. I should have left you years ago and if you don't smarten up I'll do it. You are so difficult to live with, maybe we would be better apart. All we do is fight. I don't see the point," to "I do shut down. I am so devastated when you get so angry with me, the Big Disappointment. I want you to stop hammering me so I can come out of my shell and we can be close again. You are everything to me. Please don't tell me that you are leaving. I don't want to let go of us. I get so anxious. I need your reassurance that you do love me even if we get stuck in these fights. It's hard for me to admit how much I need you and I'm not leaving"?

Helping someone change comes only when you have first gone where the client is and started there. So where are our clients? They are caught in a multilayered emotional drama, an emotional tsunami. We have to understand this drama if we are going to change it. If we can understand it, then we have the chance to not only heal relationships but create relationships that heal.

Until recently we have not had a map for the territory of distressed relationships nor a framework, a language for the deep emotions and compelling responses a love relationship calls up in us. As therapists we need a theory that is coherent, compelling, and relevant and one where the key concepts can be tested and refined by research. It must also be a pragmatic guide for in-session change.

## **ATTACHMENT THEORY AND ADULT LOVE**

Can the attachment perspective offer us this kind of theory?

Let's take one attachment concept and see. Attachment theory states that as humans we have a wired in, absolute and primary need (even more basic than food or sex). It is the safe haven of another's closeness and caring. Emotional dependency is part of human nature. Emotional connection to loved ones is as essential to us as the air we breathe. This is central to attachment theory. But I don't need to tell you about this. It's in your bones, a survival program set down by millions of years of evolution. We recognize it instantly when we respond to a scene in a movie or when we tell others of the key moments in our lives. It is there. We

recognize it in a scene like the one in the movie *The Hours* (Hare, 2002) where a young boy screams for his mother. He knows in his heart that she very nearly left him (she had planned to commit suicide) even though she has returned and pretends that everything is normal. The pain and panic that you see when the boy pounds on the window are the very same *pain and fear* that distressed partners feel in your office. The comfort and physical and emotional calm he shows on his face after his mother reassures him is the safety that we all long for. That is what you want to see on your client's face at the end of therapy.

Attachment theory implies that we need the safe haven which only another's arms can give. Can this idea be tested and refined by research with adults; the kind of research that taps into the everyday realities you deal with in your office?

In a recent edition of *Psychological Science* there was a description of a fascinating study. Women lie in an MRI machine. When a small light comes on, they are occasionally shocked on their feet. Researchers watch how being alone, holding the hand of a stranger, and holding their loved ones hands changed how their brains responded to this stress. Being alone heightened stress response and their pain. It lit up the brain in a particular way. In contrast, when a partner, especially a partner with whom the woman had a very positive marriage held their hand, this calmed jittery neurons, geared down the areas in the brain that become charged in threat and lowered the level of physical pain registering in the brain after shocks. This is a beautiful example of how proximity to an attachment figure tranquilizes the nervous system (Schoore, 2003).

So how does this idea help me understand and work with a distressed couple?

The safe haven that Bowlby (1969, 1988) talks about is not a place. It is a way of "being with." It lies in the emotional responsiveness of the loved one. Are you there for me? Can I depend on you? Do you value me so that you will respond to me when I need you? These are the central questions for lovers. If this is a wired in and primary need, and isolation and lack of response is inherently traumatizing, then I begin to understand my client when she says to her husband, "I smack you down. I do. It's to the point where I will do anything to get a response from you, any response. Otherwise there is nothing. No relationship, and I am alone." I hear a call for connection. I hear what Panksepp (1998), the emotion theorist, calls "primal panic" at the inability to "find" an emotional bond with an attachment figure. I hear a legitimate panic, panic that is, to quote Bowlby (1988), "perfectly reasonable." The threat behind it is the trauma of isolation, loss, and the hurt of feeling unimportant to the loved one. There is, from the attachment point of view, nothing immature or disordered about this response. It makes sense to me and so I can help the client make sense of it also, and I can tune into and validate my client's pain. When I help partners see the panic behind each others' critical or withdrawal responses, the dance between these partners changes.

This concept, like other attachment concepts, has breadth and specificity. It forms a coherent whole with other attachment concepts and has a clear simplicity about it and it is observable and testable. It is rich in clinical import in terms of

understanding and intervening with our clients. This is the kind of theory that we need to provide a secure base (another attachment term) for the discipline of couples therapy.

## ATTACHMENT THEORY PROVIDES THE ROAD MAP

I feel passionately about this attachment perspective. What does this theory offer us as couple and family therapists?

We need a map, a compass in the drama of distress or we will get as lost as our clients. We need to know what the main plot line and key motivations are in the story of adult love. As Charles Kettering, the great American inventor, said, "A problem well stated is a problem half solved." Attachment offers us a map to the vagaries of love relationships. It is a way of understanding people's primary emotional needs and fears and using this emotion in the service of change.

This theory tells us what to change. It gives us a direction, a goal, and a focus. Attachment theory tells us that simply reducing conflict is not the goal. In fact for many it is the booby prize.

Attachment offers us a language for adult love, a way of hearing and translating key messages in a couple's drama so we can create meanings that *move* people into new dances and new realities. Attachment offers the couple therapist a language for "effective dependency."

Attachment gives us a compass. It tells us what the key moves and moments are in a couple's drama and what new moments need to occur to transform a relationship. It tells us that it is the times when one partner is vulnerable and reaches for reassuring connection with the other, and the other either provides it or fails to do so that define the quality of a love relationship. These are the moments that matter.

It also helps us expand couples therapy. We can use this modality to address identity issues and individual wounds such as traumatic stress and chronic illness.

I believe that the reason Emotionally Focused Therapy obtains the most positive results of any tested couple therapy and demonstrates stable effects, with no relapse problem even for high risk couples, is because we actively use attachment as a guide.

Attachment theory tells us the most basic need of people, from the cradle to the grave, is for a safe emotional connection with one or two others on this planet. Usually these are our parents when we are small and our partners and lovers when we are grown. To matter to another who you can count on, who will stand beside you in danger and doubt, is a first priority. It is perhaps the *only* security we have in life, and concerns of safety and security take precedence over all else. Secure connection to others, where others are emotionally accessible and responsive to us and come when we call, is the best survival mechanism we have.

We seek then a *safe haven* in life, and it is a source of *strength* to be able to reach for and use that safe connection. It is not a sign of weakness, immaturity, or

an enmeshed loss of identity. We all long for a relationship that we can turn to in reality and in our representations of reality. The *longing* for this connection is wired in and probably the most powerful stimulus for change imaginable if we know how to tap it. People who have never even seen secure attachment will reach for it, fight for it, and change for it in couple therapy sessions.

Our sense of connection with a loved other also offers us a *secure base* from which to deal with the world. The more confident we are that others are there for us, that we exist in their mind and heart, the more we can explore and take on the world. Secure children run to reconnect with the mother after a separation. When reassured they go off and play and explore and are more able to learn. They can explore their inner and outer worlds and flexibly adapt to new situations.

All couples and all families, happy and unhappy, fight. But not all fights have the same salience. The fights that matter, that define the relationship, are all about just one thing; the quality of the emotional connection between partners and their mutual emotional accessibility and responsiveness. As a very perceptive client said to me, "We fight about money but that's not really the issue. He's just not there for me. I can't find him if I need him. He wants to fix everything, find the solution to the problem. But the 'problem' is that we don't connect. My solution is for him stop fixing stuff and just be with me." Her husband was focusing on performing tasks while she wanted his presence. She hasn't known how to clearly ask for this and he hasn't known how to hear it. They needed a different frame, a new language. It is responsiveness to emotional cues that makes the difference in attachment.

Emotion is the music of the attachment relationship. To ignore it, as many couple and family therapies have done, is to leave the onion out of onion soup. Huston (2001) found that, as attachment theory predicts, the level of emotional responsiveness between partners is the best predictor of the quality of a new marriage after five years. The lack of responsive intimate interactions is the key issue that predicts the future quality of relationships rather than conflict levels.

The attachment perspective focuses the therapist on what matters, which is safe emotional engagement and responsiveness and I believe that this is what makes EFT interventions so effective.

This focus on a safe haven and a secure base directs me to validate my client's needs for safety. It encourages me to pay exquisite attention to the creating a safe alliance and stops me from pathologizing people's emotions and needs no matter how extreme they may appear in the moment. In attachment, there is no such thing as true self-sufficiency or true overdependence, there is only effective or ineffective dependency. The more connected you are, the more independent you can be. They are two sides of the same coin.

Yogi Berra said, "If you don't know where you're going you'll wind up somewhere else." So where are we going with our couples? Attachment tells us that our goal must be safe emotional engagement and sensitive responsiveness to emotional cues. What does this look like?

When we cannot get our spouse's attention, when we are anxious or stressed, and we feel securely connected, we can touch and regulate our emotions, voice our needs openly and reach for the other in a way that pulls them close. When our loved one responds, we can trust it. We are able to take this in, to soothe ourselves and find an emotional and physiological homeostasis. We feel connected and attune to the other in turn. When we engage with those we love, we are flooded with the neuropeptide oxytocin, the cuddle hormone, and we feel the calm that is nature's little reward for attachment behaviors (Carter, 1998). This looks pretty much the same with partners and children and adult lovers except that in lovers the comfort is mutual and reciprocal and more easily internalized in images and cognitions.

In the final sessions of EFT, the therapist actively sets up the kind of emotionally attuned and responsive interactions that I have described above. They guide the couple to develop interactions that build effective dependency.

Couples do not come to see you because they are secure and attachment theory tells us that when we feel disconnected and insecure there are only so many ways to react. The dance of disconnection is predictable, finite, and ordered. It reflects the process of separation distress. First we protest. If we have hope this looks like a demand for attention or healthy indignation. If this does not work we hold on, cling, become hyper vigilant for negative relationship cues and move into the "anger of despair" (you could call it abandonment rage) where we become critical. As my client, Laura<sup>1</sup>, says, "I wham him and wham him and wham him. Anything to get a response. If there is no response I am nothing to him. But I am turning into this horrible aggressive person. I can't help it." The attachment frame helps me see the desperation, the vulnerability behind her apparent aggression. It helps me work with her desperation and offer potent reframes to Les, her partner, such as, "Maybe she is attacking the wall you put up, not you. She is fighting for you, but of course you see her 'fire' as you put it, and get alarmed. She is lighting a signal fire here but you see her as trying to burn the relationship down. So you run or build a bigger wall."

Researchers such as Gottman (1994) talk about distancing or stonewalling responses as a final death knell for distressed couples but they do not tell us why this lack of responsiveness is so deadly. If we look at children in what are called "Still Face experiments" (Tronick, 1989), a perfect replica of the stonewall situation, and use an attachment lens, the reason is clear. In these experiments a mother is physically present but emotionally absent. She keeps her face and body still and says nothing. No emotional cues are offered. Children of all temperaments and all cultures (attachment is the ultimate cross-cultural variable) will, after repeated "protests" at the mother's nonresponsiveness, become aggressive and attack the mother. An adult description of being stonewalled is offered by my client, Jim. He says, "It's like she is here and I can see her but I cannot touch her. She is behind glass. I have her but I don't have her. It is worse, lonelier, than not having anyone at all. It drives me crazy."

<sup>1</sup>All names in these examples are not the real names of the clients.

Therapists see this dance of separation distress in their offices and know how it can feed on itself. It is this distress that structures the cycles of demand and distance that researchers tell us leads to divorce in adult partners. This dance is self-perpetuating because each partner, with uncanny precision, begins to deal with their emotions in a way that evokes the very responses from the other that keep this distress going. My client, Sam, terrified of losing his wife, criticizes and controls her. He thus pushes her away from him and actively creates the distancing responses that confirm his own fears and so his need for control. In a distressed relationship patterns of interaction constantly confirm our worst attachment fears and evoke defensive behaviors, distancing, or critical attacking.

Attachment tells us to explicitly track and focus on emotion, and how it is regulated and communicated to others. Intense emotions are the key organizers of the steps in the attachment dance between partners, and color the meanings assigned to relationship cues. Emotional signals easily override all other cues. In EFT, we deal especially with anguish and sadness (which when expressed openly pulls a loved one toward you), with anger (which can create contact unless it is desperate and aggressive when it pushes others away), with shame (where we feel unlovable and withdraw/hide from others), and most of all with fear. The fear is the fear of rejection (I will never please you so I give up and freeze) and the fear of abandonment and loss (You are not there for me, I do not matter to you. I am alone). If emotion is the music of the dance between couples, to change the music is the most direct, powerful, and often the only route to change.

This theory lays out the two main ways that we all manage our emotions, and so engage with others, when we feel insecure in relationships. We either get caught in spiralling anxiety and turn up the attachment signals or we try to avoid emotions and needs, shut the attachment system down. If we deal with disconnection by avoiding emotions and needs, we often seem indifferent to our lovers and unaffected. In fact research tells us that this suppression does not work. Even more interesting, Gross (2001) finds in his research that suppression increases physiological responding in both suppressors and their partners (I understand this as when I shut down I shut you out. You then become distressed). When we cannot find a safe way to connect we become highly physiologically aroused. Millions of years of evolution are not wiped out by our puny defence strategies. These two ways or styles of dealing with emotion are the basis of the stances folks take with each other in the negative cycles you see in your offices. By the way, withdrawn, apparently "inexpressive" withdrawn husbands seem to respond well to EFT perhaps because we know that the emotion is there. We know the longing for connection is still there and we validate how terrifying it can be to hear that you are disappointing your partner, failing to please and feeling unlovable.

Attachment research is beginning to explicate how these styles operate at a process level. For example, Fraley (2006) and colleagues suggests that those of us who are more anxiously attached notice small changes in emotional expression sooner. We are more sensitive to emotional signals than partners for whom, when discon-



nection looms, avoidance is the default option. Simpson (1990) tells us that avoiders distance at the precise moment when they or the other accesses vulnerability.

Attachment tells us that couple therapy is also always about identity; our models of self and of other. We shape and reshape our sense of who we are from myriads of interactions with those we love. Securely attached partners see each other as trustworthy, dependable, and see themselves as lovable and entitled to care. When we take a new stance with our partner we do not just give a new message to this partner. We also shape and declare a new sense of self.

When Clara goes into what we call a "softening" in EFT (a change event in stage 2 of therapy), she tells her husband, "I am so scared to ask you to hold me that I shake. You won't like this part of me, the weak part. This is too scary." When she does succeed in reaching for him and he responds, telling her that this gentle, soft side of her is precious to him, her image of herself and her inner sense of entitlement to love changes.

Apart from all the good things mentioned above, attachment offers therapists a map to the key moves and the pivotal moments that shape a love relationship, that narrow down a relationship and take it to the edge of a cliff, and the moves and moments that transform a relationship into the openness and responsiveness of a secure bond.

The EFT therapist creates powerful new bonding moments in therapy where partners can ask for their attachment needs to be met. Completing change events in EFT, such as a softening, predicts recovery from distress. The key element of this transforming event is that clients have to deepen emotional experiencing, they have to become more affiliative. This means they have to reach, risk, share, and ask for needs to be met. How this is done is crucial. New research on mirror neurons suggests that as we watch another act the neurons in our brain fire as if we are acting in the exact same manner, as if we are performing the act ourselves. This helps us understand empathy (autistic children show no mirror neuron activity, don't perceive nonverbal messages). This new research tells us that it is crucial for partners to face each other, to look at each other, to engage nonverbally during change events. Words do not do it. So a client telling his wife he hurts in a detached voice while she stares at the floor changes nothing. When the therapist directs him to look at her by saying, "Can you look at her please, can you turn and tell your wife and show her the hurt you are talking about?" this can make all the difference. As she looks at him now she sees his pain on his face and then feels it in her own body and he sees the reflection of his pain in her eyes and her face. He sees that his pain literally impacts her and that he is not alone. Attachment theorists call this "feeling felt."

Softenings are so powerful because they evoke and answer hungers within us all. They create emotional safety, and when they occur people are flooded with cuddle hormones exclusive to mammals (Carter, 1998) which seem to be the neurochemical basis of human attachment. Oxytocin is triggered by proximity to or physical contact with an attachment figure. Attachment figures seem to be unique, exclusive, and irreplaceable on a physiological as well as an emotional level.

A good theory also helps you when you are stuck. We have identified impasses in the creation of trust that we call "attachment injuries." These are moments when faced with the risk of placing oneself in the hands of the other, reaching for that connection, a person suddenly refuses, shuts down and declares "never again." These moments look like traumatic flashbacks usually to moments of abandonment. As a result of our "attachment" understanding of these events, we can now help couples understand them and have mapped out a change process leading to forgiveness and reconciliation. In a recent study we succeeded in resolving all single instances of attachment injuries in our sample while increasing forgiveness and reducing pain. This effect has proven stable at three-year follow-up.

Adult attachment is reciprocal, representational, and sexual. In individual therapy we often work with clients' inner representations of attachment figures. If a client cannot forgive himself perhaps he can listen to the voice of his loving mother as she forgives him and models compassion for his mistakes. As for sex it promotes emotional bonding and secure bonds promote good sex.

Clients and clinicians who watch live sessions often ask EFT therapists, "how do you tune in so fast? How can you be so empathic and 'on,' so focused, going to the heart of things?" Attachment takes the chaos of relationship distress and the process of changing it and makes it finite, predictable, understandable, and infinitely workable.

This is the first relational theory of adult love to be so thoroughly articulated and researched, so consonant with other research on the nature of distress and satisfaction and the nature of emotion, and to be so clinically relevant to in-session change processes. It also ties psychotherapy into the potent new developments in the neuroscience of bonding, stress, health and emotion, social and developmental psychology, and anthropology. We have never had a theory like this. This is gold for our field.

Carol Anderson speaking at the 2000 AAMFT plenary said that the field of Child and Family Therapy set out on a, "vast and troubled ocean in a very small theoretical boat." I believe that this has now changed.

The poet e. e. cummings tells us of the power of attachment in a love poem. He says, "Nothing which we are to perceive in this world equals the power of your intense fragility, whose texture compels me with the color of its countries, rendering death and forever with each breathing." Once we have witnessed and tuned into a loved one's "intense fragility" we are changed for ever, and so are they. This is the power that lies in the heart of an attachment focused intervention. Attachment takes us to the heart of the matter.

## REFERENCES

- Berscheid, E. (1999). The greening of relationship science. *American Psychologist*, 54, 260-266.

- Bowlby, J. (1969). Attachment and loss. Vol. 1. *Attachment*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Carter, S. (1998). Neuroendocrine perspectives on social attachment and love. *Psychoneuroendocrinology*, 23, 779–818.
- Coan, J., Schaefer, H., & Davidson, R. J. (2006). Lending a hand. *Psychological Science*, 17, 1–8.
- Eisenberger, N., & Lieberman, M. D. (2004). Why rejection hurts: A common neural physical and social pain. *Trends in Cognitive Sciences*, 8, 294–300.
- Feeney, J. A. (2004). Hurt feelings in couple relationships: Towards integrative models of the negative effects of hurtful events. *Journal of Social and Personal Relationships*, 21, 487–508.
- Fraley, R. C., Niedenthal, P., Marks, M., Brumbaugh, C., & Vicary, A. (2006). Adult attachment and the perception of emotional expressions: probing the hyperactivating strategies underlying anxious attachment. *Journal of Personality*, 74, 1163–1190.
- Gottman, J. (1994). An agenda for couple therapy. In S. Johnson & L. Greenberg (Eds.), *The heart of the matter: Perspectives on emotion in marital therapy* (pp. 256–296). New York: Brunner Mazel.
- Gross, J. (2001). Emotion regulation in adulthood. *Current Directions in Psychological Science*, 10, 214–219.
- Halford, K., Saunders, M., & Behrens, B. (1993). Generalization of behavioral marital therapy and enhanced behavioral marital therapy. *Journal of Consulting and Clinical Psychology*, 61, 51–60.
- Hare, D. (2002). *The Hours*. Hollywood: Paramount Pictures.
- Harlow, H., & Mears Harlow, C. (1986). *Learning to love: The selected papers of H. F. Harlow*. New York: Praeger.
- Hazan, C., & Zeifman, D. (1994). Sex and the psychological tether. In K. Bartholomew & D. Perlman (Eds.), *Advances in personal relationships, Vol. 5: Attachment processes in adulthood* (pp. 155–177). London: Kingsley.
- Hawkey, L., Masi, C., Berry, J., & Cacioppo, J. (2006). Loneliness if a unique predictor of age-related differences in systolic blood pressure. *Psychology and Aging*, 21, 152–164.
- Huston, T., Caughlin, J., Houts, R., Smith, S., & George, L. (2001). The connubial crucible: newlywed years as predictors of marital delight, distress and divorce. *Journal of Personality and Social Psychology*, 80, 237–252.
- Johnson, S. (2004). *The practice of emotionally focused couple therapy (2nd Ed.): Creating connection*. New York: Brunner Routledge.
- Johnson, S., & Whiffen, V. (Eds.). (2003). *Attachment processes in couple and family therapy*. New York: Guilford.
- Kiecolt-Glaser, J. K., Loving, T., Stowell, J., Malarkey, W. B., Lemeshow, S., Dickerson, S., & Glaser, R. (2005). Hostile marital interactions, proinflammatory cytokine production and wound healing. *Archives of General Psychiatry*, 62, 1377–1384.
- Kosfeld, M., Heinrichs, M., Zak, P., Fischbacher, U., & Fehr, E. (2005). Oxytocin increases trust in humans. *Nature*, 435, 673–676.
- Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. Oxford: Oxford University Press.
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

- Robles, T. F., & Kiecolt-Glaser, J. K. (2003). The physiology of marriage: Pathways to health. *Physiology and Behavior*, 79, 409–416.
- Schore, A. (2003). *Affect regulation and disorders of the self*. New York: Norton.
- Simpson, J., Rholes, W., & Nelligan, J. (1992). Support seeking and support giving within couples in an anxiety provoking situation: The role of attachment styles. *Journal of Personality and Social Psychology*, 62, 434–446.
- Tronick, E. Z. (1989). Emotions and emotional communication in infants. *American Psychologist*, 44, 112–119.
- Twenge, J. (2000). The age of anxiety. Birth cohort change in anxiety and neuroticism, 1952–1993. *Journal of Personality and Social Psychology*, 79, 1007–1021.
- Yalom, M. (2001). *A history of the wife* (p. xii). New York: Harper Collins.