
Experiences of Attachment Injury in Heterosexual Couple Relationships

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ABSTRACT

The aim of this study was to explore the lived experience of women's attachment injuries within heterosexual couple relationships. An interpretative, phenomenological approach (van Manen, 1990) was used. Four women participated in three separate research interviews in order to illuminate the phenomenon of "attachment injury" within heterosexual couple relationships. The six themes that emerged from the study provide an in-depth understanding of the experience of attachment injury within heterosexual couple relationships. Results from this study are consistent with research findings in the literature on attachment and on traumatic loss.

RÉSUMÉ

Le but de cette étude est d'explorer l'aliénation d'affection vécue par des femmes dans des couples hétérosexuels. Une approche phénoménologique interprétative (van Manen, 1990) a été utilisée pour cette étude exploratoire. Quatre femmes ont pris part à trois interviews différentes, afin de mettre en lumière le phénomène d'« aliénation d'affection » dans les relations de couples hétérosexuels. Les six thèmes qui sont ressortis de cette étude fournissent une compréhension profonde de l'aliénation d'affection qui se produit dans les relations de couples hétérosexuels. Les résultats de cette étude concordent avec les résultats des recherches rapportées dans la littérature sur l'affection et dans la littérature sur la perte traumatique.

Marital distress and breakdown exact a considerable toll on couples and can result in high social costs as well. The negative effect of marital distress and divorce increases the physical and emotional stress of adults, which may lead to substance abuse issues, deteriorating physical health, or mental health concerns. 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 parents' relationship ends in divorce have been shown to experience long-lasting effects such as interpersonal difficulties with peers, issues of trust in personal relationships, and problems coping with stress (Tucker et al., 1997).

Counsellors working with heterosexual couples distressed by marital issues have a number of therapeutic approaches available to them. These approaches address couple interactions in a number of ways: communication skills training, cognitive/behavioural problem-solving approaches, interactional systemic therapy, insight-oriented approaches, and behavioural marital therapy (Johnson, 1998; McCullough, Pargament, & Thoresen, 2000). However, most models of

heterosexual couple therapy do not explicitly address the partners' style of attachment and connection.

John Bowlby's seminal works on attachment (1973, 1979, 1980) generated over 30 years of research on attachment theory. Bowlby maintained that attachment processes play an important role in human life "from the cradle to the grave" (1979, p. 129). Bowlby took issue with other psychological models that tend to label attachment behaviour in adults as regressive, dependent, or childish. Instead, he saw "the urgent desire for love and care" (1988, p. 12) as a natural and fundamental characteristic of human nature, especially when an individual is distressed. Bowlby also identified four phases of mourning that occur when an attachment has been broken or ended: (a) numbing, (b) yearning for the lost figure and anger, (c) disorganization and despair, and finally, (d) reorganization.

Based on both her research and her review of Bowlby's original work, Kim Bartholomew's (1990) development of a two-dimensional, four-category model of attachment styles was a breakthrough in the assessment of adult attachment. Bowlby's theory was modified to incorporate two dimensions of "positivity of representations of self" and "positivity of representations of others" into a four-category model of attachment (Henderson, Bartholomew, & Dutton, 1997). Within this framework, Henderson et al. suggest that four attachment styles of adult attachment can be identified: secure (positive view of self and other), dismissing (positive view of self, negative view of other), fearful (negative view of self and other), and preoccupied (negative view of self, positive view of other).

Johnson, Makinen, and Millikin (2001) were the first to identify the construct of an "attachment injury" that occurs in some couple relationships. The authors, working within an emotional focused therapy approach (EFT; Greenberg & Johnson, 1988), defined an attachment injury as a "wound that occurs when one partner fails to respond to the other in a critical time of need" (Johnson et al., p.154). An attachment injury can be understood as a critical incident, a trauma, or a rupture in the marital relationship. As such, it involves both interpersonal and intrapersonal factors. Johnson (2002) reported that when an attachment injury is uncovered during couples therapy, there is a noticeable change in affect, language, and responsiveness relating to a specific past incident or event. It is also apparent that the content of the event is not as important as the significance of the event to the injured party (Johnson). It is hypothesized that the presence of an attachment injury in a couple's relationship distinguishes a subgroup of distressed couples who present for counselling. This subgroup appears to be less responsive to therapeutic interventions according to Johnson et al.

Purpose and Rationale for the Study

It is important for researchers and clinicians to acquire a greater understanding of the lived experience of an attachment injury before appropriate and effective interventions can be developed. The focus of this qualitative study was to explore the phenomenon of attachment injury in heterosexual couple relationships in

order to increase comprehension of this construct. Further, the authors sought to explore the phenomenon of attachment injury from an inductive perspective and to hear first-hand accounts of how people made meaning of this event and how individuals incorporated an attachment injury into both their inner experience and their relational experiences with their partner. By expanding our current understanding of attachment injury, this study contributes to clinical practice and enhances existing research within the fields of attachment theory and couple relationships. Johnson (personal communication, spring 2003) stated that very little qualitative research has been conducted on this construct.

A review of the extensive body of literature on adult attachment revealed very few qualitative studies focusing on understanding the “meaning” of attachment in adult, heterosexual couple relationships. Phenomenology was chosen for this study because it promotes an in-depth exploration of personal lived experience and a deeper understanding of this construct.

Although attachment injury was identified through Johnson et al.’s (2001) clinical work with clients, to date there is a dearth of research examining the meaning of the lived experience of an attachment injury for the injured partner. In this study, we asked the following research question: “What is the meaning of the lived experience of an attachment injury within a couple relationship?”

METHOD

Hermeneutic Phenomenology

Phenomenological research asks “meaning” questions in order to capture the essence and significance of certain phenomena. Van Manen’s (1990) hermeneutic phenomenological approach was used in this study and is understood as an *interpretative* phenomenology since the phenomenologist seeks “to transform lived experience into a textual expression of its essence” (van Manen, p. 36). The researcher enters into a dialogue or interaction with an experience in an attempt to reach a deeper understanding of the phenomenon being studied. Through a reflective process and a search to discover meaning, the “essence” or inner essential nature of a phenomenon is uncovered (van Manen). From an interpretive phenomenological perspective, this core structure is a universal, human lived experience.

Participants

The researchers sought both women and men of different ethnic backgrounds living in a couple relationship (heterosexual or same-sex relationship). Unfortunately, only women in heterosexual relationships responded to the recruitment notices. Participants were all Caucasian women between the ages of 27 and 50 years of age who had been in a committed heterosexual couple relationship for between 7 and 29 years. Participants’ attachment injury experience had occurred from 2½ to 9 years ago. Throughout the study, the researchers

used pseudonyms for all the participants and obscured any identifying markers to ensure anonymity. Recruitment posters were displayed on community bulletin boards as well as in local newspapers in the Community Calendar section. Potential participants contacted the first author by telephone or by e-mail to express interest in participating in the study.

Participants for this study were selected on the basis of having experienced a critical incident in their couple relationship and identified themselves as the injured partner. Criteria for selection included the following: (a) participants needed to be age 25 or older, (b) they needed to have been in a committed couple relationship for at least two years in order to have the experience of a relationship history, and (c) participants needed to have experienced the attachment injury event at least a year prior to the research interview.

Contexts of participants' attachment injury. Belinda's attachment injury occurred when her husband lied to her about losing his job and covered it up by using cash advance services. The attachment injury in Dee's relationship arose when her adolescent son was diagnosed with schizophrenia and her husband refused to attend counselling with Dee. Iris's attachment injury happened when Iris discovered her husband was having an affair and he did not end the relationship. The attachment injury in Rose's relationship occurred when Rose's father-in-law behaved inappropriately toward Rose and Rose's husband refused to do anything about the matter and would not support Rose in her efforts to address the situation.

Research Process

The research process involved three interviews: (a) an initial orientation interview, (b) a research interview, and (c) a follow-up interview. The research interviews were conducted by the first author. The orientation interview served to build rapport between the interviewer and the participant, answer participant questions, ensure that an attachment injury had occurred and that the participant was the injured partner, and obtain informed consent.

The second interview was an open-ended unstructured research interview focusing on the participant's meaning of the experience of the attachment injury. The research interviews ranged in length from one to three hours. The interviews began with an orienting question asking 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.

The research interview included questions addressing relational, intrapersonal, and historical factors. The questions explored the participant's experience of the attachment injury in her relationship, the "meaning" of her experience of the attachment injury both at the time of the injury and after some time had passed, and the interpersonal and intrapersonal effects of the attachment injury. There

was enough flexibility in the interview format to allow the interviewer to pursue meaningful directions that arose during the interview. Interviews were audiotaped and later transcribed. The interviewer also kept a reflective journal over the course of the study and recorded observations of significant participant responses, behaviours, and nonverbal communication during the research interview. The first author (research interviewer) and second author have both experienced the phenomenon of an attachment injury in their couple relationships. Both authors are middle-aged Caucasian women. Researcher subjectivity was not suspended as in descriptive phenomenology, but was incorporated into the study according to the traditions of interpretive phenomenology (van Manen, 1990) through journal writing and dialogue.

Analysis of Data

The first step of data analysis involved reflection on the phenomenon. This step is similar to the process of in-dwelling described by many phenomenologists (Moustakas, 1990; Polkinghorne, 1989). Throughout the data analysis, reflection was directed toward the experience of an attachment injury, its meaning and special significance. Van Manen (1990) describes thematic understanding as “seeing meaning” or an “opening up” of a deepened understanding of a phenomenon. Accordingly, themes were conceptualized as structures of experience that illuminated lived experience.

Identifying and writing the themes involved a process of applying language and thoughtfulness to the participant’s lived experiences. At this stage, van Manen (1990) encourages the researcher to remain “animated” by the research question and move from the parts of the phenomenon to the whole of the phenomenon, entering the hermeneutic circle by moving from the micro to the macro and back again. We attempted to grasp the reciprocal interaction between these two aspects of the phenomenon and how each aspect could be understood in relationship to the other (van Manen).

Once the themes were identified, a third interview was conducted. The purpose of the follow-up conversations was to interpret the significance of the themes in light of the original phenomenological question. With each theme, participants were asked: Is this what the experience was really like for you? When participants’ responses were exhausted, the hermeneutic conversation reached what van Manen (1990) describes as a “fulfilled silence.”

During the member check process in the third interview, participants judged the final themes to see if the themes resonated for them. Participant responses during the member check interview indicated that the themes did resonate with them and that the researchers’ interpretations accurately validated the meaning of the participants’ experiences of attachment injury in their couple relationships.

In addition, a peer review process was conducted to confirm that the themes were understandable to an outside reader and that the content of the themes would resonate with experts in the field. The three peer reviewers were therapists and social workers with expertise in couples therapy and/or family counselling.

They had either a master's level degree and/or over 10 years of experience in the field of marital counselling. We asked the reviewers if the themes resonated with their experiences with couples in marital therapy. The three peer reviewers' responses indicated that both of the criteria were met.

RESULTS

Six themes emerged from the thematic analysis of the participant interviews: (a) an asymmetrical caregiving relational history, (b) the nonresponsive partner, (c) irrevocable change, (d) coping through spirituality and other attachments, (e) the long-term effects of the attachment injury, and (f) impact on sense of self. Each will be presented with contextual descriptions from the participants in the form of direct quotes.

Theme 1: An Asymmetrical Caregiving Relational History

All four of the participants described a relationship history with their partner in which they had provided a great deal of caregiving. The relationships had been structured around a dynamic in which the partner needed something from the participant. From an attachment theory perspective, the women in this study described a relational history that was asymmetrical and not secure in terms of attachment style because it was lacking in the reciprocity of caregiving. According to attachment theorists, caregiving is understood as a responsiveness, a proximity (safety), having empathy, and providing support within the relationship.

It seemed that I had to fill him up, like something was missing. (Iris)

It was almost like there was a constant hole there that he needed to have filled ... bolster him up and you know tell him what a good guy he was. I was very supportive of him emotionally. (Dee)

Two of the four participants felt fear about their perception that their partner was emotionally fragile. For example, Dee expressed conflicted feelings about her caregiving role: "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." She also stated that she had positive feelings about being helpful to her partner:

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.

The paradox is that Dee gained a sense of security from her role as caregiver rather than as the actual recipient of caregiving from her partner. The other participants were less positive about this role or responsibility. Iris sums it up in this statement: "I think that as the years go on, you eventually get tired of doing that [caregiving] and it's not being reciprocated."

It is possible that asymmetry evolved in some couple relationships because caregiving was the only means by which the participant felt attached to a partner who had an avoidant or preoccupied attachment style. As such, caregiving

behaviour might have been positively reinforced because it helped to create a sense of “felt security” through connection with the partner. Along with noting a long-standing asymmetry in caregiving, all of the participants identified at least one earlier instance in which they felt abandoned or betrayed by their partner. These earlier experiences may have been contributing factors in the creation of a relationship context in which an attachment injury may occur. In terms of gender-role socialization, the asymmetry in the relationship may also be due to pressure to conform to traditional caregiving roles for both parties in the couple relationship. Although we have no evidence that the caregiving was more asymmetrical than the current norm in Canadian culture, for these women it stood out as a significant element in their attachment injury experience.

Theme 2: The Nonresponsive Partner

The second theme identified by all the participants described an event that was experienced as a critical rupture to the attachment bond. The participants described a precipitating event that caused them to feel distressed and led them to actively seek connection or comfort from their partner. Participants stated that their partner’s response was either totally nonresponsive or was a low level response that involved verbal statements diminishing the significance of the event and/or dismissing the participant’s emotions and experience.

I poured out all my feelings to him, all my pain, and he just had nothing to say. (Dee)

When I expressed my unhappiness at his lack of responsiveness, he said, “What do you expect me to do?” (Belinda)

Belinda stated: “He brushed it off ... he couldn’t see why I was upset.” All of the participants felt alone and afraid in the face of their partner’s lack of response and made increased attempts to elicit connection and comfort from their partner. Rose stated:

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 [thinking] ... can’t you see I’m dying here?

Feelings of panic, desperation, and confusion arose for participants at this point. Participant descriptions took on the “life and death” quality described in the research literature by Johnson et al. (2001). Iris stated: “I was feeling like I was a drowning victim.”

Two of the participants experienced a great deal of anger at this point, yet their anger was not expressed to their partner.

I almost felt like it was silly for me to get angry because he was staying so calm and agreeable. When I would get angry ... I felt like I wasn’t being heard because I was so angry and his response was so reasonable. (Belinda)

Each of the participants increased her efforts to elicit caregiving as a means to feel safe and comforted and connected to her partner. This resulted in a more complete withdrawal by their partners. Partners walked away from the injured

participant, or shut the door on the injured participant, or went to sleep. These nonresponsive actions were felt as the core element to the attachment injury. All of the participants stated they were initially surprised at their partner's reaction. Later, they felt shock, anger, and a sense of despair at being abandoned by their partner. Each participant experienced these events as a danger to her sense of self.

Theme 3: Irrevocable Change

In the immediate aftermath of the attachment injury, all of the participants described their relationship as irrevocably changed. Feelings of disillusionment and loss were predominant.

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 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. (Dee)

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. (Iris)

In order to cope with overwhelming emotions, participants reported that life involved surviving one day at a time. Connected to feelings of loss and loneliness were expressions of disillusionment in that the trust and safety in the relationship had been shattered. Disappointed by their partners' lack of responsiveness, all of the women in this study grieved this change in perspective regarding their relationships with their partners.

Theme 4: Coping Through Spirituality and Other Attachments

Participants struggled to cope with the aftermath of the attachment injury and sought to alleviate feelings of loneliness by connecting with others. Participants also spent significant amounts of time in spiritual activities and self-reflection as a means to assuage their pain. Dee's statement reflects the experience of all the participants:

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 [spirituality] being one of them.

All of the participants described an increased connection to God/universe/higher power through their investment of more time in a spiritual relationship.

All of the study participants reported turning to spiritual beliefs following the attachment injury. They reported they gained a sense of strength and support from their relationship with God or a higher power. Feeney and Noller (1996) observe that God or a higher power can provide a sense of comfort in times of distress (secure base) and that prayer may be understood as a way of maintaining contact (proximity seeking). Participants differed in how they attempted to assimilate or accommodate the attachment injury into their relationship schema and their schema of the self. The two participants who tried to accommodate

the attachment injury interpersonally and assimilate the attachment injury into the existing relationship expressed the most dissatisfaction with their current state of affairs. A sense of detachment was maintained with the partner, and the relationship was described as shaky. Couples counselling provided one couple with the opportunity to work on accommodating the attachment injury into the relationship as well as working on interpersonal accommodation and assimilation. This participant expressed a high level of optimism about the future of the relationship and positive feelings about her self. The remaining participant divorced her partner as a result of the attachment injury.

One outcome of the attachment injury was the attention that was placed on other attachments. All of the participants identified efforts directed toward creating new relationships and/or strengthening current relationships outside of the couple relationship. The participants' increased involvement in community activities may be viewed as broadening one's social networks and increasing one's positive attachments to others by "giving back."

Theme 5: The Long-Term Effects of an Attachment Injury

Three participants remained in their couple relationship. Only one of these participants accessed couples counselling with her partner. The fourth participant divorced her partner. For the participants who remained in their relationships, a new relationship stability was eventually achieved following the attachment injury. For the two participants who did not access couples counselling, the attachment injury remained alive and present for the injured partner years after the event, and so the attachment injury was alive and present in the relationship as well.

Although their attachment system remained primed, emotional distancing was necessary in order to remain in an attachment relationship where one did not feel safe. Dee stated: "I just see us as living very separate lives ... and at this point I am not prepared to end the relationship ... he's doing his own thing more. I'm doing my own thing more. We went our separate ways." Rose described her situation as: "I can't totally trust him ... the relationship is more superficial."

Theme 6: Impact on Sense of Self

All of the participants reported that they achieved a greater sense of self as a result of the attachment injury event. Increased self-awareness and cognitive changes were expressed through new behaviours, such as being more assertive with others, taking risks, and facing one's fears. Belinda described her experience as:

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

Dee stated: "There are parts of me that I ... felt I couldn't be or do and I think that I need to do those things." The attachment injury experience led to a reorganization of self-concept and was experienced as both unsettling and a personal growth experience. It was an unsettling, chaotic experience to realize that her part-

ner could injure her, yet the experience of the attachment injury paradoxically yielded an opportunity for personal growth, to be more realistic, to speak one's mind, and to take more risks in personal relationships and one's life.

The participants went through a process of re-evaluating the attachment injury event in their lives in order to find meaning in the event. Statements centred on important lessons the participants learned from the event and how they became better or stronger people because of the event. All of the participants "located" the meaning for the event in the relationship ("we were not healthy at all") or in the partner ("it is something to do with him"). All of the participants redirected an increased amount of attention and energy toward their self-growth and recognized that their needs were important. They expressed a continued commitment to their own sense of self.

DISCUSSION

The six themes identified in this study are clearly linked to attachment theory, literature on traumatic loss, and feminist conceptualizations of gender-role socialization. The findings of the study will be discussed within these three perspectives.

An Attachment Theory Perspective on Adult Attachment Injury within Couple Relationships

The first theme on a caregiving relational history raises some interesting questions about couple relationships in which attachment injuries occur. The couple relationships in this study are described as lacking the reciprocal caregiving and attachment behaviours between partners that define secure adult attachment relationships. Why did a lack of reciprocity exist in these heterosexual couple relationships? The study participants identified that they were aware of their partner's high need for caregiving early in their relationship. This raises the possibility that the partners' attraction to each other may be connected to attachment/caregiving factors. Another possibility regarding asymmetry is that it evolved over time in the couple relationship because caregiving became a means by which the study participants felt attached to their partner. In this case, caregiving behaviour might create a sense of "felt security" through a connection to a partner who has an insecure attachment style. This dynamic would be similar to the "artificial optimism" that Henry and Holmes (1998) described in "conflict ridden families." All of the couple relationships also had an earlier attachment injury event. This would define the participants' relationships as insecure, according to attachment theorists (Johnson et al., 2001).

Participant descriptions of their thoughts, feelings, and actions leading up to, during, and after the attachment injury incident were strongly reflective of Bowlby's (1980) descriptions of attachment behaviour directed toward an attachment figure, protest at the absence of caregiving from the attachment figure, and despair in response to the perceived loss of a primary attachment figure.

The precipitating incidents described in the study were significant relationship events that most people would find distressing. Participants actively sought support from their partner and were responded to with ineffective caregiving behaviour and an apparent lack of empathy from their partner. A partner's lack of responsiveness may be tied to relational factors (asymmetrical relationship dynamics) as well as intrapersonal factors such as an insecure attachment orientation.

Bowlby (1980) identified the four phases of mourning as numbing, yearning for the lost figure and anger, disorganization and despair, and finally reorganization. Theme 3 captures participants' experiences of feeling numb immediately after the attachment injury event. This numbness later gave way to a state of inner turmoil. The inner turmoil reflected the disorganizing aspect of the attachment injury. The attachment injury event put participants in an untenable position: their attachment system was activated and their partner, who was supposed to be a primary source of comfort and safety, was the cause of the pain and anxiety (Johnson et al., 2001). In the weeks following the attachment injury, participants' descriptions echoed Bowlby's observations of the grief and mourning that follow the loss of an attachment figure (Bowlby, 1980). The failure of the partner to respond and the unavailability of caregiving meant that participants were forced to change their perception of their relationship. From this perspective, the attachment injury was experienced as a loss.

Understanding the Findings from a Traumatic Loss Perspective

Links from Theme 3, "irrevocable change," can be established to the literature on traumatic loss. Participants experienced the attachment injury event as an overwhelming event. Following the attachment injury, study participants experienced numbing and denial as well as intrusive thoughts and re-experiencing. Some participants had difficulty modulating their affect (van der Kolk, 1996), and two of the participants became depressed in the aftermath of the attachment injury. The participants did describe their experience as a felt death, as a dangerous threat to their sense of self, and as a traumatic event. Participants experienced a great deal of emotional distress in the aftermath of the attachment injury, and the attachment system remained strongly activated.

Themes 4, 5, and 6 may be understood as addressing different aspects that form a period of reorganization following an attachment injury or as the means by which participants moved toward integrating the trauma and reconstructing a viable new assumptive world (Janoff-Bulman, 1992). Trauma damages an individual's sense of safety and trust in the world, and renewed hope can be achieved through emotional attachment (van der Kolk, 1996). Interpersonal connection protects individuals from their feelings of helplessness and meaninglessness by allowing the traumatized individual to experience predictability, safety, and external reassurances from others (Turner, McFarlane, & van der Kolk, 1996). This serves to counteract the negative effects of the traumatic event.

Understanding the Findings from a Self-in-Relation Perspective

It is widely held that gender-role socialization has a significant impact on human development. Traditionally, human development was understood as being dependent upon the three hallmarks of autonomy, separation, and independence. In the last several decades, self-in-relation theorists (Gilligan, 1982; Jordan, 1992; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991) argued that human development occurs in the contexts of important relationships. Human development unfolds through “relational differentiation and elaboration rather than through disengagement and separation” (Jordan, p. 87). Surrey (1991) states that it is “probable that, for women at all life stages, relational needs are primary and that healthy, dynamic relationships are the motivating force that propels psychological growth” (p. 37). Surrey further claims that there is no need to disconnect or to sacrifice relationships for self-development. Yet, as our results show, there is a need for relational mutuality that Jordan et al. contend “can provide purpose and meaning in people’s lives, while lack of mutuality can adversely affect self-esteem” (p. 81). Jordan et al.’s claims are consistent with the findings in this study in that imbalances in mutuality within couple relationships stem from many sources and create significant pain. Their examples include boundary rigidity, a narcissistic partner, a depressed partner, a self-sacrificing partner in relationship with a self-absorbed other, and power imbalances where one partner dominates, controls, devalues or demeans the other.

As clinicians we need to pay attention to our clients’ language, behaviours, and relational contexts in order to understand their relational worlds. In the context of this study, this means understanding the lived experience of the attachment injury from a relational perspective in terms of mutuality and sense of self within the marital relationship.

Implications for Future Research

This phenomenological study served to expand our understanding of attachment processes in distressed couple relationships. Future research in this field needs to include qualitative studies that focus on the meaning of the experience of attachment injury in order to further inform theory and practice. Further investigation into the male experience of attachment injury and attachment injury experiences within same-sex couple relationships are warranted.

The current study highlights the importance of the couple’s relationship history for understanding attachment injury. 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 the attachment injury. Future research needs to explore whether these distinctions may compose 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.

Future research directed toward investigating the processes underlying attachment injury will expand our understanding of the attachment injury event.

Implications for Counselling

An important aspect of this research was the inclusion of the “participant’s voice.” One outcome of this study is the opportunity to alert therapists and counsellors to listen for the language or narrative of an attachment injury. Being sensitive to the potential for attachment injury in couples presenting for counselling will enable counsellors to uncover, understand, and approach these events. Suggestions for clinical practice include: (a) obtaining the relational history with attention to significant relationship events, (b) assessing the couple’s emotional proximity and sense of felt security within the relationship, (c) creating a safe therapeutic environment conducive to exploring a traumatic experience induced by an attachment injury, and (d) taking therapeutic steps to rebuild the attachment bond.

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

While Emotionally Focused Couples Therapy (EFT; Greenberg & Johnson, 1988) 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 include insight-oriented approaches that 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 Greenberg and Johnson’s EFT model, one that is directed toward meaning-making around safety, could assist clients and counsellors in overcoming impasses in couples counselling.

CONCLUSION

As an attachment, a couple relationship has the potential to be a source of strength, resiliency, and healing. Yet unrepaired 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 problems. The challenge for professionals is to respond effectively to the needs of couples who have experienced this relationship event.

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