Emotionally focused individual therapy: An attachment-based experiential/systemic perspective

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ABSTRACT

Attachment theory as a theory of adult love and emotion regulation can provide a humanistic paradigm for therapeutic change that is relevant to a broad range of presenting problems. I advocate emotionally focused individual therapy, an attachment-based experiential/systemic integration that targets concerns common across various models of individual psychotherapy: creating secure attachment, resolving negative interpersonal and intrapsychic interactive patterns, and developing effective emotion regulation strategies. I suggest that attachment theory sets the stage from which to consider individual therapy as a process of love (developing secure connections) between therapist and client, between client and past and present relationships, and within the client's internal processes. I present principles of attachment, discuss how these principles can fruitfully shape the therapeutic relationship, define the destination for change, offer guidance for working with emotion and shape interventions and change processes. The change processes which I present and illustrate with a case example are as follows: (1) identifying patterns of emotion regulation and deepening the underlying emotion and (2) creating corrective emotional experiences that can transform these patterns into secure bonds interpersonally and intrapsychically.

La thérapie individuelle centrée sur les émotions: une perspective expérientielle/systémique basée sur l'attachement.

En tant que théorie de la régulation des émotions et de l'amour *chez* l'adulte, la théorie de l'attachement s'avère être un paradigme pertinent pour le changement thérapeutique dans un grand éventail de problèmes rencontrés. Je préconise une approche intégrée expérientielle /systémique de l'attachement qui cible les préoccupations communes à des modèles variés de psychothérapie individuelle: création d'un attachement sécure, résolution de schémas négatifs d'interaction interpersonnelle et psychique et développement de stratégies de régulation émotionnelle efficaces. Je suggère que la théorie de l'attachement permet d'ouvrir des voies au départ desquelles on peut considérer la thérapie individuelle comme un processus d'amour (développer des liens sécures) entre le thérapeute et le client, entre le client et ses relations passées ou présentes, et au cœur même des

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processus internes du client. Je présente les principes de l'attachement et je discute la façon par laquelle ces principes peuvent configurer de façon féconde la relation thérapeutique, définir la direction du changement, procurer des conseils pour le travail avec l'émotion et façonner les interventions et le processus de changement. Les processus de changement que je présente et que j'illustre avec un exemple de cas sont les suivants: 1) identification de schémas de régulation des émotions et intensification des émotions sous-jacentes et 2) création d'expériences émotionnelles correctrices qui peuvent transformer ces schémas en liens interpersonnels et intrapsychiques sécures.

Emotionsfokussierte Einzeltherapie: Eine bindungsbasierte Experienzielle/Systemische Perspektive

Bindungs-Theorie als eine Theorie über erwachsene Liebe und Emotionsregulation kann ein humanistisches Paradigma für therapeutische Veränderung zur Verfügung stellen, welches für eine große Bandbreite von sich präsentierenden Problemen relevant ist. Ich vertrete eine bindungsbasierte experienzielle/systemische Integration, die auf Anliegen abzielt, die über verschiedene Modelle von Einzeltherapie hinweg gemeinsam sind: eine sichere Bindung zu schaffen, negative interpersonelle und intrapsychische interaktive Muster aufzulösen und wirksame Emotionsregulationsstrategien zu entwickeln. Ich schlage vor, dass die Bindungstheorie die Ebene zur Verfügung stellt, auf der Einzeltherapie wie folgt betrachtet werden kann: als ein Prozess der Liebe (das Entwickeln sicherer Bindung) zwischen Therapeut- und Klient-Person, zwischen der Klient-Person und vergangenen und gegenwärtigen Beziehungen sowie innerhalb der inneren Prozesse der Klient-Person. Ich stelle Prinzipien von Bindung vor und diskutiere, wie diese Prinzipien die therapeutische Beziehung fruchtbar gestalten können, definiere die Ausrichtung von Veränderung, biete Richtlinien an, mit Emotion zu arbeiten und wie man Interventionen und Veränderungsprozesse gestaltet. Die Veränderungsprozesse, die ich vorstelle und mit einem Fallbeispiel illustriere, sind: 1. Muster der Emotion-Regulation zu identifizieren und die darunter liegende Emotion zu vertiefen und 2. korrigierende emotionale Erfahrungen zu schaffen, welche diese Muster zu sicheren interpersonellen und intrapsychischen Bindungen verändern kann.

Terapia individual enfocada en la emoción: una perspectiva basada en el apego, experiencial/sistémica

La teoría del apego como una teoría del amor adulto, y la regulación de la emoción, puede proporcionar un paradigma humano para el cambio terapéutico que es relevante a una amplia gama de presentación de problemas. Abogo por una integración experiencial sistémica basada en el apego que apunta a preocupaciones comunes a través de varios modelos de psicoterapia individual: creando un apego seguro, resolución de patrones negativos interpersonales y patrones intrapsíquicos interactivos y el desarrollo de estrategias eficaces de regulación de la emoción. Sugiero que la teoría del apego sienta las bases para considerar la terapia individual como un proceso de amor (desarrollo de

conexiones seguras) entre el terapeuta y consultante, entre el consultante y su sus relaciones pasadas y presentes dentro de los procesos internos del consultante. Presento principios de apego y discuto cómo estos principios pueden ser fructíferos para dar forma a la relación terapéutica, definir el destino para el cambio, ofrecer orientación para trabajar con la emoción y dar forma a las intervenciones y procesos de cambio. Los procesos de cambio que presento e ilustro con un ejemplo de un caso son: 1) identificar los patrones de regulación de la emoción y profundizar la emoción subyacente y 2) crear experiencias emocionales correctivas que puedan transformar esos patrones en lazos seguros interpersonales e intra psíquicos.

Terapia individual focada na emoção: uma perspetiva experiencial e sistémica baseada na vinculação

A teoria da vinculação enquanto teoria do amor adulto e da regulação das emoções pode fornecer um paradigma humanista para a mudança terapêutica, relevante para um leque diversificado de problemas que surgem. Eu defendo a integração de uma abordagem experiencial baseada na vinculação, sistémica que se dirige a preocupações comuns a vários modelos de psicoterapia individual: criar um vínculo seguro, resolver padrões de interação negativos interpessoais e intrapsíquicos e desenvolver estratégias eficazes de regulação das emoções. Sugiro que a teoria da vinculação dá origem ao contexto no qual se pode considerar a terapia individual como um processo de amor (desenvolvimento de ligações seguras) – entre o terapeuta e o cliente, entre o cliente e as suas relações do passado e do presente e no interior dos processos internos do cliente. Apresento princípios da vinculação e discuto como esses mesmos princípios podem moldar- de forma frutífera- a relação terapêutica, definir o ponto de chegada da mudança e fornecer orientação para o trabalho com as emoções e a moldagem das intervenções e dos processos de mudança. Os processos de mudança que eu apresento e ilustro, através de um caso exemplificativo, são: 1- identificação de padrões de regulação de emoções e aprofundamento das emoções subjacentes e 2- criação de experiências emocionais corretivas, que podem transformar esses padrões em laços seguros – nos domínios interpessoal e intrapsíquico.

But love is not only an end for therapy; it is also the means by which every end is reached

(Lewis, Amini, & Lannon, 2000, p. 169).

Bowlby described the 'anxiety buffering function of close-relationships' (Shaver & Mikulincer, 2014, p. 237) and emphasized that the innate *attachment behavioral system* (Bowlby, 1969/1982) is a normative survival process, wired in from evolution and active across the life span. Adult attachment researchers report that attachment security is associated with self-esteem, enhanced emotion regulation capacities and mutually satisfying relationships (Mikulincer & Shaver, 2016). In the absence of a secure bond

with an available and responsive 'other,' rigid, repetitive internal and interpersonal coping patterns or *attachment strategies* develop (Mikulincer & Shaver, 2016). Patterns of anxious hyperactivation or avoidant deactivation of the attachment system comprise many of the emotion regulation difficulties clients present in individual therapy.

Research supports the importance of attachment relationships in the development of emotion regulation capacities (Shaver & Mikulincer, 2014). Emotion regulation, however, continues to be predominantly viewed only as an *intrapersonal* process. Campos, Walle, Dahl, and Main (2011) found only 12% of published articles on emotion regulation mentioned co-regulation. New directions of attachment theory and research, however, are focusing upon *interpersonal* emotion regulation (Coan & Maresh, 2014; Simpson & Rholes, 2015).

Although attachment theory is increasingly informing psychotherapy (e.g. Fosha, 2000; Hughes, 2007; Paivio & Pascual-Leone, 2010), Johnson (2009, 2013) uniquely and most explicitly puts attachment in the forefront. Johnson's emotionally focused therapy – to be distinguished from the emotion-focused/process experiential approach (Elliott, Watson, Goldman, & Greenberg, 2004) – follows an attachment-theoretical roadmap for mobilizing emotion co-regulation in an experiential/systemic integrated model. Rooted in Johnson's perspective, I present *emotionally focused individual therapy* an approach that is explicitly grounded in, and guided by, the dyadic view of human nature, which holds that humans, like all mammals, are wired to co-regulate. Notwithstanding the widespread benefits of creating secure attachment through couple or family therapy, this individual approach is for situations where joint therapy is not possible. Attachment theory sets the stage from which to consider that individual psychotherapy is a process of love, defined as developing secure connection, on three interrelated levels: between therapist and client, between client and some past and present relationships, and within the client's internal processes. I present two attachment-based experiential/systemic processes of change: (1) identifying patterns of emotion regulation and deepening underlying emotion and (2) creating corrective emotional experiences that can shift the core emotions embedded in these cycles into secure connections both interpersonally and intrapsychically.

I argue that an attachment-based experiential/systemic integration for individual psychotherapy makes sense for a number of reasons. First, attachment theory and the science of love (Johnson, 2013; Mikulincer & Shaver, 2016) provide a practical map for shaping love (Burgess Moser et al., 2016) that extends beyond romantic love into therapy with individuals. Second, attachment processes permeate a broad range of individuals' presenting problems beyond explicit relationship issues, including emotion regulation difficulties of depression, anxiety, addictions and obsessive compulsive disorders (Ein-Dor & Doron, 2015). Third, many approaches to individual psychotherapy view intrapsychic conflicts (between parts of self or between self and an internalized other) to be at the core of many presenting problems (Brubacher, 2006; Elliott et al., 2004). As such, the creation of secure attachment experiences, the resolution of negative interactive patterns between parts – whether the parts are intrapsychic or interpersonal – and the discovery of effective attachment-based emotion regulation strategies can be viewed as goals common to many individual approaches to psychotherapy. An attachment-based experiential/systemic integration, focused upon dyadic attachment bonds can speak to these common goals.

The evolution of an attachment-based experiential/systemic integration

Integration of experiential (Perls, 1969; Rogers, 1951) and systemic (Minuchin & Fishman, 1981) approaches was first seen in emotionally focused therapy for couples (Greenberg & Johnson, 1988; Johnson & Greenberg, 1985). Thirty years of scientific research validate its effectiveness to restructure distressed couple relationships into safe and secure bonds with long-lasting results (Johnson, Hunsley, Greenberg, & Schindler, 1999; see Johnson & Brubacher, 2016c). In this experiential/systemic couples approach, the problem is viewed as belonging not to one partner, but, rather, at the systemic level, to the cyclical reinforcing pattern of interaction between partners. Moreover, emotion is viewed not only as a within-individual phenomena that falls outside the bounds of systems theory but also as a leading element that organizes the system's interactions (Arnold, 1960). 'Emotions are not simply inside us, but rather they are actions that connect us to the world' (Greenberg & Johnson, 1988, p. 5).

Johnson continued to expand emotionally focused couple therapy (Greenberg & Johnson, 1988) to more explicitly include an attachment-theoretical understanding of love relationships (Johnson, 2004; Johnson & Brubacher, 2016c), wherein love is defined as a secure bond of comfort and care, with an emotionally accessible and responsive 'other' to count on in times of need. The links which Johnson has continuously emphasized between Bowlby's attachment theory and systems therapies (Johnson & Best, 2003) and between attachment theory and experiential therapies (Johnson, 1998, 2009) can be shown to be relevant to individual psychotherapy for a range of presenting problems.

Principles of attachment as a theory of adult love

An experiential/systemic approach to individual therapy can be enhanced by integrating and systematically working with principles of attachment as a theory of adult love and emotion regulation (Mikulincer & Shaver, 2016; Shaver & Mikulincer, 2014). These principles are relevant to all levels of attachment relationships that are active in individual psychotherapy: (1) the client–therapist relationship; (2) the client's present and/or past relationships that continue to impact the present and (3) internal dyadic processes, between opposing parts or competing attachment strategies (Johnson, 2009).

Effective dependency

Attachment theory emphasizes *dependence* as an essential part of the human condition (Feeney, van Fleet, & Jakubiak, 2015). Bowlby claimed that human beings' primary need 'from the cradle to the grave' (1988, p. 62) is to have a felt sense of relational safety and security that comes from having one or two others upon whom they can depend; and that humans are wired to seek proximity to an attachment figure (parent, partner or friend) when feeling threatened. Positive attachment figures are conceptualized as providing a safe haven for comfort and support and a secure base to encourage exploration. Attachment theory and recent neuroscience therefore challenge the popular view of human nature – that adults *can* be self-sufficient and should develop a capacity to soothe and love themselves, before expecting to be comforted or loved by another. To the contrary, Bowlby validated human dependency needs, suggesting 'that there is no such thing as over-dependency or true independence; there is only effective or ineffective dependence'

(Johnson, 2003, p. 105), and that *effective dependence* engenders greater autonomy and self-confidence. A lack of social connection is traumatic, emotionally destabilizing and indeed a health risk, as shown for example in Bowlby's research on institutionalized infants, Guenther's research on prisoners in solitary confinement and various studies of the impact of social relationships on health and well-being (see Johnson, 2013; Shaver & Mikulincer, 2014). The relational view of human nature, which validates that we are wired to connect and co-regulate, defines *effective dependence on others as* the hallmark of health.

Attachment theory as a theory of emotion regulation

Shaver and Mikulincer (2014) observe that attachment theory has become the most influential conceptualization of emotion regulation in the past 30 years. When the brain is infused with a sense of safe connection and love, an individual's experience is calm and less overwhelmed by distress and threat (Beckes & Coan, 2011). When others are not trustworthy and responsive, however, there are two basic insecure strategies used for emotion regulation: hyperactivation or deactivation of emotions. Attachment fears of abandonment and rejection and needs for response and interpersonal safety are either exaggerated or suppressed (Mikulincer & Shaver, 2016). Depression, anxiety, addictions, eating disorders and other mental health issues are associated with insecure attachment strategies of anxious hyper-activation or avoidant suppression (Ein-Dor & Doron, 2015). Trauma survivors frequently alternate between these two strategies of emotion regulation.

Studies of attachment and the brain (Coan & Maresh, 2014; Geller & Porges, 2014) validate the view that co-regulation of emotion is a more efficient use of resources and that co-regulation often happens implicitly before any conscious self-soothing is activated. Beckes and Coan (2011) asked study participants to estimate the slope of a hill. Standing at the bottom of a hill, wearing a heavy backpack, they judged the slant of the hill they were about to climb to be less steep when they stood next to a friend than when they stood alone. Additionally, the longer the friendship, the less steep the hill *appeared*. The co-regulation of stress and perception of threat was outside their awareness. Additional evidence for the natural capacity of social relationships to co-regulate emotional distress and threat is provided by functional magnetic resonance imaging (fMRI) hand-holding studies (Coan, Schaefer, & Davidson, 2006), which demonstrate that the neocortical activation of subjects in an fMRI machine, anticipating and receiving intermittent electric shocks to their ankles, is dramatically reduced when holding the hand of a loved one. Subjects also reported the pain from electric shock being only 'uncomfortable' when holding the hand of a secure attachment figure, compared to reported levels of pain, when left alone in the fMRI machine (Johnson et al., 2013). Interestingly, Johnson et al. (2013) showed that compared to an individual's neural response to threat of pain before receiving therapy, after receiving emotionally focused couple therapy their pain threat response was significantly reduced. This suggests an impressive outcome that therapeutic facilitation of emotion regulation and creation of secure attachment bonds can change the brain's neural response to threat.

Internal and interpersonal processes mirror each other

An attachment perspective implies working systemically, in that individual internal processes and interpersonal relationship interactions shape and mirror each other. Bowlby (1973) suggested that the inner ring of emotional processing mirrors the outer ring of close relationships. That is, interpersonal patterns in which distressed individuals are caught frequently mirror internal cycles with parts of self. Individuals exclude (or disown) certain affects and parts of self and overemphasize others, often motivated by their sense of what will prevent the loss of a significant other. An internal cycle that mirrors an insecure interpersonal pattern could be between 'two conflicting attachment strategies (e.g. the avoidant part that does not wish to risk depending on others, and the part that longs for connection; [or] between self and the representation of an attachment figure' (Johnson, 2009, p. 422).

Relational beings develop internal working models (Bowlby, 1969/1982) of self and others, based on history and current experiences with attachment figures. These models guide internal experience and behavioral coping strategies and often inform current difficulties with which clients struggle. Responsive, engaged interactions engender attachment security – a sense of self as lovable, competent and worthy of care, and of others as reliable and trustworthy. Dismissive, unpredictable or abusive interactions lead to negative working models of self as unlovable, and inadequate and negative models of others as unreliable and hurtful, engendering insecure patterns interpersonally as well as internally with parts of self. There is a growing literature on changes in attachment orientations and internal working models that can occur through psychotherapy (Mikulincer & Shaver, 2016).

Positive reframe for presenting problems

The attachment orientation provides a reframe for clients' presenting problems. Negative internal working models that define self as unlovable or others as unreliable are seen as *perfectly reasonable constructions* that were once adaptive in a particular context, but may need to be revised to fit the present context. The problem is conceptualized as 'narrow patterns of interactions or inner processing that people have become caught in and cannot revise' (Johnson & Best, 2003, p. 167). An attachment perspective normalizes 'separation distress' responses of angry protest, anxious clinging and seeking, deep sadness and despair, and eventual numbing detachment (Bowlby, 1969/1982) as having the positive, adaptive intentions of trying to get a response and, when no safe response is forthcoming, to detach and stop trying.

How attachment can shape experiential/systemic individual therapy

Attachment theory as a theory of adult love (Johnson, 2013) and emotion regulation (Shaver & Mikulincer, 2014) provides a map (Johnson, 2009) for a process of change when working with individuals. Attachment theory informs and shapes the change process in experiential/systemic individual psychotherapy in five ways: (1) shaping the therapeutic relationship; (2) defining the destination for change; (3) offering a guide to

emotional experience; (4) orienting the use of empirically validated interventions and (5) suggesting two primary change processes.

The therapeutic relationship

An attachment-based experiential/systemic therapist focuses on providing an attuned and responsive presence (Geller & Porges, 2014), much like an engaged parent interacting with an infant, attuning and responding to facial, bodily and vocal cues. Rogerian empathic responding is key to creating the 'safe haven and secure base' of which Bowlby (1969/1982) wrote. The responsive and engaged therapeutic relationship provides both the *safe haven* of comfort, acceptance and understanding as well as a *secure base* from which a client can safely explore inner and outer worlds. As such, a safe, empathically attuned relationship from the first moments of therapy, participates in co-regulating the client's emotions validating that longings and needs for connection with the therapist and others in the client's life are components of healthy functioning (Feeney & Collins, 2014). The therapeutic relationship provides a secure base 'platform for the tasks of distilling primary or core emotions and processing these emotions, so that they move the client toward new responses to self and other' (Johnson, 2009, p. 416).

The therapeutic relationship functions as a loving connection. This bond facilitates clients positively toward 'optimal dependency' (Feeney et al., 2015) and new attachment models of attachment security. The secure connection of the therapeutic relationship promotes autonomy, self-efficacy, a capacity to self-soothe *and* comfort with turning to others for support.

Destination for change: effective dependency

Attachment theory defines the 'destination for change' as returning individuals to their baseline state of calm that is implicit in humans' natural dependency on others. That is, the hallmark of health for an individual is to have a felt sense of safety and security, wherein some identifiable others are experienced as safe, trustworthy and dependable and the self is experienced as lovable, worthy of care and competent. This effective dependency or secure attachment is shown in various studies to support interdependence, autonomy, identify, self-efficacy and effective emotion regulation (Feeney et al., 2015; Mikulincer & Shaver, 2016). Therefore, health and growth in an attachment paradigm begins with and focuses upon orienting clients toward their innate mammalian capacity to form supportive and accessible attachment bonds – and to their potential for inter- and intrapersonal experiences of loving connection. Since clients' core problems are viewed as emotional regulation difficulties resulting from the lack of effective connections, the antidote to these problems is to shape loving human connections between the client and others in his or her life, between the client and the therapist and within the individual. In an attachment frame, Roger's 'fully functioning person' (1951) would be one who regulates emotions and maximizes resiliency, competence and joy, by reaching to appropriate others for support and care, thriving through this *effective dependency*.

An attachment guide to emotional experience

Experiential therapies and attachment theory hold an appraisal–motivational–information–processing view of emotion. Emotion is seen as a rapidly unfolding dynamic process: from perceiving a cue (of physical or relational safety or danger), to an immediate, preverbal limbic brain assessment of safety or danger, accompanied by bodily arousal, neocortical meaning-making and a compelling action tendency or behavioral response (Arnold, 1960; Ekman, 2003/2007). Emotion is considered to be the primary link between self and system, and between inner experience and interpersonal interactions (Johnson, 1998).

Primary versus secondary emotions

Distinctions are made between primary and secondary emotions (Greenberg & Safran, 1987). Primary emotions are amygdala-based, implicit, immediate, visceral responses to a perceived cue, whereas secondary emotions are explicit emotions felt in response to uncomfortable bodily arousal, such as a tightening chest, or to a primary emotion such as pain or fear or to meaning-making, about the worth of self, or the trustworthiness of others or the situation. Secondary emotions frequently conceal the initial, implicit primary emotional response and thus block awareness of unmet needs that are embedded in primary emotion. The basic, universal emotions (Ekman, 2003/2007) of anger, sadness, fear, disgust/shame, joy or surprise can be either primary or secondary, depending on the context.

   Viewed through an attachment lens, an example of these emotional distinctions can be seen as follows: when there is no safe co-regulating context, immediate primary emotions, such as fears of abandonment or rejection, are rapidly replaced with secondary emotions and reactive action tendencies such as blaming self or others, depressive isolation and numbing addictive processes. Clients often describe how the primary emotion 'slips right by me.' Hiding difficult primary emotion from awareness, secondary emotions block individuals from information about unmet needs, and from adaptive action tendencies, such as seeking available support. From an attachment perspective, primary emotion itself is not seen as *adaptive or maladaptive*, as it is in the emotion-focused/process experiential individual therapy model of Elliott et al. (2004). Rather, it is the feedback loops of ineffective *attempts to regulate primary emotion* that an attachment-informed experiential/systemic approach sees as the problematic element.

Negative cycles of emotion regulation

When the innate, mammalian, lifelong need for comfort and support during times of stress and threat is met, individuals are filled with joy and contentment. When the need is not met, fear/panic, sadness, anger and shame ensue, and, according to the attachment perspective, the primary attachment strategy of seeking contact comfort is replaced with secondary attachment strategies of either hyperactivating or deactivating needs for connection (Coan & Maresh, 2014). These strategies often become rigidly experienced and expressed in cyclical reinforcing negative patterns, *with the patterns themselves becoming the core problem* prompting many individuals to seek psychotherapy or addiction treatment. These cycles frequently involve patterns of frantic, critical

pursuits for social connection that typically trigger responses of withdrawal and dismissiveness, or alternatively, patterns of suppressing attachment emotions, distancing from others and one's own innate needs for connection and becoming *compulsively self-reliant* and emotionally disconnected from others (Feeney & Collins, 2015). Individuals in distress have constricted emotional experience that results in cycles of ineffective coping strategies, which in turn further constrict emotional experience (Johnson, 2004; Johnson & Brubacher, 2016c).

Attachment-oriented interventions

An attachment orientation shapes both the systemic interventions of tracking and restructuring patterns of interaction, and the experiential interventions of responding empathically, in the present moment, to emotion as the source of meaning and action. The evidence-based interventions (detailed in Elliott et al., 2004; Johnson, 2004; Johnson & Brubacher, 2016a, 2016b, 2016c) use emotion, as Bowlby promoted: as a primary source of information about needs and motives and as a primary route to secure connection with others (Johnson, 2009). *Empathic reflection, validation* and *evocative questions* are interventions used to access the different elements of emotion, to deepen engagement in present moment experiencing and to track and replay clients' automatic coping patterns. Interventions of *heightening, reframing* and *conjecturing on the leading edge* of explicit, verbal expression, help clients to access and deepen unacknowledged primary emotion and thereby discover the needs and adaptive action tendencies embedded in that emotion.

 Enactment experiments are structured dialogues between an individual client and an 'imagined other' or between parts of self in conflict. They can be used to create corrective emotional experiences of loving connection, with imagined others and between aspects of self, transforming negative cycles into positive cycles of co-regulation and bonding. Two chairs can be used for enactment experiments between self-aspects or between self and an imagined other (Elliott et al., 2004). Enactments can also be done imaginatively *without* moving between two actual chairs (see Johnson, 2009; Paivio & Pascual-Leone, 2010). Actual physical movement, however, invariably increases awareness of the distinction between parts, heightens emotional experiencing and helps engage both right and left brains as well as their integration through the deeper dialogue that often emerges between parts. Within attachment-focused enactments, two well-intentioned parts/persons frequently emerge and can be integrated, forming a secure bond of loving connection. Exceptions to this would be cases of trauma survival, where the resolution of interpersonal trauma would neither involve accessing a good intention nor facilitating reconciliation with the injurious person, but would likely involve establishing security through permanent distance from the abuser (see Paivio & Pascual-Leone, 2010).

 All interventions are done with engaged, present-moment attunement, and a focus upon nonverbal channels of communication such as tone, pace, volume, facial and bodily gestures and breathing (Geller & Porges, 2014). The acronym R.I.S.S.S.C. (Johnson & Brubacher, 2016b) helps therapists maintain this empathically attuned, experientially engaged manner: 'R' represents *repeating*, particularly poignant emotion-laden words and phrases in an empathically attuned manner; 'I' represents using *images*,

which are highly evocative; the 'S's represent a *soft* (and soothing, low) tone, a *slow* pace and *simple (and succinct)* language and 'C' represents using *clients' words in a supportive, validating manner*.

Primary change processes

An experiential/systemic attachment approach with individuals has two primary processes for creating change: (1) identifying patterns of emotion regulation and deepening the underlying emotion driving these patterns and (2) creating corrective emotional experiences that transform these patterns into positive cycles of attachment security. I illustrate elements of these processes with excerpts from a session with Lia (not her real name).

Identifying patterns and deepening primary emotion

To identify a repetitive cycle of emotion regulation in which a client is caught, a therapist can validate the surface secondary emotions (such as reactive anger or numbing) and track the typical internal and interpersonal patterns the client uses to cope. Using empathic reflections, evocative questions and occasional attachment-informed empathic conjectures, on the 'leading edge' of experience (Rice, 1974), a therapist can engage with the client to access the underlying primary emotion and unmet attachment needs driving that cycle. Frequently, a therapist tracks a negative cycle between two internal parts or between the client and another person.

    Lia, an educator and mother of three, is driven to succeed. Eight years ago, she left her marriage to a man with an alcohol dependency. Presently, she is distracted by conflicted longings to salvage her relationship with an ex-boyfriend.

Tracking an internal cycle with implicit primary emotion.   The therapist and Lia collaboratively track her emotion regulation cycle of dismissing and ignoring her feelings. Lia developed this affect regulation pattern to cope when others were not available for comfort and support. The therapist validates the attachment-protective nature of this pattern and helps her access the primary pain and loneliness underlying her dismissiveness.

Therapist (T) :   Too many years of 'putting up.' And the pain is still there? *(Empathic reflecting, and conjecturing at 'pain' from Lia's tears.)*

Lia (L) :   Yeah. I mean I might not want to admit it. Like I want to move on.

T: And forget the pain. (*Reflecting action tendency – to move on and ignore primary emotion*).

L: Forget the pain.

T: (Nodding) You are saying – 'Forget the pain.' – You lived for 10 years in a relationship – where you didn't feel wanted and you said, 'Forget that pain and put up with it,' and today, 8 years later, when you talk about your disappointments with your ex-boyfriend, you say, 'I just want to put it behind me.' (*Tracking her typical emotion regulation pattern*).

L: Keep on going.
T: That's – that is how you cope with painful, hurtful things – is just move on? (*Reflecting emotion regulation cycle of dismissing core emotional experience, thereby missing signals of attachment needs embedded in primary emotion.*)

Tracking an interpersonal cycle with emerging primary emotion. Lia metaphorically describes a repetitive experience of 'being boxed up and put aside' by her mother, grandfather, grandmother, peers in adolescence and by her ex-husband, and her boyfriend.

L: You know when you wrap something up and put it into a box and just store it – put it aside? (*Hands pushing far away*).
T: So part of your experience in the box, in the pattern of 'just move on' – is feeling very lonely – put aside? (*Reflecting right-brain image, conjecturing at implied primary emotion.*)
L: Yes!
T: Even if you push away the person that put you in the box – you still feel that pain – that loneliness – that longing for love and attention? (*Repeating the visual cue of being disregarded/being put in a box and evoking deeper attachment-related primary emotion).*
L: Yes! It has always been there! I didn't realize it but it has! (*Accesses felt sense of primary attachment emotion).*

   10-s silence

L: Now what do I do? (*Pointing to her heart /bodily arousal of primary emotion.*) Now that I know that is there – what do I do? I don't want to feel.
T: You've gotten really good at not feeling. (*Reflecting her pattern, to validate new awareness/discomfort.*)
L: Ahaaa! Ignoring – I've been ignoring my own pain! (*She names her own secondary defensive pattern*)

Interpersonal experience mirrors internal experience. The therapist explores the 'boxed up and set aside' metaphor of Lia's experience. Her interpersonal experiences mirror her internal process, consonant with Bowlby's (1973) description of the inner ring of emotional processing mirroring the outer ring of interpersonal patterns in close relationships.

T: What is it like to notice you are ignoring your own pain, just as the others did? (*Pointing to the empty chair beside Lia.*) As though you are saying, 'I know you're there but I'm going to ignore you'? (*Evoking and heightening present moment experience by conjecturing an image of an ignored self in empty chair.)*
L: (*Chuckles – pointing at empty chair.*)
T: [Like you are saying] there's a lonely little loving part there (*reframing the part of self that Lia saw as 'pathetic and weak' as 'lonely and loving')* and I'm going to ignore you? (*Empathic conjecture to heighten awareness of the pattern and the*

primary emotion). What is it like to say that? *(Evocative question to deepen client's awareness of present moment experience.)*

Shaping corrective emotional experiences

The second core change process involves reprocessing emotion and shaping secure bonds. This can be done in dialogue with the therapist, accessing and reprocessing underlying attachment fears in a pattern between client and therapist. The therapist/client pattern, likely mirrors patterns with others in the client's life, such as backing away whenever the therapist, or another person, comes close to vulnerable emotional experience. Emotional reprocessing can also be done through enactments between parts of self or between self and an imagined 'other.'

Whether in dialogue with the therapist, or in enactments, primary emotion is expanded, expressed, and reprocessed. These corrective emotional 'bonding events' create new 'broaden and build' patterns (Mikulincer & Shaver, 2016) of emotion regulation. Shaping secure bonds changes how the brain encodes and responds to threat (Johnson et al., 2013), thus increasing flexibility to give and receive support, and to experience internal regulation and compassion. This reshapes models of security and contributes to lasting change.

An 'intrapersonal enactment' between two parts of Lia initiates a corrective emotional bonding event, which is completed after several interpersonal enactments. *The intrapsychic part Lia has identified as the Marching Lia (ML) who dismisses her pain and moves on, is in dialogue with the Boxed Lia (BL) who feels abandoned, rejected and 'put aside.'*

T:　Can you (as ML) talk to that image of BL that has gone through the whole time machine of painful relationships? Can you turn to that image and tell her – 'I don't want to ignore you – I want to start to see you?' *(Structuring enactment experiment, facilitating ML's emerging attachment feelings and longings toward BL and her pain.)*

L:　(as ML): *(Turns to the empty chair. Breaks into sobs)*. I don't want to ignore you anymore. *(Shaking head, face down.)* (*Pause.*) I'm sorry for ignoring you all these years and for not being able to – to comfort you – and help you. *(Primary emotion emerging.)*

T:　Ahha what is it like to be telling her that? *(Evocative question to process experience of speaking to a newly discovered part of self.)*

L:　*(Takes a look at the chair)* It's – it's like I can breathe now! (*Hand gestures from center of chest.)* It's a huge relief!

　　Later:

L:　I've got a good 'keep going' half you know. (T: Yeah!). My Marching Lia. (*Hands make marching gesture.*) (*Both chuckle – attunement.*) But then the other Lia is always put back in the box. Can't they both be together? (*Attachment longing to integrate disparate parts.*)

T:　That's your question. Can I have me from the box *and* my marching strength? (*Shared gaze – attunement. Reflection, to heighten explicit longing for intrapsychic integration/bonding.*)

Interpersonal bonding. This longing evokes awareness of several insecure attachment bonds, which are blocking her and mirroring her internal experience. Lia does several enactment experiments with 'imagined others,' addressing images of her primary care-givers. To [an image of] her grandfather, for example, she exclaims, 'Why did you go away so many times?' (accessing primary attachment grief, sadness). She asserts, 'Why was I never allowed to say I miss you?' 'It wasn't right that I could only show you my good grades and my happy feelings! I needed to tell you how much I missed you!' Congruent expressions of unmet attachment longings and needs are followed by responses from an 'imagined other' in the other chair. The responses shift from initial defensiveness to empathy, validation, remorse and love, creating a corrective emotional experience.

In dialogue with the therapist (without the use of enactments), Lia reprocesses emotions regarding her alcoholic, neglectful mother, and assertively articulates the kind of relationship she wants to realistically form with her in the present. These transformative experiences create felt shifts in models of self as worthy and lovable; they can also create the capacity to distinguish others who are safe, from those from whom one must detach.

Intrapsychic bonding. Following interpersonal shifts, Lia is helped to integrate two conflicted intrapsychic parts. From her secure base and trust with the therapist and the new secure connections with some significant others, she reprocesses her primary attachment fears and longings, so as to integrate two formerly conflicted parts, Boxed Lia (BL) and Marching Lia (ML) into a secure intrapsychic bond. In the enactment below, the previously withdrawn, 'pathetic, weak' BL steps forward, reassuring the dominant ML that it is safe to let BL out of the box.

T: Awhile back the Marching Lia (ML) said she was afraid to let the Boxed Lia (BL) out. What does the BL have to say to the ML now? (*Reflection, evoking awareness, structuring enactment.*)

L: (as BL): (*Extending hand way over to the other chair; breaking into a sob; very high pitched voice.*) I know you are scared. (*Rubbing the arm of ML's chair*): I know you are scared, because you don't know what is going to happen (*BL's expressed empathy for ML*) – but – (*voice is strengthening*) – it is you! And it is ok to be yourself. I am part of you – and I am coming out – and you're going to be ok with me! (*Attachment action tendencies to step close and to comfort and reassure ML, the part previously seen as holding her back. The previously withdrawn part of self (BL) steps forward expressing assertive anger and reassurance.*)

Later…

L: It's not scary anymore – And I feel more complete. Like I'm not divided! (T: Yeah) (*Sharing gaze – attachment security.*) I'm whole now! (*Corrective emotional experience – both parts integrated in a secure bond.*)

T: What's happening in your chest? (*Evoking bodily awareness of emotion.*)

L: It's not heavy anymore. (*Puts hand on chest where she'd felt the pressure.*) It amazes me. I just didn't know that I've ignored her all this time! And she was – always there. (*Laughing – pointing to empty chair.*) She was always there!

This corrective attachment experience between internal parts shifts her emotion regulation pattern from suppression, to attending to her primary emotions and the embedded information about what she needs. Thus, she is empowered to reach to safe others for support, and to step back from relentlessly pursuing unavailable others. *Following this session, Lia experiences significant reduction in anxiety, and accesses joy, comfort and confidence as she explores attachment needs and longings embedded in her grief, loneliness and previously disregarded pain.* (A full session video and transcript with Lia is available, Brubacher, 2014).

Transformation. Through courageous expressions of previously blocked emotions, clients invariably discover, within each part or imagined person, vulnerabilities, fears and unknown positive intentions that were formerly distorted or blocked. Reprocessing emotion and choreographing new interactions between disparate parts or relationships can transform former adversaries into supportive allies. Unresolved hurt with an internalized image of another person or between dialectic internal parts is worked with until integration or resolution is found. When another persists as fundamentally detached or unsafe and fails to transform into a positive attachment figure, resolution can include disconnection from that person. When there are no apparent others with whom a client can create a secure bond, even in an imaginative way with an internalized other, a warm and caring therapeutic relationship can provide a secure, loving connection that is a sufficient platform from which a client can create change.

Concluding comments

A relational view of human nature supports integrating attachment theory into individual psychotherapy, because many presenting problems are essentially problems of affect regulation, experienced as dyadic struggles with another or within self. Attachment theory (Bowlby, 1969/1982) as a theory of adult love and emotion regulation provides clarity of focus to a path for transformative change. The unique aspects of an attachment-based humanistic experiential/systemic integration could be summarized as follows:

(1) Recognizing we are first and foremost co-regulating, bonding creatures, gives prominence to attachment affect and needs and guides working with emotional experience and emotion regulation difficulties. Social-emotion-regulation is a starting point, not merely a good outcome after one learns to self-regulate.
(2) The destination of effective dependency is both *within and beyond* the therapy relationship. Individual psychotherapy can be a process of love on three inter-related levels: between therapist and client, between client and some relationships and within the client's internal processes.
(3) Attachment theory offers humanistic experiential/systemic therapies a map of distress and repair with two primary change processes: Delineating affect regulation cycles and the underlying primary emotions and attachment needs driving those cycles; and creating corrective emotional experiences of interpersonal and intrapsychic bonding events.
(4) When individuals' distress is reframed with an attachment lens, the positive intentions and resources of conflicting parts and persons become accessible for integration.

In conclusion, this integration, as presented in Johnson (2009), creates a safe haven/ secure base therapeutic alliance as the heart from which emotion regulation and secure bonds with others and within self are shaped. Primary attachment emotions fuel corrective emotional experiences of love, *between and within*. Emotionally focused individual therapy, an attachment-based experiential/systemic approach exemplifies how 'love is not only an end for therapy; it is also the means by which every end is reached' (Lewis et al., 2000, p. 169).

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