

CHAPTER ELEVEN

Repairing broken bonds: forgiveness and reconciliation with EFT's attachment injury resolution model

A common impasse in the process of restructuring attachment bonds and repairing distressed relationships has been identified as an attachment injury. I shall define an attachment injury, which can range from infidelity to physical or emotional absence during a time of critical emotional need, and describe the different ways an attachment injury can emerge in therapy. Such injuries cannot be ignored or resolved in the negative climate of Stage 1. It is not until Stage 2 that injurious events can, and must, be resolved if the couple is to reshape their relationship into a secure bond (Johnson et al., 2001). I discuss working in Stage 1 when an attachment wound is present, and then describe the attachment injury resolution model (AIRM) for reconciliation and rebuilding trust in Stage 2 (Makinen & Johnson, 2006; Zuccarini, et al., 2013; see Box 11.1).

What is an attachment injury?

The construct of an attachment injury (AI) is defined as a specific relational incident, where one partner is inaccessible or unresponsive to offer comfort and caring in a particular moment of need, thus

shattering the bond of trust between intimates (Johnson et al., 2001). Events in which one partner responds, or fails to respond, at times of urgent need are found to influence the quality of an attachment relationship disproportionately (Simpson & Rholes, 1994) and to redefine the security of the relationship. They are pivotal, moment-in-time events that shatter the attachment bond and redefine the relationship as unsafe and untrustworthy. From that moment on, they continue to be the standard by which one partner measures the dependability of the offending partner.

Abandonment and betrayal at a crucial moment of need are what Herman (1992) calls a violation of human connection. An attachment injury creates or exacerbates existing insecurity in an attachment bond and induces overwhelming fear and helplessness in the injured partner. There is a life and death nature to these traumatic moments. Emotions associated with the event tend to linger and trauma reactions ensue: the injured partner is likely to vacillate between withdrawing and numbing and having flashbacks and experiencing hyper-arousal that is often expressed towards the other partner in accusations and blaming. Experiencing a partner's unreliability and untrustworthiness becomes a recurring theme and creates an impasse that blocks relationship repair.

"The concept of *attachment injury* emerged from the observation of impasses in the therapy process of couples whose relationship improved but who did not recover from distress in emotionally focused couples therapy" (Johnson, et al., 2001, p. 146). While some couples enter therapy openly embattled over an injurious event, others seem unaware of the impact that such events are having on their relationship bond, and move successfully through de-escalation. There could be an event from six or thirty years ago that has not been discussed and both partners might pay little attention to its impact, in spite of the fact that echoes of broken trust continue to reverberate. This can be the case with seemingly minor incidents, such as a hurtful comment at a key moment, or the prototypical attachment injury of infidelity, but unless an attachment injury is resolved and trust is rebuilt, partners are unable to move beyond de-escalation and will most likely relapse once therapy is terminated (Makinen & Johnson, 2006).

The attachment significance of an event is what gives it the power to rupture a relationship and redefine its security. Attachment theory

explains what makes up the defining moments in relationships and tells us what is likely to strengthen a bond or to shatter it. When a partner is accessible and emotionally responsive in a moment of need, the attachment bond is nurtured and strengthened. On the other hand, abandonment or betrayal at a critical moment of need violates the expectation that the other partner will offer comfort and caring in times of danger or distress. It is not the content of the event, but, rather, the life-and-death sense of threat experienced during the event that gives it the power to tear an attachment bond to shreds. "What matters most to Pain Central is not the philosophical category a slight belongs to *but the level of jeopardy it threatens . . . like a shattered knee or a scratched cornea, relationship ruptures deliver agony*" (Lewis et al., 2000, p. 95, my italics). An actual affair can be less injurious than the offending partner's defensive or emotionally absent response in the moment of the discovery of the affair. The crux of the injury—what gives it power to shatter the attachment bond—is that at a moment of urgent need, one's expected source of comfort is inaccessible—unavailable or unresponsive.

What an attachment injury is not

Beginning EFT therapists sometimes confuse an attachment injury with general hurts and distrust in the couple's life. Two helpful distinctions can be made. First, an attachment injury must be distinguished from regular ups and downs of a relationship. The slow erosion of relationship trust from repetitive negative interaction patterns does not have the cataclysmic proportion of an attachment injury. A negative cycle slowly erodes relationship safety and trust, whereas an attachment injury shatters the most basic assumption of an attachment relationship ("You will be there when I need you") in one identifiable moment (Johnson, 2013). Assumptions of the other's reliability and one's sense of self as lovable and precious to the other partner are shaken to the core in one specific incident.

Second, an attachment injury needs also to be distinguished from traumas external to the couple's relationship. One partner's traumatic experiences, whether, for example, the trauma of childhood abuse, a parent's suicide or mental illness, the trauma of serving in war, or a traumatic motor vehicle accident, are not, in and of themselves,

attachment injuries specific to the relationship bond, although these events can contribute to relationship distress and to the difficulty of attachment injury resolution.

Attachment injuries emerge differently in therapy

One of the main markers that signals to a therapist that a couple is being impacted by an unresolved attachment injury is “a sudden increase in the emotional intensity of the couple’s interaction” (Johnson, et al., 2001, p. 147). There are three basic ways this increased emotional intensity may be seen. The first example illustrates an attachment injury that is a dominant focus in Stage 1. The second example can appear in Stage 1 or 2 and the third example illustrates an attachment injury suddenly and unexpectedly emerging in Stage 2.

First, a gaping wound might be visible from the outset of therapy. Gail and Paul enter therapy, stuck in time, unable to recover from the relationship wound of Paul’s affair. Nearly every moment of therapy is punctuated by Gail’s frantic protests of “How could Paul have done this?”, followed by Paul, on the edge of his chair, wringing his hands, repeatedly offering the same shame-faced apology. (This case example is expanded in the next section illustrating EFT therapy in Stage 1 with an attachment injury.)

Second, a ghost might peek out of the closet. Jon (the withdrawer) and Kareem the (pursuer) mention an event in early assessment, which they report is “over now”. It is rarely mentioned and does not block Stage 1 de-escalation; however, beginning Stage 2, it is hinted at again. Jon’s eyes mist over while discussing “that argument” when Kareem stormed off for dinner with his family. “You’d think I’d be over it by now,” he says rather nonchalantly, but his eyes fill with tears. A “never trust him again” moment begins to emerge. An EFT therapist needs to zoom right in to open the wound for discussion and reprocessing towards resolution (see Brubacher & Johnson, 2017 for an expanded example of a similar case).

Third, the ghost of an attachment injury might come roaring out of the closet just as partners are becoming increasingly vulnerable with one another in Stage 2. Just as Tanisha, the more pursuing partner is invited to risk and make a vulnerable reach towards the now re-engaged Deshawn, a “Never again!” limbic alarm bell rings and she

freezes. A memory of a traumatic event from thirty years ago—a moment of intense need when Deshawn was emotionally unavailable—floods through her being and she halts. This example is expanded in the section below, illustrating the use of the attachment injury resolution model to resolve an injury in Stage 2.

The gaping wound: working with a visible attachment injury in Stage 1

Emily listens as Gail and Paul describe the event that prompted them to seek couple therapy. The event was clearly a sudden snap of the bond of trust they had shared. “He was my hero,” says Gail as she twists a tissue in her hands. “I knew I was his precious one and I trusted him with my life. We struggled together to successfully raise two special needs children, and we had lovely times travelling with our children and he was always there for me. And then—at the rawest moment of my life, when my mother died—I found a receipt for a pearl necklace he bought for his office assistant and I knew at that moment I wasn’t his true love any more. He has never bought me a piece of jewellery in my life!” She hesitates, “I lost my hero!” Gasping for breath and in a sudden mix of tears and rage, “I never in a million years thought he would do it, you know!” Paul reaches in, “I know—it was wrong. I’ve told you I’m sorry—it was so wrong of me. I’ve told you I am so sorry!” Emily catches her breath. The open wound of this attachment injury dominates the session.

Stage 1 de-escalation before Stage 2 resolution

Emily is briefly tempted to guide Gail to share her vulnerable pain with Paul to help him understand how deeply he has hurt her and to invite Paul to respond with enough remorse that will heal this injury. Suddenly, she jolts herself into consciousness, remembering the importance of de-escalating the negative cycle before moving into the Stage 2 resolution process. She refocuses. Attuning to the process of what is before her, she sees an escalated couple: Paul in a gently defended and placating withdrawer position and Gail in a fragile and critical pursuing position. Emily reminds herself that she is working in Stage 1, and that she needs first of all to help them de-escalate, to

track the negative interaction cycle without ignoring the open wound in the room.

She begins with naming and validating their typical moves and meanings in the negative cycle that set the stage for the attachment injury and that is keeping the hurt alive. “Gail, I am noticing that the more you share your pain and your anger that he could turn to someone else when you needed him most, the more you, Paul, apologise profusely and then get impatient when you cannot make her feel better.”

Emily continues to track the process of emotion in the negative cycle, evoking and reflecting attachment meanings created when triggers occur. Triggers for Gail are Paul’s relationship with his office assistant and her discovery of the receipt for the pearl necklace. Opening a doorway into Gail’s emotion process, Emily asks, “What do you tell yourself, Gail, about his relationship with Lily and the jewellery receipt?” A big trigger for Paul is Gail’s unhappiness, so Emily asks, “What do you say to yourself when you see she is unhappy, and you cannot get her out of her depression? And now, when you see her pain and anger, what does it say to you?”

She validates the secondary emotions of each partner, including the anger Gail feels and Paul’s impatience and helplessness at not being able to make her feel better for years and especially now that he has hurt her so badly. She catches bullets where necessary:

Gail: I don’t think he really thought he had a problem. I asked him to get therapy. I said he needed it.

Emily: That was your way of saying let’s break through this trap we’re caught in—this repetitive trap where the harder you tried to pull him in, the more he seemed to disappear; the more he disappeared, the more you pointed out the dangerous distancing?

Then Emily evokes and makes sense of the underlying emotional music that drives the dance: Loneliness, pain, and fears of rejection and abandonment. Negative views of self (“I’m unlovable and despicable”) and other (“He is unpredictable and unreliable”).

Finally, she reframes their distress as the familiar cycle and the enemy blocking them from having a healing conversation about the injury. That is, a dance of Paul withdrawing, placating, and defending and Gail pushing, protesting and crumbling in despair.

Paul struggled in silence for years, wanting to make Gail feel better, and finally pulling away more and more as he felt “inept at cheering her up and making amends”. Emily describes what has happened as a tragic moment that broke the bond between them, where this final event of Paul getting involved with another woman shattered the trust between them and nearly (but not totally) banished him from being Gail’s hero. While reassuring the couple that she knows the path to help them repair this broken trust, she validates that it makes total sense that Gail cannot trust him yet and that Paul still gets stabs of fear each time he sees her pain, wondering if he will ever again be her knight in shining armour.

Key elements for responding to an attachment injury in Stage 1

Of course, not all offending partners are this penitent. Some are cold and dismissing or well defended with excuses and counter-attacks. Nevertheless, de-escalating the negative cycle that is blocking the couple from having a healing conversation needs to precede the resolution process. Before an EFT therapist can follow the Stage 2 attachment injury resolution model (AIRM) to guide a couple to resolve the injury and rebuild trust, current cycles of raging and defending or apologising and distancing need to be tracked, unpacked, and recognised as the problem blocking them from mending the shattered trust. The cycle that needs to be de-escalated at this time is the current cycle, blocking repair. This cycle could be different from the original cycle that predates the injury. Tracking a cycle with an attachment injury in Stage 1 involves the following.

First, boldly name the injury and state explicitly how the injury is part of the current cycle that is keeping the hurt alive. When EFT therapists identify one or more attachment injuries in Stage 1, they refrain from getting sucked down a content tube or on to a problem-solving carousel by focusing instead on the process. They do this by boldly naming the injurious incident and evoking and validating its ongoing impact on the current cycle. “Scott, ever since you discovered Diane texting your best friend, Alec, when your mother was dying, your heart burns with anguish and you desperately demand she not leave your sight. Diane, the more he pushes you, the more you shut down inside, and the more you shut down, the more he pushes.” There might be multiple events that are made explicit in the cycle in Stage 1.

The therapist continues to offer slow, gentle, relentless validation to the differing positions of criticism or shut down, turn away, or turn against, and to empathise and validate with differing experiences of anguish, rage, remorse, or hopelessness.

Explicitly naming the injury can be challenging for a therapist who struggles with directly stating something that might have an aura of shame or disgust, such as a partner's affair, routine involvement with prostitutes, or a hidden addiction to prescription drugs. A therapist might resist repeatedly naming the injury for fear of triggering shame for the offending partner or heightening the injured partner's pain; however, it is actually calming to boldly name the injurious event and explicitly track how the event of broken trust is part of the current cycle. Explicit naming contains the unspeakable and begins the process of de-escalating the current cycle that blocks partners from effectively discussing the event.

Second, de-escalate the cycle that is blocking repair. In Stage 1, an EFT therapist does not try to heal the injury, or to determine *why* the injury happened, but, rather, works to de-escalate the current cycle that is preventing the injury from being healed and which, in all likelihood, led to the injury occurring. This process includes the following elements.

1. Track the present moment triggers, action tendencies, attachment meanings, and validate the defensive, reactive, secondary emotions. ("I can tell he doesn't want to talk about it, so I never bring it up—I just poke him to punish him sometimes." "I don't want to talk about it—I've said I'm sorry!")
2. Pinpoint and validate the nub of the injury (the core pain, fear, resentment) that is blocking trust. (An injured partner: "I'm not important to him"; an offending partner: "I'm doomed—can never make up for it").
3. Access some of the underlying pain and mistrust. ("I know he didn't mean anything by it, but it hurt worse than anything, I've ever known.")
4. Frame the problem as the negative cycle that is keeping them from repairing the injury.
5. Assure the couple that you understand that they cannot trust yet, but that you know the path to walk with them towards rebuilding trust. Transparently show them however much of the map

they can tolerate. (“Before rebuilding trust, we need first of all to name clearly how you currently get stuck in automatic behaviours that send messages of danger, hopelessness, and more hurt to one another. We need to change the negative cycle that is blocking you from having a healing conversation. I know how to guide you on this path—to help you [the offending party] truly feel the pain your partner is experiencing and together to make enough sense out of how this dreadful event could have happened that you [injured partner] will feel safe to trust again.”)

The attachment injury resolution model (AIRM)

The attachment injury resolution model is a validated blueprint for attachment injury repair (Makinen & Johnson, 2006; Zuccarini et al., 2013; see Box 11.1). It is a mini-model within a model. The eight-step repair process specifically addresses the injurious incident in a series of responsive dialogues (enactments) between injured and offending partners. The conversations of reaching and responding create an emotionally engaged apology that offers reparative comfort and reshapes the attachment bond. This Stage 2 process has the transformative elements of a softening (Greenman & Johnson, 2013) and, like a softening change event, must be preceded by general cycle de-escalation and withdrawer re-engagement. As with a successful softening, a withdrawn partner needs first to become accessible to participate in the healing conversation and partners need to have de-escalated in order for the pursuer to be sufficiently open to participate.

Box 11.1. Steps in the attachment injury resolution model: partners’ and therapist’s tasks (Makinen & Johnson, 2006; Zuccarini et al., 2013)

Cycle de-escalation elated to the injury

Step 1. Injured partner’s task: articulate the injury and impact of an event in which she or he felt betrayed, abandoned, helpless, and experienced a violation of trust that damaged belief in the relationship as a secure bond.

Therapist’s task: process injured partner’s account of the incident of injury; repaint the scene and articulate the “never again” impact. Validate secondary emotions.

(continued)

Box 11.1. (continued)

Step 2. *Offending partner's task*: respond to partner. Frequently, she or he will discount, deny, or minimise the incident and the partner's pain and move into a protective stance.

Therapist's task: process offending partner's response and support him or her to hear the attachment significance.

Step 3. *Injured partner's task*: integrate narrative and emotion and access attachment fears and longings associated with injury event.

Therapist's task: support injured partner to stay in touch with the attachment significance of the injury. Unpack secondary emotions and access the core pain of the experience.

Step 4. *Offending partner's tasks*: begin to hear and understand the attachment significance of the event as a reflection of his or her importance to the other partner, not as a sign of inadequacy or insensitivity. Expand on how it evolved in order to become predictable again.

Therapist's task: support offending partner to unpack secondary emotional reactions, and to become accessible to the attachment significance of the incident for the partner. Ask him or her to elaborate on how the incident evolved.

New cycles of emotional engagement: forgiveness and reconciliation

Step 5. *Injured partner's task*: move towards a more integrated articulation of the injury and how it threatened the attachment bond. Express primary, vulnerable emotion related to the injurious event.

Therapist's task: process injured partner's primary emotional experience of the injury. Direct injured partner's expression of the pain, loss, attachment fears and longings to offending partner, letting partner witness his or her vulnerability.

Step 6. *Offending partner's tasks*: become more emotionally engaged. Access a "felt sense" of partner's pain and be visibly moved by it. Express primary emotion—empathy, regret, remorse, and acknowledge responsibility for his or her part in causing the pain.

Therapist's task: process offending partner's primary emotional responses (sadness, remorse, regret, empathy for injured partner) to facilitate a "felt sense" of partner's pain. Promote owning responsibility, expressing empathy, regret and remorse – while staying attuned and engaged.

Consolidation of the bond

Step 7. *Injured partner's task*: risk asking for attachment needs to be met—usually the comfort and caring that was unavailable at the time of the injury.

(continued)

Box 11.1. (continued)

Therapist's task: process injured partner's accessibility and responsiveness to partner's emotional expressions (acceptance of apology and empathy for offending partner's experience). Support expression of attachment needs related to injury.

Step 8. Offending partner's task: respond in a caring manner that acts as an antidote to the traumatic experience. This bonding event achieves that. Relationship is redefined as a safe haven.

Therapist's tasks: process offending partner's responsiveness to injured partner's expressed needs. Support partner's response and creation of new narrative.

Both partners' task: create new narrative of event.

Following the AIRM to resolve an attachment injury in Stage 2

A long-forgotten incident roars out of the closet in Stage 2 with Tanisha and Deshawn. Emily first discovers the defining power that one "long forgotten" pivotal event can have on a relationship in her work with Deshawn and Tanisha, a couple in their late forties, who had married as teenagers. They entered therapy with a well-entrenched cycle of Tanisha pursuing with escalating criticism and hostility and Deshawn shutting down and "going cold" and occasionally firing back in self-defence with vicious comments.

The couple and Emily are pleased with the progress they are making. After taking several months to de-escalate, and several more weeks to complete Deshawn's withdrawer re-engagement, Deshawn is taking a more assertive place in the relationship and stepping close to Tanisha, asking for reassurance and comfort in ways he had never done before in his life. When he catches sight of her look that to him signals danger, "as if I'm about to get burned", he pauses now and asks for her patience. He lets her know that that look freaks him out, makes him feel like getting out of her way, and that he wants to stay connected. (This longing to stay connected is a clear indication that he has re-engaged, since previously being close felt dangerous to him.) When he feels twinges of the familiar tingling from his heart to his arm (familiar bodily arousal to cues from Tanisha that she is not happy—perhaps disapproving), he says, "Oh no—it's starting up again—that tingling tells me you're about to judge me and wall me off." They repair the moment and come together.

In the midst of processing her softening toward Deshawn, Tanisha expresses her fear that if she reaches to him, he will not be there. Emily senses Tanisha is the most vulnerable she has ever been, and she invites her to share this fear with Deshawn. As Tanisha looks over to Deshawn, she stops abruptly. Suddenly her face goes blank, she begins to wring her hands, and she looks off into the corner of the room . . .

“No—No—No—he wasn’t there—the darkest moment . . . we were so in love . . . he was my shining knight . . .” Her eyes fall to the floor. She wraps her arms around her belly. “He’s been a good father to Micah for thirty years, but I’ve never quite trusted he really loves him. I’ve never got over his suggestion that I have an abortion when I became pregnant. He fell off his pedestal that day . . . broke my heart, really—get rid of *our* baby! How could I? Didn’t he care? I’ve never quite trusted him since. Why, I’ve almost blamed him for Micah’s autism!”

Emily’s own heart resonates with pain: pain for the broken trust between them, pain for Tanisha’s grief and fear, and pain for Deshawn hearing now for the first time how that one small moment broke her trust and diminished her view of him—knocked the knight in shining armour off his horse! Emily experiences first hand this common Stage 2 impasse she has read about, where a couple’s initial distress lessened, but an unresolved attachment injury from the past blocks the couple’s full repair.

Deshawn and Tanisha have come so far in repairing their relationship through de-escalation and withdrawer re-engagement, but when it comes to the final change event of blamer softening, they are stuck. Tanisha cannot risk being vulnerable with Deshawn. The memory of the past event resurfaces and stops her in her tracks. Emily sees Deshawn’s total shock that this forgotten event has resurfaced. She resonates with pain, imagining the difficult moment when the couple discovered they were pregnant before marriage—something totally unacceptable to Tanisha’s conservative family. The couple obviously needs and is ready for her to follow the AIRM to help them resolve an injurious event that has made its unexpected, paralysing appearance.

AIRM Step 1

Emily supports Tanisha to repaint the scene, engage with the pain, and put it into words.

Tanisha: He was my world—my knight in shining armour! I loved the baby from the moment I knew I was pregnant! Yes—I was afraid of my family’s outrage and judgement, but I was confident that, with Deshawn, we could handle anything. But his suggestion of an abortion broke me. It felt as if he turned against me—and the baby!

Deshawn interrupts at times to express his utter shock at all this.

AIRM Step 2

Emily helps Deshawn hear the significance of the event in attachment terms (i.e., as his importance to Tanisha, rather than as his flaw). She repaints the scene that Tanisha drew of him as her knight in shining armour, feeling she could get through anything if she had his support—that together they could survive her family’s harsh disapproval and be a successful, happy, teenage parent family. She emphasises how Tanisha said he was so important to her, that he was her strength, that together they could do anything.

AIRM Step 3

Emily helps Tanisha to integrate the story with her attachment fears and longings. She evokes vulnerable hurt, sadness, longings, and fears underlying her anger.

Tanisha: Something changed after he suggested I have an abortion and even suggested that we break up! I insisted he not break up with me. We got married, we carried on, we did survive my family’s judgement, we stuck together . . . but I pulled away from him to care for the baby and to protect the baby *from him!* I never quite trusted him again. I’ve never quite felt safe or protected by him any more. I’ve had to act strong on my own. Inside, I was feeling lonely and scared—always afraid he’d walk away.

AIRM Step 4

Deshawn begins to hear Tanisha’s pain, not as a sign that he is inadequate or insensitive, but as a sign of how important he is to her. He begins to become predictable again, by disclosing his experience during those dark moments when he had suggested breaking up and having an abortion.

Emily: What is it like to see this side of Tanisha that you haven't seen before? What happens on the inside for you to hear her tell you she was scared and felt alone and lost and needed *you*—that she is still hurting and has never shared this before?

Deshawn (face flooded with anguish): I hurt. I was so selfish—so young—I just wanted to run! I see now how much I hurt her, how lonely and terrified she felt. I had no idea! She's always been the strong one.

He acknowledges directly to Tanisha how he feels her pain, her loneliness, and how abandoned she must have felt.

Emily: Can you help Tanisha understand how you came to make this suggestion to her?

Supporting Deshawn to elaborate on how this event evolved was a pivotal step in their healing process.

Deshawn: I panicked. I felt so helpless and terrified of being a father—no idea of how to protect you or even how to take care of myself. I was terrified of your parents' reaction, and I just wanted to run, it's true! I felt so ashamed of who I was and so afraid of being a father and so afraid I couldn't live up to what you and your mother wanted me to be . . . I was overwhelmed and didn't know what to do. I wanted the best for you and thought I just couldn't do it!

Emily (reflecting and validating): You had no idea of how to protect Tanisha and your baby—your best attempt to support her was to suggest an abortion and to disappear from her life? You are saying—you really thought mostly about your own needs at the time. Your suggestion to have an abortion and to break up broke her heart and you get that now. It hurts to hear that? (Deshawn is nodding and sobbing.)

As Deshawn opens up and discloses what was going on for him thirty years ago, the person who hurt her so badly begins to make perfect sense to Tanisha and she begins to sense his dependability once again.

AIRM Step 5

Emily helps Tanisha to express the impact of the event directly to Deshawn. (In so doing, she expands her attachment fears and

longings and deepens her previously unexpressed loss and fears regarding the attachment bond. She describes years-old fears that Deshawn could not be trusted to support her or to love his sons and take a genuine interest in them.)

As Emily reflects and validates Tanisha's experience, she is able to organise it more clearly and to integrate the story of this pivotal event with her underlying vulnerable emotions. She asks Tanisha (structuring an enactment) to allow Deshawn to witness her vulnerability, "Can you tell him—show him—how scared and alone you felt?"

Tanisha: Until that moment you were still my knight—I thought the world of you, I felt so safe with you. You were my partner and we were together. At that moment you turned into something else. I thought I had lost you, and I so desperately needed you. I didn't feel strong at all. I felt afraid and alone and I needed you.

Emily tracks and heightens the process, how right now, in this moment, Tanisha is able to let Deshawn see how very vulnerable she is, letting Deshawn see this side of her which she never, ever shares with anyone, this frightened, "I can't-do-this-alone" part of herself.

Simultaneously, Emily supports Deshawn to be emotionally engaged and moved by Tanisha's vulnerable expressions.

AIRM Step 6

Slowly, with lots of empathy, evocative responding, and heightening, Emily helps Deshawn to access his internal experience so that he has the space to actually feel Tanisha's hurt and to feel how her pain has an impact on him.

Emily: How is it to hear Tanisha share this heartbreaking event where she totally lost her knight in shining armour and decided never again to trust you?

Deshawn: I see your pain—it hurts me. I hurt to see what I've done to you! You are so beautiful and I didn't get that I was your knight in shining armour! I felt small, ashamed, and frightened. I didn't think you've ever needed me—not really. I am so, so sorry I hurt you. I never want to hurt you like this! Never want you to feel abandoned or afraid.

Tanisha sees Deshawn's face filled with pain. She hears caring and tenderness in his voice. She feels his empathy for her pain and his remorse for abandoning her in this critical moment.

AIRM Step 7

Emily asks Tanisha to tell him what she needs to feel safe now.

Tanisha risks reaching to Deshawn, "I need to know you want to support me—that inside I am not as strong as I act, that I have this old, old wound and this fear. Whenever you become distant, I still fear that you could just give up on us. I need you to know that when I get demanding, underneath I am afraid—and trying to hold on to you. Can you be my knight again and care for me? Can you assure me you will not leave, will not go away, will not shut down and pull away from me? Can you assure me I am precious to you—precious enough to drive across town in bad weather for my favourite restaurant?" she adds with a subtle smile, recalling their last argument.

AIRM Step 8

Deshawn replies, "I want more than anything to be that man for you. I want you to feel safe and loved! You are everything to me! I want you to feel completely safe with me. I want to care for you every way I can!"

Deshawn and Tanisha are creating a new attachment bond. Their relationship is redefined as one of safety and solid support shared between them.

Conclusion

Attachment injuries are acknowledged and placed in the negative cycle in Stage 1, and are resolved with the steps of the attachment injury resolution model (AIRM) in Stage 2. As described in this chapter, the AIRM is a mini-model to be followed *within* the larger EFT model, similar to the blamer softening change event in its ultimate transformation of the attachment bond (Greenman & Johnson, 2013). In Stage 1 de-escalation, the relationship-specific attachment injuries are boldly named and explicitly tracked in the negative cycle that is

currently blocking the repair. After the change events of de-escalation, and withdrawer re-engagement, an EFT therapist follows the steps of the AIRM to take a couple through an emotional healing process of forgiveness and reconciliation.

With some couples, where the injured party is the withdrawer, the steps of the attachment injury resolution model complete the withdrawer re-engagement change event or, when the injured partner is the pursuer, they become the significant softening event (Johnson, 2016b). Stage 3 will then integrate the newly shaped bond across other pragmatic issues and consolidate the shift into the future of the relationship.

Multiple attachment injuries will take longer to resolve, although Johnson (2016a) suggests that the steps of the resolution process probably will not need to be followed for each event. After the corrective emotional bonding experience that reshapes the security of the relationship, partners can integrate the shift across the injuries of their relationship. Partners' entire world becomes safer and more secure.

Repairing an attachment injury is much bigger than cognitive forgiveness and letting go of resentment. Consonant with blamer softening, it is taking the risk to put oneself in the other's hands and once again experience safety and trust. Both partners' resilience is strengthened—trust and dignity is restored for both partners as they co-create and consolidate the antidote to the shattered trust.

An overview of the eight steps of the AIRM, as conveyed from the injured partner to the offending partner, was created by L. Buchanan to be sung to the melody of "Habanera" from Bizet's opera *Carmen*:

Because I told you about my pain (Step 1)
 Despite your minimizing and denial (Step 2)
 Then I could share about my attachment fears and longings (Step 3)
 And then you told me that you understood (and something of
 how it came about) (Step 4)
 And so I was able to integrate and show my vulnerability (Step 5)
 Then you engaged and owned your part and you expressed your
 deep remorse. (Step 6)
 And then I was able to ask for comfort and caring (Step 7)
 And you responded in such a caring way that I could say that we
 were one and once again had an attachment bond. (Step 8).

(Brubacher & Buchanan, 2014).