

# PART V

## COMMONLY EXPERIENCED IMPASSES IN EFT THERAPY

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In Part IV, Chapters 10 and 11, I discuss two specific issues that frequently create complications and can block relationship repair in EFT therapy: Addictive processes and relationship-specific injuries, defined as attachment injuries. Both create relationship trauma and pose a serious threat to the security of the attachment bond. They can also make de-escalation very challenging.

I hope to increase your comfort with, assessing for and working explicitly, first with addictive behaviors as *faux attachments* (Flores, 2004) in Chapter Ten and, second, with relationship-specific attachment injuries in Chapter Eleven.

### Chapter Ten - Addictive Processes as Substitute Sources of Comfort

I explore a changing view of addictive processes. Initially considered a contraindication for couple therapy, they are now approached as an attachment-related problem that, if acknowledged, can be worked with in EFT. When individuals reach outside of the relationship for emotion regulation, they block accessibility to, and emotional responsiveness from, the other partner.

I present the *positive incentive theory of addiction* – the view that addictive processes are motivated by a search for reward. This view, rather than the older physical dependence model, fits with EFT, as it is consonant with attachment theory. The positive incentive theory of addiction holds that it is the preoccupation with anticipating the reward of the addictive substance or behaviour that becomes the problem. EFT therapists track negative cycles of this web of expectation.

“Attachment theory holds that humans are primarily motivated to seek proximity to an attachment figure when under stress, and when this reward of comfort and safety is not accessible, they resort to secondary strategies to regulate emotion. In an attachment frame, then, addictive processes are seen as emotionally motivated. When individuals are emotionally starved of human connection, addictive processes can temporarily fill a hunger for positive emotion (reward) or relief from negative emotion. Drug and alcohol use, eating disorders, and many other addictive behaviours are all responses to the normative human hunger for connection.” P. 231.

Similar to earlier chapters, I describe what the EFT therapist sees or hears when addictive processes are present, what an EFT therapist does when addictive processes are present and *how* a therapist works with addictive processes. I describe how effective dependency or secure connection is the antidote to reliance on addictive processes, with the case example of Emily working with Jess and John.

One of the challenges for therapists seeking to work with an attachment frame, discussed in Chapter Three, is that of tacitly seeing one partner as largely responsible for the relational distress. This challenge presents itself very boldly when addictive processes are present. The positive incentive model of addiction and attachment theory can support an EFT therapist to keep from being sucked into a “find the bad guy” mentality, working instead through times of darkness and ambiguity with patience and open-mindedness.

## Chapter Eleven - Repairing Broken Bonds: Forgiveness and Reconciliation with EFT's Attachment Injury Resolution Model

Attachment injuries range from infidelity to physical or emotional absence during a time of critical emotional need. An attachment injury 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, shattering the bond of trust between intimates. I describe different ways an attachment injury can emerge in therapy.

Since such injuries cannot be ignored nor be resolved in the negative climate of Stage 1, I begin with describing how to work 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.

With the case of Gail and Paul, I show Emily working in Stage 1 with the mistrust of a shattering attachment injury. I present the specific steps of the AIRM and studies validating the model to resolve an attachment injury in Stage 2. I show Emily with Deshawn and Tanisha, following the AIRM to resolve an attachment injury.

For additional training in the AIRM, you are recommended to consider:

Brubacher, L. L., & Buchanan, L. (2014). *Emotionally Focused Therapy Attachment Injury Reduction Model (AIRM) Training Program* [Interactive Video Training Program]. Available from [www.iceeft.com](http://www.iceeft.com)