

# Managing the Attachment Relationship in Recovery

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Only within the last few decades has the addiction recovery field recognized the importance of addressing the relational system within which the addict functions. This realization resulted in a broadening of treatment services to include intimate others. limited primarily to separate individual or group therapies<sup>i</sup> which focus on individual rather than relationship issues and do not address issues of attachment reparation.<sup>ii</sup> Consequently, utilizing the pair-bond attachment relationship itself to augment both recovery and healing has gone largely unexplored.<sup>iii</sup>

The capacity for attaching or bonding with others is essential for individual survival and ongoing well-being. We have long recognized the importance of childhood experiences in the development of this capacity. Allen Schore<sup>iv</sup> stated, "The child's first relationship [mother-child dyad] acts as a template and it molds the individual's capacities to enter into all emotional relationships." So powerful is this first relationship that it affects not only the child's emotional development but also directly influences the *biochemical growth of the child's brain* and the developing personality.<sup>v,vi</sup>

In terms of the later impact of these early childhood experiences, John Money<sup>vii</sup> utilized the idea of a "Love Map" to describe this template and its impact on our adult strivings toward intimate relationships: A personalized, developmental representation or template in the mind and in the brain that depicts the idealized lover and the idealized program of sexueroetic activity with the lover as projected in imagery and ideation or actually engaged with that lover.<sup>viii</sup>

Nowhere, perhaps, is this template more evident than in cases of sexual compulsivity or sex addiction. In support of Schore's (1994)<sup>ix</sup> theories, Carnes (1991)<sup>x</sup> found both a history of sexual abuse and addiction in the family-of-origin in a high percentage of sex addicts in treatment. He also found that

this abuse occurred within the context of dysfunctional family environments in which failure to bond was the norm.<sup>xi</sup>

Consequently, practitioners in the sex addiction field have consistently noted the importance of uncovering and resolving early childhood attachment experiences and the resultant “love map” or template that arose from them.<sup>xii,xiii</sup> Carnes (1992),<sup>xiv</sup> for example, has long advocated a family model of treatment as has Cooper and Marcus<sup>xv</sup> and Schneider and Schneider<sup>xvi</sup> in more recent years.

### **Cybersex Addiction and Internet Infidelity**

Over 200 million people in the United States use the World Wide Web.<sup>xvii</sup> Accumulating data indicates that, for a growing number of individuals, use of the “Web” has become a consuming habit or addiction with significant negative consequences in their personal and professional lives.<sup>xviii,xix,xx</sup>

Both therapists<sup>xxi</sup> and lawyers<sup>xxii</sup> have cited Internet and “Cybersex” Addiction as major contributing factors in many of the separating and divorcing couples with whom they work. One lawyer’s survey identified the problem behaviors associated with this addiction:

1. Excessive time on computer.....47% of cases
2. Excessive time in chat rooms (an often sexualized venue) ..... 33% of cases
3. Obsession with pornographic sites .....56% of cases
4. New love met online .....68% of cases

In 1995, Barber & Crisp concluded from their study of factors contributing to successful recovery that “It is supportiveness of the most significant person in the drinker’s naturally occurring social network that [most] matters.”<sup>xxiii</sup> However, in cases of cybersex addiction and internet infidelity, the behavior has so directly and profoundly impacted the intimate attachment relationship that the partner is severely alienated from supporting the addict.

These couples often present in therapy as a result of a “crisis of discovery” and are typically in a highly emotional state. Managing and utilizing the attachment relationship for healing and recovery in

early treatment can be a challenging endeavor. This article offers a brief introduction to a model for achieving this goal.

### **Managing the Attachment Relationship in Recovery**

Butler and Seedall<sup>xxiv</sup> have presented a five-stage, developmental model which they have found “ideal” for working with couples where there is a high risk of emotionality and destructive escalation.<sup>xxv</sup> In what is referred to as “enactments,” the therapist directly engages and utilizes the attachment relationship as an agent for change.<sup>xxvi</sup> By carefully regulating the couple’s interactions, conditions are maximized to create a therapeutic environment that augments both relationship healing and recovery.

Davis and Butler<sup>xxvii</sup> have further delineated the three components or phases of a single enactment. The first is the *initiation phase*, during which the therapist (1) introduces the goals of the enactment and the distinct roles of the partners and therapist; (2) specifies the issue to be addressed; and (3) establishes requisite process and structure, calibrating it to the partners’ current distress, volatility, and reactivity. The second component is the *intervention phase* in which the therapist facilitates and coaches emotionally-focused recovery interaction and interaction attentive to underlying self-concept and attachment issues. Third is an *evaluation phase* during which the therapist (1) recalls the couple’s interaction goals; (2) elicits partners’ self-assessment of their interaction; and (3) facilitates their shared commitments for personal and relationship change.

In *Stage 1*, the therapist facilitates “shielded enactments,” filtering 100% of the couple’s interactions to model appropriate communication skills, “reframe” negative expressions, and emphasize expression of primary affect. Emotions are framed in terms of, and anchored to, each partners underlying attachment needs. Partners take turns speaking and each learns to express primary emotions and to understand the other’s experience.

In *Stage 2*, the therapist moves to “buffered enactments,” continuing to filter 100% of the communication but shifting from a *model* to a *coach* of healthy, “softened” interaction. Therapeutic asides are the primary means of achieving this shift, with more frequent shifting between partners to assess understanding and promote primary emotion expression. These shifts increase partner

involvement and more closely model natural communication patterns. This process builds a more positive relationship experience and reduces the chance of recovery work being undermined by toxic exchanges.

As the initial distress of the crisis decreases and volatility and reactivity between the couple lessens, the therapist can move to *Stage 3*. The therapeutic task is to engage the couple in “face-to-face, talk-turn enactments” that give the partners more responsibility for maintaining healthy communication. The therapist continues to coach from the sideline but enters the interaction only when necessary. When needed, becoming a partners “proxy voice” allows the therapist to continue reframing and modeling softened expression. In this stage, progress is measured in terms of a calming of emotions, increased comprehension, conciliation, a reorienting towards relationship, and increased optimism.

This re-bonding experience strengthens the couple as they move into *Stage 4* wherein “episode enactments” are often necessary. At this stage of recovery, new disclosures of sexual acting-out may be made or relapses may occur. These events often trigger a sharp increase in volatility and reactivity which the therapist again needs to “buffer” before facilitating movement into the episode enactment work. By clarifying, reframing, and focusing on primary affect, the therapist can re-stabilize the couple and refocus them on the progress made. In the case of new disclosures, the increased directness and honesty of the addict can be emphasized. Here, relapse episodes can be used to better understand their dynamics — identifying warning signs and improving the relapse prevention plan.

Successful episode enactments are marked by their brevity and by the couples’ increasing ability to recognize their own process and exit escalating exchanges on their own. As they become more self-reliant, they can also learn to evaluate and discuss an interaction on their own to both acknowledge progress and identify areas for improvement.

*Stage 5* involves “autonomous relationship enactments” within which the couple demonstrates interaction independence — to successfully address issues and interventions related to ongoing recovery from sex addiction and internet infidelity. Each partner is better able to identify and attend to self-concept

and attachment needs and longings while continuing to engage in the repair and healing of their relationship. This stage often marks the end of therapy.

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