



AN EFT HANDOUT

ATTACHMENT INJURY REPAIR

Some relational wounds do not respond to regular repair. They are attachment injuries: specific moments when one partner needed the other and got abandonment, dismissal, or attack instead. Left unprocessed, they become the underlying evidence in every future fight.

HOW TO TELL AN INJURY FROM A FIGHT

Fights argue about content. Injuries argue about whether you are safe with each other.

- **A specific moment you can name**
You can point at when it happened. Often a hospital, a phone call, an anniversary, a night after a fight, a moment right after a loss.
- **You needed something protective and got the opposite**
You reached, and instead of comfort you got dismissal, absence, blame, or attack. The moment became evidence that reaching is unsafe.
- **It keeps coming back**
The moment resurfaces in unrelated fights, in dreams, in body sensation. It has not been metabolized because it has not been fully heard.
- **Regular repair does not touch it**
"I'm sorry" does not move it. Time has not softened it. The wound needs a specific process to shift.

WHY REGULAR REPAIR DOES NOT REACH IT

Attachment injuries are stored differently than ordinary conflict. They live in the body and in the attachment system as coded evidence: "this person is not safe with this part of me." Cognitive apologies do not touch that layer. Only a specific emotional process does.





THE REPAIR SEQUENCE

Slow. Not in one sitting. Best done with a couples therapist who can hold the space, especially the first few passes.

1 AIRM STAGE 1 · MARKER

The injured partner names the moment

Not the pattern, not the years of it. The specific moment. “When I was in the hospital and you did not come.” “The night I told you I lost the pregnancy and you went back to work.” Specificity is what lets the moment shift.

2 AIRM STAGE 2 · DIFFERENTIATION OF IMPACT

The injured partner names the impact underneath

Not the anger about it. What it meant. “It told me I do not matter to you when it counts. That I am alone in this life.” This is the primary attachment emotion, the vulnerable layer the other partner needs to hear.

3 AIRM STAGE 3 · CONGRUENT EXPRESSION

The injured partner speaks the pain and the need

“When you did not come, it broke something in me. What I needed then, and what I still need, is to know I matter to you when it counts.” Naming the pain and the need side by side.

4 AIRM STAGE 4 · ATTUNEMENT

The other partner receives and attunes

Not a moment for context, explanations, or corrections. Receive the impact and let it register visibly. “I am hearing that when I did that, you felt utterly alone. I did that. I am so sorry that is what you carried.” Curiosity toward the wound, not away from it.

5 AIRM STAGE 5 · BONDING RESPONSE

The injured partner takes in the new response

The hardest step. Old evidence says the offer is not real. The move is to let one drop of the new response in, not to declare healing, only to notice that this response was different than last time. This is where new bonding evidence gets laid down.

6 AIRM STAGE 6 · CONSOLIDATION

Return to it again

Attachment injuries do not repair in one conversation. Plan to come back to it. Each round consolidates the new experience: that reaching this partner about this thing is now safe.

The goal is not to erase the moment. The moment happened. The goal is to change what it means going forward: from evidence of unsafety, to evidence that when it counts, this partner comes home to you.

EDUCATIONAL ONLY, NOT THERAPY.





WHAT THIS CONVERSATION SOUNDS LIKE

A composite example drawn from EFT clinical work, showing what each of the six AIRM stages sounds like as actual dialogue. Names and details are illustrative.

AIRM STAGE 1 · MARKER

INJURED PARTNER

"There is a specific moment I want to bring back into the room. Last November, when I got the biopsy call. I was alone in the car. I called you, I said I needed you to come home. You said you had a client. You texted around six that you were grabbing dinner with a friend after. I sat in the driveway for an hour before I came inside."

CLINICAL NOTE: Not the pattern, not "you never show up." One night, with details. Specificity is what lets the attachment system come out of the general and into this exact wound.

AIRM STAGE 2 · DIFFERENTIATION OF IMPACT

INJURED PARTNER

"What I have held onto is not the biopsy result. It is that night. What sits with me is what it told me: that when it counts, you do not come. Every time I am scared now, part of me is scared alone, because that night proved to me that reaching for you does not work in the moments that matter most."

CLINICAL NOTE: Not anger. The meaning underneath the anger. This is the primary attachment emotion, and it is the piece the other partner has to actually hear.

AIRM STAGE 3 · CONGRUENT EXPRESSION

INJURED PARTNER

"I am scared this is who we are. I want to be wrong about that. What I needed that night was for you to come home and sit with me on the couch. What I still need, now, is to know I can call you from the hard moments and you will come. I am asking. I am scared to ask, because if I ask and you cannot, I will know something about us I do not want to know."

CLINICAL NOTE: The pain and the need spoken at the same time. This is the vulnerability that gives the other partner something specific to respond to.

AIRM STAGE 4 · ATTUNEMENT

OTHER PARTNER

"I am hearing what that night meant to you. That I broke something in you that has not come back. My client was late showing up, I put work in front of you, and I made a story in my head that you would understand. I did not hear what you were asking me. I hear it now. That is on me. I am so sorry that is what you carried alone."

CLINICAL NOTE: No defense. No timeline correction. No explaining why work mattered that day. Receiving the impact as told, and letting the recognition register in the body.

AIRM STAGE 5 · BONDING RESPONSE

INJURED PARTNER

"You saying that to me right now feels different than what I expected. My old story is you would defend it, tell me I am remembering wrong, tell me your work was legitimate. You did not do any of that. You just said, you were alone with something huge, and I chose work. I do not have a script for what to do when the response is that clean. I just want to sit here for a minute."

CLINICAL NOTE: This is where the new bonding evidence gets laid down. The task is not to declare healed; the task is to let the different response register.

AIRM STAGE 6 · CONSOLIDATION

INJURED PARTNER

"Can we come back to this next week? I do not think we can close it in one conversation. I want to keep saying what I need out loud, and I want to keep hearing you say it back to me. I do not need every conversation to be about that night. I just need us to keep proving to each other that this time we can talk about it, and this time we both come



APPLY IT THIS WEEK

Injured partner and other partner each write privately first. Do not attempt the actual repair conversation without a couples therapist in the room for the first pass.

INJURED PARTNER · PROMPT 01

Name the specific moment

Date. Place. What was happening. What was said or not said. Not a pattern, one moment.

INJURED PARTNER · PROMPT 02

What did I need in that moment?

Comfort. Presence. Protection. To matter. To be believed. To be chosen. To not be alone with it. Say what you were reaching for.

INJURED PARTNER · PROMPT 03

What did I get instead?

Absence. Distraction. Dismissal. Blame. Minimizing. Silence. Anger back at me. Say it as it was.

INJURED PARTNER · PROMPT 04

What did that moment tell me?

The meaning is often what needs repair, not the moment itself. "It meant I do not matter when it counts." "It meant I am alone in the important moments of my life."

OTHER PARTNER · PROMPT 05

What do I need to understand better?

Before you defend or explain, what do you actually not know about how this moment hit your partner? What are you curious about?

OTHER PARTNER · PROMPT 06

What can I say from presence, not defense?

Not "I did the best I could." Not "you don't remember it right." What can you say that speaks to what actually happened for your partner, without adding a version or a defense?

BRING TO YOUR NEXT THERAPY SESSION

Both partners' written answers. The AIRM protocol was developed by Susan Johnson, Doug Makinen, and Jim Furrow (Makinen & Johnson, 2006 in the Journal of Consulting and Clinical Psychology, 63% resolution at three years). This is not a conversation to run cold without clinical support.

