

An Intimate Look Into Emotionally Focused Therapy: An Interview With Susan M. Johnson

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*Susan Johnson is coauthor of **Emotionally Focused Therapy for Couples**, now one of the few empirically supported couples therapies. In this interview, Dr. Johnson reflects on some of the spiritual influences in her life and how she incorporates spirituality into her therapy sessions. She stresses the vital importance of emotion in therapy, pinpoints what makes emotionally focused therapy (EFT) distinct from other couples therapies, and explains how attachment theory is incorporated into her approach. She discusses EFT and DSM diagnosis, cross-cultural issues, and how one's approach must fit with one's personality.*

Sometimes I lie in bed in the middle of the night and stare into the darkness and wonder, 'All the work, all the research, all the writing... Is anybody listening? Has it made a difference to someone's life?'" (S. Johnson, personal communication, 1997)

To hear Sue Johnson is to feel her passion. She genuinely believes people's longing for human connection is natural and should be fostered. She doesn't talk about helping spouses to differentiate or about teaching communication skills. She is steadfastly determined to get couples to securely connect. This marks a striking difference of EFT from many other couples therapies. The EFT therapist is a relationship consultant, not an expert. Dr. Johnson passionately believes in people's abilities. This drips from the pages of her writings and is obvious in her work. The person you read and see speaking in public is the same person who walks around her home on a summer day effortlessly mixing talk of therapy with you and everyday chatter with her husband and two children.

When I returned from Dr. Johnson's annual summer externship in Ottawa, Canada, my therapy immediately changed.

For example, a wife in a family I had been seeing for seven months prior to going to the externship stated to me a few sessions after I returned, "Something was different in here last week. Something happened in here that had not happened before, something powerful." Similar comments from other clients became common. Something had changed. It was different, and it was more powerful—they knew it, and I knew it. Looking back, I realize that what I was doing hardly represented competent EFT, but even so, it was powerful and created change.

Sue Johnson and Leslie Greenberg wrote *Emotionally Focused Therapy for Couples* in 1988. Dr. Johnson followed that with *The Practice of Emotionally Focused Marital Therapy: Creating Connection* in 1996. She was recently presented the AAMFT Outstanding Contribution to Marriage and Family Therapy Award. Dr. Johnson and her students are widely published. She travels the world teaching EFT, an empirically supported approach. A recent research review found 70–73% of initially distressed couples were nondistressed after 10 sessions of EFT (Johnson, Hunsley, Greenberg, & Schindler, 1999). This approach has also been implemented with distressed families (S. M.

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Johnson, 1996; S. Johnson, 1998; Johnson & Lee, in press).

This interview contains questions typically asked by those new, those learning, and those more advanced in EFT. I hope it will appeal to a large audience and be worthy of repeated readings through the years.

BB: Who in your life has had a spiritual impact and how?

SJ: I grew up in England in my parent's pub and went off every day to be educated at a Catholic school; it was like living in two very different universes. The nuns taught me to think in terms of meaning—to take things into what you could call a spiritual realm. When I was in grade 11, for example, my teacher would take some point from the Bible and say, "Now Susan, would you please discuss the concept of God as a good, loving Father. And if he is a good, loving Father, how could he possibly send people to Purgatory?" This really pushed me to think about morality and concepts like goodness and the meaning of things. It pushed me to go to another level. And I found that what those nuns taught me absolutely came up again when I got to graduate school. Somebody would bring up a concept, and I would say, "Well what does that mean about who people are? What does that mean about what people really need?" In other words, it was a sort of existential level that the nuns always brought into everything.

The other big influence on my life was a Catholic priest named Father Story. When I was in university, I used to sit and have the same sorts of philosophical discussions with him. Father Story taught me a lot. He would explore anything. We would talk about things such as, Was he a better man because he was a Catholic priest? Alternatively, he might say, "Am I basically a really good man and is it my caring for my parishioners that really makes the difference to them?" He posed hard questions. Is it important to believe in a particular religion? Is it the singer or the song? He was just an amazing man, and he's still a friend of mine now.

For me, growing up, a part of the

English working-class life was very dark. Life was a struggle. Life was hard. It was after the war in England, and there was a kind of darkness and narrowness of English working-class life that I found really hard. I sang in a cathedral choir. The rituals, the music, the feeling that life was larger than my immediate surroundings and that there were ideals—all of this appealed to me. I remember having fights with my uncles at big family suppers where they would tell me, "You're just really idealistic and romantic. You don't understand. Life's just about surviving." And I would say, "No, it's not. My life is not going to be like that. Life is about beauty and what people can be."

BB: That's quite a diverse mix of influences, all coming together within a cultural environment that seemed dark to you. It seems like the Christian influences offered you a different and more appealing worldview and encouraged you to think comprehensively.

SJ: Yes, they did. Overall, there was a spirit about Christianity that was about being the best you could be, believing in people, and being idealistic about people's potential. The bottom line is, Christ was the biggest hero of all. The Bible is all about what we can be. People can be heroes, and they can be villains. Something about the whole breadth of that idea tied me into studying English literature in college. It made me interested in philosophy. It made me interested in how people create their lives, their relationships, and the world.

BB: Springing from that, how do you view or handle spirituality with your clients?

SJ: I try to respect whatever their views are. I've worked with Hindu, Chinese, Jewish, Catholic, and Protestant clients. Virtually all religions, or none. I try to respect their religious viewpoints and actually use their worldview to help them create change. For example, one man seemed to have no compassion for himself at all. Yet he said that he believed in God and would talk about going to church. At one point I said to him, "You seem to imagine God as a being that would be wiser than

you—kind, accepting, and comforting.”

He said “Yes.”

So I asked him to think about what God would say to him when he beats himself up, when he tells himself that he’s hopeless, despicable, and couldn’t possibly expect his wife to love him. I try to work within people’s spiritual beliefs and respect them. If I can, I use people’s beliefs to help them be more compassionate to each other, to see things more widely.

BB: EFT is an experiential approach. What exactly does that mean to you?

SJ: It means that you track and follow. You try to expand people’s experience of the moment and how they process that experience. It means that you stay close to people’s experience and to the edge of their experience where they haven’t quite formulated or articulated it. Being an experiential therapist involves a certain kind of engagement and contact with the client. You strive for an empathic, collaborative, close contact, rather than a distant, expert-orientated contact. For example, a client says, “I felt really uneasy when he said that to me.” A solution-focused person might ignore that statement completely. An insight-oriented therapist might say, “Was that like the uneasiness you felt with your father?” An experiential therapist would try to get the person to taste that experience, to unpack that experience. An experiential therapist might say, “What’s that like for you? Help me understand, what does your body feel like when you feel that sense of unease? What happens to you? What do you think is going to happen? How do you deal with that feeling of unease? What happens if you just let yourself go touch it right now?” You help people stay in contact with their experience, work with it, and process it further. There really are things for them to discover in that process that they haven’t even dreamed of.

The tricky part is that therapists who aren’t used to working with emotion can have some stereotyped ideas about what that means. EFT has nothing to do with

catharsis or ventilation.

BB: What are some core elements that make EFT distinct?

SJ: First, EFT makes people’s emotional responses central. Our society very much distrusts emotion. We see emotion as somehow as part of the problem. The EFT therapist assumes that if you are going to change people’s meaning, then you must deal with emotions. Meaning and emotion are completely locked together. If I am afraid that means that I have seen something in my environment that scares me. My fear is an assessment of meaning. It tells me I’m at risk.

EFT focuses on what is happening here and now in the room. It focuses on how people construct their experience. It focuses on how people construct their interactions together. Like other experiential therapists, EFT therapists do not focus solely on emotion. We focus on integrating meaning and emotion. We begin from prizing emotion and following people’s emotional responses because emotions tell us what is significant to people.

EFT is different in that it integrates a systemic point of view with an experiential point of view. We’re always playing with the interaction between the interpersonal and intrapsychic, with how emotions get you to respond in a certain way with your partner, and how the relational dance then evokes emotions.

In EFT, we de-pathologize dependency. Some of the approaches to couples still use words like *enmeshment*. They distrust dependency whereas we assume that positive interdependence is a worthy relationship goal. You must have safe dependency *before* you can be safely separate. In this way, we fit more with the feminist theorists (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

BB: Specifically, compare and contrast EFT with other theories.

SJ: EFT has something in common with narrative therapy. Both are collaborative. In EFT, you are always learning from your clients. The essence of [Carl] Rogers was that you are genuine and open with

your clients and that you find a way to see the best in them and to give them positive regard. If I had to pick two of the most influential people influencing EFT, it would be Rogers and [John] Bowlby.

I don't really care that much about giving people insight into the past because it won't necessarily impact the key interactional moments, the pivotal moments that define their relationship. And people tell you that! I might *use* the past to validate how someone is in the present. As I said to a client in therapy yesterday, "Well I think I really understand. When your wife starts to talk about being hurt or disappointed, you just go completely numb. When you were a child the only way you could cope with your father was at times to go completely numb because he'd become unpredictably abusive. So you go numb at times now with your wife." But, I'm usually not that interested in insight into the past though. Insight is on the wrong level. I assume that change has to happen on an emotional and interactional level. Having people sit and discuss their past is not going to cut it.

I don't teach people to negotiate because I assume that the really important things that people are fighting about aren't negotiable. People are fighting about who they are. They fight about whether they're lovable as people. They fight about whether they can actually see reality the way it is or whether they're crazy. People fight about basic safety in a relationship. They fight about whether they're going to be responded to. These things aren't negotiable in a way that who is taking out the garbage is.

We do help people put together narratives, but the narrative people are much more cognitively oriented than we are. Our concern would be that people have to emotionally connect with those narratives, otherwise they're not going to change anything.

EFT has actually influenced some of the other models now. For example, the new integrated behavioral couples therapy (IBCT) seems clearly influenced by

EFT. My sense is that there's a much different alliance in EFT however. And there's much more of a focus on really processing emotion in EFT. There's also a clear theory of relationship in EFT. IBCT doesn't have a theory of relationship that I am aware of.

BB: How is the way you work with emotions different from other theories?

SJ: Many therapists contain and go around the emotion (Schwartz & Johnson, 2000). For example, the couple is in a fight and the therapist says, "I want you to stop. Can you tell him 'I feel angry' rather than blaming him?" Therapists try to get people to deal or cope with the emotion differently rather than changing the emotion itself. Many therapists try to include emotion in the process by simply labeling it. I track emotional experiencing in a more up close way. I tend to trust emotion, stay with it, and use it more than other approaches do. In other words, the EFT therapist *goes with the emotion* and follows it because he or she believes that emotion leads us into people's basic perceptions and the meaning they make of situations. It leads us to people's basic fears and needs, which are really fueling them and the relationship dance.

BB: Can you detail how change happens in EFT?

SJ: Yeah, I think we can. This is what the nine process steps of EFT are about. First, we help people understand that they are caught in a particular dance together. We help them look at their relationship from a larger perspective and see the whole dance. This is important because people get caught up in their own emotional reality, and they can't see the whole dance. We then get more specific. We expand the dance to include their emotional experience, which they often leave out. For example, in the two seconds before they attack their spouse, they might be flooded with fear. They are not even aware of that when they first come in to see us. We help people contact, articulate, and integrate their inner emotional experience of relatedness in a new way. Then, gradually we help them shape new kinds of

interaction, new kinds of dialogue. EFT therapists are always moving. They help somebody move on an intrapsychic level. Then they use the intrapsychic experience to create a new kind of interaction between partners.

Gottman (1994) says you must get people who are caught in these negative absorbing states out of them. We are not just getting people to step out of these states. We are trying to get them to create powerful bonding events where each person can be comforted and each person can experience the relationship as a secure base and a safe haven. We help people talk about their attachment needs for each other. Partners can talk about how they need to depend on the other person in a way that pulls the other person toward them rather than pushing the other person away.

To change couples, therapists need a sense of the process of change, the steps on the journey, which is why we have the nine process steps of EFT. Therapists have to be aware that what they are trying to change is a huge interpersonal drama. They need more than just a few techniques that they use all of the time.

BB: Explain the relationship of attachment theory and EFT and how they are different from each other.

SJ: EFT is an approach for creating change in intimate relationships, and attachment theory is a global theory of intimate relationships. Rogers and [Fritz] Perls were mainly interested in how to create change. Attachment theory is a general theory of human functioning that puts intimate relationships and the quality of those relationships in the center of human functioning.

Attachment theory is compatible with systems theory because attachment theory says that the way people define themselves and create the most basic ways that they operate in the world—their personality, if you like—are constructed mostly in powerful emotionally loaded interactions with a few significant others. There's no reason to think of emotion as unsystemic. Such a

proposition is not inherent in the theory (Johnson, 1998). There's no reason to define a focus on inner experience as unsystemic. Somehow we did in the way systems theory evolved within family therapy. But exclusion of focus on inner experience is not inherent in the theory. For me, people's emotions are *leading elements* in a system of interactions. They organize the dance.

Couples therapy as a field has had some individual theories of functioning, but not a theory of relationship. We say that we have theories of functioning in marital and family therapy, but what we have in reality is theories of change. Half the time, they're not even theories. They're just metaphors. A theory has to be internally consistent. It has to predict things. If you're going to really help people change their intimate relationships, you have to have a theory of intimate relationships to tell you what goals are appropriate and what moments are pivotal. You need a theory of relationship to do any kind of couples therapy I think.

BB: I've noticed that you're emphasizing attachment theory more in recent years.

SJ: That's right. However, I did clearly spell out how important I thought attachment theory was for couples therapy early on in "Bonds or Bargains" (Johnson, 1986). But the latest book (S. M. Johnson, 1996) emphasizes attachment theory much more than the first. I started understanding that the nature of the struggle we were dealing with fit well into attachment theory. However, even if you decided that attachment theory was a load of codswallup, you could still do EFT. But I think the attachment frame potentiates EFT because it gives people a clear road map of what's important.

BB: Attachment theory is often wedded with analytic or dynamic theories such as object-relations, and yet EFT employs it.

SJ: Attachment theory is *not* part of object-relations theory. The focus of attachment theory is not on the structure of the psyche and specific contents in the psyche like fantasy objects or ego states nor does attachment theory focus on mechanisms

like projective identification. Attachment theory is much clearer and more parsimonious in its theoretical explanations than is object-relations theory. Perhaps that's why it's given rise to a huge amount of research whereas object-relations theory has not.

The object-relations people basically focused much more on what was inside people's heads than did attachment theory. Bowlby (1969, 1988) includes internal working models. However, in attachment theory, it is not just what you think about the world. It is *how you are in the world*, how you *act* in the world, and how you *create* the world. I think attachment theory is a much more *dynamic* theory than is object-relations in the sense of emphasizing processes. Attachment theory has grown to focus on how outer interactions structure inner reality and how inner reality then feeds back into interactions.

BB: Why does EFT not rely on the *DSM* for assessment?

SJ: There's no reason why the *DSM* can't be compatible with an approach like experiential therapy. It is just a question of where you put the emphasis. If the field of couples and family therapy has done anything, it has insisted that human beings be understood in context. That is the essence of marital and family therapy as a movement. Almost all of our couples have had a *DSM* diagnosis. We tend to look at how they are in their relationship with their partner. We want to discern how their relationship then influences their symptomology and how they deal with their symptomology. I believe that when you change that relationship dance, you also change the symptomology.

We have to stop this either/or, categorical, linear-type thinking. People are starting to move out of looking at linear things. They are starting to look at feedback loops and interaction. That's what systems theory talked about. Even regarding the construction of self, people are starting to look at it as a process, not a product.

There's also another issue here. Therapists try to imply that categories like *DSM* are value-free, but I think that most postmodern theorists would say that *DSM* categories are not value-free. For example, there is a reason why many more women get labeled borderline than do men. Even if you believe passionately in the *DSM*, there are issues around what you value and exactly how objective that way of seeing people is.

BB: So while you don't discard the *DSM*, you really emphasize seeing clients in a larger context.

SJ: Yes, I do. The *DSM* is like everything else: It is useful sometimes for helping us understand how to connect with people, and sometimes it's not. I tend to leave the *DSM* outside the door. For example, I believe that one client with whom I'm working with right now has an anxiety disorder. That doesn't totally define him. He is a lot more than his anxiety disorder. As a couples therapist, I'm interested in how his interactions with his partner define his sense of self and potentiate the responses that are associated with that disorder, or not. Certainly, couples therapy is proving to be incredibly useful for people with depression. It seems like it is going to be useful for people with anxiety disorders. We use EFT with PTSD, for example.

BB: What are your thoughts on integrating other models and interventions with EFT?

SJ: It is inevitable. Therapists are people. In the same way that people are not completely captured by any categorization like the *DSM*, therapists are not completely described by any model. There are limits. One can't integrate EFT with a therapy that works on a totally different level and from a totally different point of view. One must have agreement around the way one views people. For instance, it would be very hard to integrate an attachment perspective with a perspective that believes that the task of therapy is to make people more self-sufficient and more separate and that the real problem with people is enmeshment or lack of dif-

ferentiation.

BB: How does EFT seem to work cross-culturally?

SJ: We now have evidence that there are as many differences within cultures as between them. We need to be aware that all couples are *cross-cultural* in that they contain two people who live in different worlds, and the therapist has to get to know those worlds, use partners' language, and so forth. So yes, EFT works with *cross-cultural couples*. Any therapy that seeks to understand and connect with how each person constructs her or his experience of self and the world should be able to deal relatively well with such differences. I am quite comfortable with the therapist as anthropologist. My curiosity about how others create the world is one of the things that keeps me intrigued by therapy.

Obviously there is nothing in the world that works with everybody at all times, which is why therapists have to be selective. A lot of it depends on how therapy is done. There is a lot of evidence that the *experience* of emotion has much cross-cultural similarity. On another level, we're all human beings, but there are rules about the way emotions are *expressed*. There are lots of different attitudes pertaining to particular emotions. Some cultures, for example, might be much more worried about shame than are others. When we work with Chinese families, there is an enormous amount of shame about just coming to therapy. The therapist has to support the family in that. That's part of their cultural context. Alliance then becomes even more important.

BB: Generally, what kind of therapist is EFT best and worst suited for?

SJ: The therapists EFT appeals to are people who can allow themselves to be moved by and connect with emotions, people who are drawn to a nonpathologizing approach, and people who are comfortable in a collaborative alliance.

Your approach has to fit your personality. The personality of the therapist is incredibly important. An empathic EFT

therapist and an empathic behavioral therapist are going to have a lot more in common than somebody for whom empathy is more difficult and who prefers to work at a much more distant level. We all have certain ways of connecting with other people. Some people prefer to take a more distant stance with clients. I think it would be very difficult for therapists to do EFT if they were highly uncomfortable with emotion. If therapists aren't willing to engage emotionally with their client and if they don't trust emotions and believe that emotions are useful, then how could they help their client to engage in emotional experience as deeply as is needed to be helpful?

BB: How can people contact you or find out about training opportunities?

SJ: My website's URL is www.eft.ca. It contains an overview of EFT, references, workshop dates around the world, week-long externship dates, and other things. I give externships twice a year (five days)—at the beginning of June and the end of September. I will continue to add to the functionality of the site; I'd like to do some live interacting with therapists. You can e-mail me through my website as well. I do have my own institute, The Ottawa Couple and Family Institute, in Ottawa, Canada. The phone number is 613.722.5122; FAX is 722.0250.613. If you want to mail me, the training facility address is 1869 Carling Ave., Ottawa, Ontario, Canada, K2A 1E6.

BB: What is your hope for the future of EFT?

SJ: My hope is that EFT can help people create the relationships they need to be fully human and that it can help to create safe, nurturing families. We can map human love. It doesn't have to be a mystery. We can be consultants to this process. Never mind outer space—creating safe, nurturing relationships and families is a real step forward for humankind.

Brent A. Bradley, Ph.D., recently received his doctorate in Marriage and Family

Therapy at Fuller Theological Seminary. His specialty areas are working with emotion with couples, families, and individuals and events-based process research intensely focused on in-session processes and interventions that lead to change.

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