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Edited by Jay L. Lebow

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CHAPTER 15

Creating Secure Connections: Emotionally Focused Couples Therapy

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INTRODUCTION

The creation of a secure, long lasting romantic relationship is universally desired. Indeed, various forms of marriage or community sanctioned, committed relationships are found in virtually all cultures. However, in recent decades, industrialized countries have experienced unprecedented rates of marital breakup. Although the divorce rate seems to have stabilized, it has done so at extraordinarily high levels that are historically unprecedented (Pinsof, 2002).

Relationship discord, divorce, and other forms of relationship breakup are generally highly distressing for both adults and children. A substantial body of research has documented the impact of relationship distress and termination. Children whose parents do not remain together, for example, are more likely to experience poverty, violence, abuse, depression, serious mental health problems, academic problems, and long-term instability in their own adult romantic relationships. Adults who experience relationship breakup are more likely to acquire infectious diseases, have accidents, abuse drugs and alcohol, have financial problems, be depressed, develop serious mental illnesses, be unsatisfied with their lives, and die sooner. Similar problems are reported in those whose relationships are characterized by high degrees of conflict and distress (Amato & Booth, 1997; Kiecolt-Glaser, Malarkey, Cacioppo, & Glaser, 1994).

There is strong evidence that couple relationship distress is characterized by powerful negative emotions and responses that include criticism, hostility, anger, anxiety, jealousy, distancing, and defensiveness (Gottman, 1994). Reciprocal negative response patterns, such as criticize/demand followed by distancing/defense, evoke and maintain negative emotions, so that safe emotional engagement becomes more and more difficult. Recent research suggests that it is not so much the occurrence of conflict that distinguishes distressed marriages that end in divorce. Instead, decreases in affectional expression, positive emotional engagement, and partner responsiveness seem to predict relationship dissolution (Roberts & Greenberg, 2002).

The effective treatment of couple relationship distress has proved challenging.

Indeed, there are still only a small number of tested and proven approaches, the best validated being emotionally focused couples therapy (EFT) and behavioral marital therapy. Research on EFT is very positive. It indicates that between 70 and 73 percent of treated couples recover from distress, and 90 percent of treated couples are able to significantly improve their relationship when compared to untreated couples (Johnson, Hunsley, Greenberg, & Schindler, 1999). A 2-year follow-up on relationship distress in the parents of chronically ill children, a population at high risk for divorce, suggest that EFT has less of a problem with relapse than does behavioral therapy, and that some couples, even if faced with stressful events, continue to improve in the 2 years following termination from therapy (Cloutier, Manion, Walker, & Johnson, 2002).

EFT ROOTS AND ASSUMPTIONS

EFT is an integration of experiential, humanistic, and family systems approaches to treatment, and is firmly rooted in attachment theory. From the experiential, humanistic, and systemic philosophies, EFT has derived the following assumptions:

1. Even when people and relationships are highly distressed, they can heal, grow, and improve. The best therapeutic stance is a nonpathologizing one. Acceptance and validation of client experience is essential as a first step in the change process.
2. A collaborative, therapeutic relationship is a necessary part of the healing process.
3. People's inner and outer relational realities define each other. The manner in which emotions are constructed and expressed shapes habitual ways of engaging with significant others; engagement patterns, in turn, shape key emotional responses. Self-reinforcing feedback loops of emotional responses constitute the basic drama of intimate relationships. In fact, each key emotion has a distinctive dramatic plot. EFT is then a systemic therapy, but one that includes the inner realities of partners as part of the relational system.
4. Emotion is the primary organizing factor in relationship-defining interactions with loved ones. It is the music of the dance between intimates. Working with emotion is most often the best, most efficient, and often the only way to transform close relationships. Emotions tell us and our partners what matters most and what our needs are. They are a compass that directs us to what matters most. Emotions are compelling; they move and motivate us, and communicate to others.
5. Growth, healing, and change occur through new, corrective relationship experiences. The de-escalation of conflict can occur in many ways, but the creation of safe emotional engagement and a more secure bond requires new, corrective emotional experiences.
6. Attachment theory offers the couple therapist a map to the terrain of couple and family relationships. Adult love is best viewed as an attachment bond (Johnson, 2003a & 2003b).

From an EFT perspective, problematic responses are understood through a focus on context and interaction patterns. Indeed, responses cannot be understood without understanding the relational context in which they occur. All behavior is assumed to have a communication function, and assessment focuses on identifying negative, repetitive interaction patterns and relationship strategies, rather than personality traits. Both partners are assumed to contribute to and be victimized by destructive, negative patterns of interaction. Determining who is at fault or who is pathological is not a part of EFT. Instead, the focus is on interrupting destructive patterns and on creating safe, nurturing interactional events and cycles that redefine the relationship as safe and secure (Johnson, 2004a).

EFT is firmly rooted in attachment theory, which serves as a theory of love. From an attachment perspective, seeking and maintaining secure relationships is a primary motivating force that is active throughout life (Bowlby, 1988). Indeed, isolation and loss of connection are seen as inherently traumatizing (which is why solitary confinement is used as a torture technique). In attachment theory, as in many feminist approaches, secure interdependence is seen as necessary for true autonomy, not the antithesis of autonomy. From an attachment perspective, there is no such thing as too much dependency—only effective or ineffective dependency. Ineffective dependency produces anxious clinging and desperate coerciveness or depression and isolation, rather than autonomy. Research has found that those who have a sense of felt security with attachment figures also have a more coherent, positive, and articulated sense of self.

Secure couple relationships involve powerful emotional bonds where each partner is accessible and responsive to the needs of the other. These types of safe, committed, intimate relationships offer a secure base from which to explore the world (intellectually, emotionally, and physically). They can also provide a safe haven from the storms and traumas of life, and an optimal environment for healing when injuries occur. Secure bonds are the natural antidote to the traumas and terrors life inflicts (Johnson, 2002).

Behaviors that attempt to create safety, closeness, and security in intimate relationships are called *attachment strategies,* since they are designed to create and strengthen attachment bonds (Bowlby, 1988). Fear, hurt, and uncertainty activate attachment needs and lead people to engage in attachment strategies. Effective attachment strategies, such as asking in a clear, open way for comfort and reassurance, evoke emotional responsiveness in others, and optimally lead to a secure, safe relationship, in which the answer to the key questions, "Can I depend on you? Will you respond to me when I need you—when I am vulnerable?" is positive. Less effective attachment strategies often have the opposite effect. For example, complaining, nagging, or even yelling are most often attempts to call up greater accessibility and responsiveness in a partner, even though they usually have the opposite effect. These responses are also often reactions to feeling shut out or abandoned. Withdrawal or placating is often an attempt to contain an interaction so that it does not get out of control or become destructive—although again, these strategies usually have the opposite effect. Withdrawal can also be an attempt to avoid rejection or it can be a possible confirmation that the self is unlovable. Accessibility and responsiveness are the touchstones of a positive, secure bond.

Attachment theory views the sense of self as being ongoingly defined in interactions with significant others. Working models of the self and the other are shaped and reshaped by our interactions with loved ones. These models are not just cognitive schemas, but involve goals, beliefs, expectations, and strategies that are infused with emotion. Securely attached people see themselves as worthy of love and care, and as basically competent and agentic people. They believe others will be responsive when needed, and can better tolerate difference and distance in others when necessary. More insecurely attached people often have serious questions about whether they are worthy of love, whether they can obtain love and security in relationships, and whether others can be trusted to be responsive and nurturing. They tend, then, to either avoid close connection and depending on others, or to anxiously push for this connection. EFT views the drama of marital distress through the lens of attachment deprivation, loss, rejection, and abandonment, and assumes that there is a universal need to be valued by and connected to key others that crosses cultures and continents. Once attachment anxieties and needs are addressed and partners can form a more secure bond, they are able to access and use communication and problem-solving skills, and to open the door to the compassion and caring that elude them in the heat of the drama of distress.

TREATMENT IN EFT

Mechanisms of Change

The primary process of change in EFT involves identifying the negative cycles of interaction, accessing the emotions that are both a response to and organizers of these cycles, and reprocessing these emotions to create new responses that shape secure bonding events and new cycles of trust and security. This is very different than cognitive restructuring, problem solving, or skill building. In EFT, it is assumed that once emotional bonding events occur and the interactional cycle has become secure and supportive, couples essentially have, or can help each other generate, the skills and insights needed to solve their own problems. It is emotional experiencing and reprocessing that is seen as a key component in changing negative cycles and creating a safe connection.

In EFT, the therapist is an active agent and plays a central role in creating change. For example, the therapist actively works to create strong therapeutic relationships with both members of the couple, which assists in conflict de-escalation and helps create the security needed for strong emotional experiencing. The therapist helps the couple identify their negative cycle and access the emotions that underlie it, and then actively helps the couple develop new ways of interacting that lead to powerful bonding events and new, safe cycles of interaction.

The Three Stages and Nine Steps of Change

In EFT, there are three stages in the change process: de-escalation of negative cycles, restructuring interactional positions toward secure connection, and consolidation and integration. There are nine interactive steps within these stages (see Table 15.1 for an overview). These steps are not rigidly sequential but are flexibly

Table 15.1. The Three Stages and Nine Steps of EFT

Stage 1: Assessment and Cycle De-escalation
1. Create an alliance and identify the conflict issues in their core struggle.
2. Identify the negative interaction cycle, and each partner's position in that cycle.
3. Access unacknowledged primary emotions underlying interactional positions.
4. Reframe the problem in terms of underlying emotions, attachment needs, and the negative cycle.

Stage 2: Changing Interactional Positions and Creating Bonding Events
5. Promote identification with disowned needs and aspects of self, and integrate these into relationship interactions.
6. Promote acceptance of the other partner's experiences, aspects of self, and new interaction patterns.
7. Facilitate the expression of needs and wants to restructure the interaction, and create emotional engagement.

Stage 3: Consolidation and Integration
8. Facilitate the emergence of new solutions to problematic interactions and old relationship issues.
9. Consolidate new positions and new cycles of attachment behaviors.

interactive and additive, so that often an EFT therapist is working on multiple steps at the same time.

Stage 1—De-escalation. The de-escalation stage involves helping the couple stop fighting, criticizing, attacking, and defending. The first step is to create an alliance and to identify what they typically struggle with or fight about—the themes and moves in their drama of distress. It is essential that each partner feels completely heard and understood by the therapist, in order to start building the essential therapeutic bonds of safety and security.

The second step is for the therapist to identify the cycle, at least in its basic form—the action tendencies the couple is caught in. This cycle usually involves a pursue/blame/criticize/coerce—withdraw/placate/defend/distance pattern. In this step, the therapist can also begin to identify the overt reactive emotions that are associated with each position. For example, the therapist may say to the wife, "So, when you both get home and you start on dinner and he starts watching television, you get irritated and try to get him to help. However, because you are irritated, your attempts to get him to help often come out as complaints or criticisms." Then to the husband the therapist might comment, "You hear her complaining about you and you hang back. You say that you will be there in just a moment in order to get her to settle down, but inside, you also feel irritated, because it seems that she is not willing to even let you rest for a bit after work." Then the therapist says to the wife, "When he doesn't come after he says he will, you get angry, like your needs don't matter, and eventually you come in and let him have it. At that point [to the husband] you feel attacked and either defend yourself, you attack back, or you just try to ignore her. You turn away and kind of shut down. Either way [to the wife], that is just more upsetting to you, and you either attack some more or you leave, and the two of you are cold with each other for the rest of the evening. Is that how it goes?" The therapist then places this dance in an attachment frame; "This leaves you both feeling alone and unsupported," and frames the dance as having a life of its own, victimizing both partners.

The third step is to access and make explicit the unacknowledged attachment

emotions that underlie and drive the cycle. In the prior example, this might involve accessing emotions, such as the wife's hurt and sadness over his distance, her sense of feeling disrespected and used, her fear of abandonment, and her loneliness. It might also involve accessing the husband's hurts, his fears of her anger, and his own loneliness and sense of inadequacy or failure. The safety and accurate empathy and validation offered by the therapist encourages even the most inexpressive, withdrawn partners to begin to access and explore underlying emotions. Empathic reflection and gentle, evocative questioning structures the session and reassures partners that they will not be blamed or pathologized. The therapist uses vivid but simple nonpathologizing words, such as speaking of how a partner shuts down to stop the fights, to try to smooth out the ride with the partner, as well as to limit the exchange of painful messages; but, in the process, she or he shuts the other partner out and so evokes anger in that partner. In EFT, clients tell us that they feel seen, understood, and supported, and so can risk opening up in a session and discovering their underlying emotions. Blocks to emotional experience are also specified, validated, and explored.

In the fourth step, the final step in Stage 1—De-escalation, the therapist systematically reframes the problem in terms of the cycle the couple is caught in, their underlying emotions that are driving the cycle, and their attachment needs and fears. For example, the therapist might reframe the conflict over household tasks in the following manner: "If I am getting this right, what is actually happening here is that you are caught in this cycle, where you [to the wife] want him more engaged, not only in helping around the house, but also just in talking and sharing. But, you end up feeling used, hurt, abandoned, and afraid, because he seems so indifferent to you. However, it doesn't feel safe enough to talk about those feelings, so instead you get angry and you criticize him—you push to get a response in hopes that he will listen and will engage with you.

"On your end of this cycle [to the husband], you end up being afraid of her anger and criticism and you feel hurt when she attacks you. In response, your first response tends to be to tell her what you think she wants to hear, to placate her, to try to get her to settle down so it will be safer. But then, because of your own hurts and fears, you stay away and don't follow through on promises, and so she feels even more hurt and angry—and that comes out in the form of more criticism. You have gotten used to just shutting down and avoiding her anger and the message that she is disappointed with you."

Then to both of them the therapist might say, "So you are both caught in this cycle where you [to the wife] pursue and attack in various forms, and you [to the husband] placate, occasionally attack back, and ultimately withdraw. However, underneath, you both end up feeling deeply hurt and afraid that the other person will leave you. You both care deeply about each other but you don't talk about it, because this cycle with the hurt and fear and anger gets in the way."

The process of identifying the conflict issues, the cycle and the emotions that underlie the cycle, and then reframing the marital problem in terms of this cycle and the emotions that underlie it, is usually very effective in de-escalating conflicts and creating more hope, safety, and collaboration. When done successfully, the cycle becomes the enemy, not the other spouse.

Stage 2—Changing interactional position and creating new bonding events. The first step in changing interactional positions is promoting the articulation of disowned attachment fears, needs, and desires, and working to integrate them into the interactions of the couple in ways that begin to create new responses (Step 5). For example, the husband in the couple described might begin to access and confide his sense of helplessness and failure. Process research on EFT indicates that partners who allow themselves to deeply feel their own emotional experience change the most in therapy. Often, partners are so caught in the experience of secondary reactive emotions such as anger, frustration, and resentment, that they do not identify with their deeper primary emotions, such as loneliness, hurt, and fear, and their needs for safety and connection. Helping clients access and identify with their own disowned needs and emotions is often done through repeatedly emphasizing, using each partner's own language, the primary emotions and needs that underlie the issues being processed in the session. It is critical for the therapist to create as safe an environment as possible for these emotional expressions, which are often very difficult for clients to engage with and express. It is also critical for the therapist to repeatedly heighten and validate these primary emotional expressions as being real and important. This step lays the foundation for the key change events, withdrawer reengagement and blamer softening (Johnson & Denton, 2002), which are key shifts in the development of new interactional positions and in helping the couple reengage in a safe and secure manner.

The next step in changing interactional positions is promoting acceptance of the other partner's primary emotional experiences and needs (Step 6). In this step, partners see each other in a new light. For example, a withdrawing husband, who may have seen his wife as being angry and critical, begins to see her loneliness and fear of abandonment. A wife who may have seen her distant husband as purposely shutting her out may instead see him as being frozen in his fear of not being able to respond adequately or to keep their conflict from getting out of control.

It is critical that in this step the other spouse is seen as *being* different, not just *acting* different. In order for this shift to occur, spouses must both see real emotional expression, and be supported as they begin to trust this new perception and see their spouse as being different. As new emotional needs and desires are expressed by one partner, it is quite common for the other spouse to not believe them or have a hard time accepting them. Often, new emotional expressions need to be highlighted and repeated for the other spouse to trust them. It is also very important for the therapist to validate the listening partner's reactions to new emotional expressions. For example, saying "You are not used to hearing this from him. You are used to seeing him as being distant and cut-off. You are not used to seeing him as feeling scared, and as desiring to come close. This is like seeing a whole different side of him, and it is hard to trust that it is real or will stay. It is going to take some time to trust this new side of him. Is that it?" This kind of support helps the listening spouse see new emotional responses as being real, and validates how different they might appear from what has previously been seen. As with the other steps, it is common for this step to evolve over several sessions, with the primary emotional expressions of attachment fears and longings by both

spouses—along with the reactions of both to new expressions by the other—being repeatedly being highlighted and validated.

The final step in changing interactional positions involves facilitating the expression of needs and wants directly between partners, so as to restructure the interaction and create emotional engagement (Step 7). In this step, the therapist is working to create emotional engagement through creating enactments where the couple shares primary emotional experiences, needs, and desires directly with each other. More explicitly, the therapist is first working to help a less engaged spouse become fully open and engaged, and a critical spouse to soften and reach for comfort and connection in a way that pulls the partner towards him or her. This last move, called a softening, is a critical change event in EFT, and is associated with successful outcomes (Bradley & Furrow, 2004). This step, in which both spouses are reciprocally engaged and responsive, involves creating new and powerful bonding events that redefine the partner as a safe attachment figure who can be trusted. These events create new, positive cycles of trusting, caring, and engagement that become as self-reinforcing as the old negative cycles were (Johnson, 2004a). This Stage 2 change event is also one of the more difficult tasks in EFT, and is a place that therapists can get stuck. Consequently, it will be described in some detail.

In order for the critical partner to soften, the less engaged partner must already be reengaged in the relationship and be relatively accessible and responsive. This reengagement involves having the less engaged partner assert his or her needs and having those needs and desires validated and supported. If the previously less engaged partner is not reengaged, the critical partner will find it too dangerous to soften and reach for the other partner, or will reach for the partner and find the partner not there—which can easily then be wounding, and reinforce old, negative perceptions of the other. Reengagement occurs through highlighting the needs and desires that have been accessed in previous steps and encouraging their direct and open expression to the other spouse. It is very important that these expressions reflect primary, core attachment needs around issues of safety and connection, not instrumental or less central desires. For example, a formerly distancing spouse may say, "I want to be connected with you. I want a safe relationship with you where I don't run away, and so I need you to stop being so critical of me. I really do care for you and need you, and I want to connect with you and learn to really be there." This type of expression of core attachment desires, done in a tender and soft manner, is important in facilitating enough safety for the blaming partner to then reach and engage.

Once the critical, pursuing spouse can see the formerly distancing spouse as being present and engaged and desiring contact, it is time for the therapist to work to directly facilitate a softening. To do this, the therapist accesses primary attachment needs in the critical spouse and encourages their expression to the other partner. This might look something like the following with a newly engaged husband and a formerly critical wife:

Therapist: I get the idea that you are feeling confused right now to see him opening up like this. Is this a little hard to grasp?

Wife: Yes, yes, I don't know why he can't be like this all the time.

Therapist: Yes, so often he has been distant. But now he is engaged—he is really here. Do you know what you need from him right now?

Wife: I don't know.

Therapist: What is happening right now for you? What is going on inside of you?

Wife: Well, I am still angry, maybe—he has been gone for so long and it has been so hard to get him to open up.

Therapist: Yes, you are angry that he hasn't been there for you and it has been so painful for you. (*She nods. Therapist continues in an intense, soft voice.*) It is very painful, very painful to have been alone in this relationship for so long (*She nods and weeps*).

Therapist (to the husband): Can you see her pain, how difficult it has been for her to feel alone in this relationship all these years?

Husband: Yes, I see that it has been difficult for her. It has been difficult for both of us, but I didn't see her pain like I see it now.

Therapist: Yes, you didn't see her pain, just her anger, but what is it like to see her pain now?

Husband: It is difficult, I want to help, I want to comfort.

Therapist: Can you tell her that? Talk to her and tell her about that.

Husband (turning to his wife): I really want to comfort you, I want to be there for you like I haven't been in the past. Please let me in, give me a chance.

Therapist (to the wife): Can you hear him? Can you hear him ask for you to risk it and give him a chance?

Wife: Yes, but it, it is very scary—I'm not sure if I can.

Therapist: Yes, yes, it is scary. Can you tell him it is scary to risk opening up to him?

Wife (to the husband): It is scary to open up to you again and trust you (*in a soft and scared voice*).

Husband: I know, I haven't been there for you, but I want to be there. Please give me a chance. See that I am different.

Wife: I want to, but it is hard. If I do, I don't want you to leave me again—to shut me out in the cold.

Therapist: So if you risk you have to know he'll respond—you don't want him to leave you, it is scary that he could again, but can you see him right now—how much he wants to support you (*pointing to the husband*). Can you ask him for support and comfort right now?

Wife (to the husband): I need your support. Don't leave me. This is scary, but I need you. I just want you to hold me. (*Husband leans over and embraces the wife. Therapists backs away and is silent*).

To some degree, every softening is a little different—but there is a general pattern. The process steps in this pattern have been identified and validated in re-

search studies and involve the following sequence of events. When there is a female blamer and a male withdrawer, the following sequence occurs.

1. She expands her experience and accesses specific attachment fears, sometimes shame (as in, "I am weak—should not need this"), and the longing for contact and comfort. Emotions tell us what we need.
2. She engages her partner in a different way. Fear organizes a more affiliative stance. She articulates emotional needs, and so changes her stance in the dance. New emotions prime new responses and actions.
3. Her partner sees her differently, as afraid rather than dangerous, and is pulled toward her by her expressions of vulnerability.
4. She risks and reaches and he comforts. She sees him differently. A new, compelling cycle is initiated—an antidote to negative interactions—a redefinition of the relationship as a secure bond.
5. They exhibit more open communication. This then leads into more flexible problem solving and resilient coping. The couple can then go on to resolve issues and problems (Stage 3 of EFT).
6. There are shifts in both partner's sense of self. Both can comfort and be comforted. Both are defined as "lovable" and entitled to caring.

Stage 3—Consolidation and integration. The final phase in EFT involves helping couples find new solutions to old problems (Step 8) and consolidate their new interaction cycles and integrate them into their everyday lives (Step 9). Once a couple has reengaged and has replaced old cycles with cycles of intimacy, safety, and engagement, it can be helpful to revisit old issues. Sometimes these are no longer issues, because the underlying attachment issues that fueled them have been resolved. For example, a couple who used to fight about whether or not to have children may now feel secure enough to welcome a child into their relationship, or a couple who used to fight about where to go on vacation may now work together on it, since vacation may no longer represent escaping the relationship.

However, it is common for longstanding, difficult issues to need some type of resolution. The job of the therapist is to facilitate the discussion and to highlight new ways of interacting around the problems. Often, in the new atmosphere of trust, new solutions emerge to old problems. For example, a couple who have fought over how to deal with in-laws may come to an agreement on structuring time and supporting each other when visiting each other's family. In some cases, couples will learn to agree to disagree, which is a solution that would have been intolerable when the relational bond was weak, but can now be a comfortable solution and can help an issue become relatively insignificant.

In the final step of EFT, the therapist helps the couple consolidate and integrate their gains into their everyday lives. This involves highlighting the changes they have made, processing how different their relationship is, and getting them to talk about how they will continue to strengthen their relationship through connecting and supporting each other's primary attachment needs for security, support, safety, and love. The therapist focuses on and highlights moves and moments of

bonding and connection, so that they recognize them and focus on how they are going to keep these moments of connection alive. Often, this involves outlining regular times for connection or small rituals that help them create this connection. For example, one couple would come home and drink cocoa with each other at the kitchen table every night and talk about what happened to each of them during the day. Another couple developed "snuggle times" where they would snuggle on the couch and talk about their day or problems or successes, and they would regularly ask each other for "snuggle time."

PRIMARY PROCESSES AND INTERVENTIONS IN EFT

The EFT therapist works both intrapsychically (with a focus on emotion), and interpersonally (with a focus on response patterns). It is critical for an EFT therapist to create a strong therapeutic alliance, to be comfortable with intense emotions, and to be able to access, shape, and expand emotional expression. It is also essential for the EFT therapist to be able to track and shape ongoing interactional processes. There are a number of interventions used by EFT therapists to accomplish these tasks (see Table 15.2 for an overview). They are explained briefly here and in more depth elsewhere (Johnson & Denton, 2002; Johnson, in press).

Creating and Maintaining a Therapeutic Alliance

Creating and maintaining the therapeutic alliance is critical to all other interventions in EFT. It is the base on which all other interventions rest. The goal is for the therapist to establish the trust and safety with each client that will enable the client to have the security in therapy to risk being vulnerable, experiencing strong emotion, and exploring new ways of interacting. To establish and maintain a strong alliance, the EFT therapist works hard to empathically attune to each client and to create an atmosphere of acceptance and safety. The therapist has to validate each partner's role in the system, and the choices and coping mechanisms they have felt compelled to make, without invalidating or blaming the other spouse. The therapist attempts to be present, genuine, and transparent, and to actively monitor the connection with each partner.

Empathic attunement is central to the implementation of EFT. Empathy has been described as the active use of imagination to momentarily inhabit another's

Table 15.2 Primary EFT Interventions

Exploring, Expanding, and Reformulating Emotions
1. Reflecting emotional experience.
2. Validation.
3. Evocative responding.
4. Heightening.
5. Empathic conjecture.
Restructuring Interactions
1. Tracking, reflecting, and replaying interactions.
2. Reframing in the context of the cycle and attachment processes.
3. Restructuring and shaping interactions.

world. An EFT therapist is constantly working to empathically attune to clients' experiences of themselves and their relationships, and to communicate that understanding to the clients in such a way that they know the therapist is connected to and understands their experiences. The therapist processes experience *with* each client, and *discovers* new elements of this experience with each client.

Apart from creating and maintaining the alliance, the two central tasks for the EFT therapist are to access, shape, and expand emotion, and to restructure interventions to create a more secure bond between partners.

Task One: To Access, Shape, and Expand Emotion

Accessing, shaping, and expanding emotional experience is at the heart of the EFT change process. There are at least five core interventions used in EFT to access, shape, and expand emotional experience: reflection, validation, evocative responding, heightening, and interpretation or conjecture. Each is described briefly here.

Reflecting Emotional Experience

Reflecting emotional experience is not simply paraphrasing, but rather requires an intense focus by the therapist to accurately read, understand, and communicate back to the client the client's emotional process. If done well, the client feels seen and understood. For example, a therapist might say, "So what I think you are saying is that it is intensely painful, very very difficult for you when your husband simply turns away from you and shuts you out. Is that is it?" The main function of reflection is to track emotional processes, build and strengthen the therapeutic alliance, and clarify emotional responses that underlie interactional positions. Reflection also structures and focuses a session, since the therapist reflects certain elements and bypasses others. A good reflection also helps to order and organize experience so that it can be grasped more fully.

Validation

Validating the perceptions, experiences, and emotions of both members of the couple supports each member of the couple. It also helps partners explore how they construct their experiences. Validation of a hostile response might look something like this: "It is very scary to reach for him when he has not been there in the past—very scary. Part of you just wants to refuse—to tell him to go to hell—that hell will freeze over before you risk again—part of you might even want to know you can hurt him—is that it?" The main function of validation is to legitimize emotions and experiences, and help partners own their own response, as well as building the alliance.

Evocative Responding

The Latin word *evocare* means "to call." Evocative responding involves focusing on and calling up the unclear or emerging or bypassed aspects of a client's experience. The therapist works to expand the experience through open questions about specific stimuli, bodily responses, associated desires and meanings, and action tendencies. For example, the therapist might say, "When you say that, something changed in your eyes. What is happening to you right now? What is that in your

eyes?" Or, "So when you see her open like this, part of you wants to reach out and connect, but part of you really wants to run and hide. Is that it?" Evocative responding develops and expands the elements of the client's experience to help reorganize the experience. It also can help formulate unclear or marginalized elements of experience for the first time, and encourages exploration and engagement.

Heightening

Heightening involves using repetition, images, metaphors, or enactments to focus on or intensify emotion, experience, meaning, or interaction. For example, it might sound like, "So could you turn to her and tell her about how inadequate you feel about being able to meet her needs." Or, "I hear you saying that this is very painful, it hurts a great deal, it is so painful that you just want to run so you don't get hurt any more, so you don't have to feel the intense pain again. It is that painful that you just want to run." The main function of heightening is to highlight key experiences that organize responses, or to help formulate new experiences that reorganize the interaction. Heightening helps to distill a partner's experience to its core elements, and to have clients engage with, rather than discuss or reflect on, experience from a distance.

Empathic Conjecture or Interpretation

Empathic conjecture involves making inferences about the emotional experience of the clients—to expand and clarify the experience so that the client can create new levels of meaning. The goal is not to create insight per se, but rather to facilitate more intense experiencing, which helps create new meanings. The therapist goes one step ahead, one step further than the client. For example, "I get the idea somehow that underneath that anger this is very difficult for you, it is very, very painful—is that what is happening when you get angry?" Or, "It seems that whenever you attack her, what is happening underneath is that you are feeling very unloved and afraid that she is going to leave you or reject you. Is that right?" The main functions of empathic conjecture are to clarify and formulate new meanings, especially regarding interactional positions and definitions of self.

Task Two: Restructuring Interventions

There are essentially three types of interventions used in EFT to restructure the relationship and create emotional engagement. They are: tracking, reflecting, and replaying interaction; reframing problems and symptoms in the context of the cycle and attachment processes; and restructuring and reshaping interactions.

Tracking, Reflecting, and Replaying Interactions

Here, the therapist focuses on both the emotions of the clients and their behavioral interaction processes, and reflects and replays them to the couple. For example, "So what just happened here? It seems that you dropped your anger and reached out to him. It is that right? And then you, Bob, it seems that you were still focused on her anger and you missed her attempt to connect. Is that right? Is that what happened?" The main functions are to slow down and clarify the interactional dance and to replay important interactional sequences in order to intensify them.

Reframing in the Context of the Cycle and Attachment Processes

Reframing in the context of the cycle can be a powerful way of helping the couple experience themselves and each other differently. For example, "You freeze because she matters to you so much, not because you don't care. But Sally, that is not the way you experience it. You don't see it as caring when he freezes up." Reframing in the context of the cycle and attachment processes helps shift the meaning of specific responses, and helps to develop a more positive perception of the partner.

Restructuring and Shaping Interactions

This is done through enacting present positions so that they can be seen and owned, enacting new behaviors based upon new emotional responses, and structuring specific responses to build change events. The therapist might say, for example, "Can you tell him 'I am shutting you out so that you can't hurt me anymore'?" Or, "Could you turn and tell her how much you really want to connect with her in a safe way?" Or, "Could you ask him for what you need right now?" The primary function is to expand and clarify negative interaction patterns and structure new interactions which lead to new emotional experiences of the other.

The manner in which these interventions are offered to clients is crucial. The acronym RISSSC is used to describe the therapists nonverbal manner that potentiates EFT interventions (Johnson, 2004a). At key moments the therapist often *R*epeats client's phrases or images; the therapist uses *I*mages whenever possible, since they evoke physiological responses and enhance engagement in an evolving experience; the therapist tends to speak *S*oftly, *S*lowly, and in *S*imple language at key times in therapy. The therapist also notes and returns to each *C*lient's specific phrases and ways of expressing him- or herself.

SPECIAL ISSUES IN EFT

Diversity

Attachment needs and longings, primary emotions and the interactive cycles that characterize couple relationships are seen as universal in EFT, but how they are expressed is often culturally defined and can be very different. Contextual issues are key in EFT, and therapists must include issues of social class, cultural oppression, and cultural differences. Although research on EFT has been done primarily with white North Americans, EFT has been used effectively with African Americans, Latino, Asian, Middle Eastern, cross-cultural, and same-gender couples living in North America. Additionally, EFT trainers have found that Native American therapists, and therapists in Australia, England, Finland, India, Israel, Hong Kong, and Taiwan have enthusiastically embraced EFT and believe it works well with the couples they treat.

A key factor in using EFT with diverse populations is in understanding the practices and language of love and safety in the couple's culture or cultures. In some cultures, the direct labeling of emotions such as fear and vulnerability may not be appropriate. Instead of saying, "You get afraid and then you run" the ther-

apist may say, "It is very unpleasant for you when your wife does this, very unpleasant—you just want to leave or ignore her—is that right?" Therapists may need to ask specific questions and make adjustments in typical procedures based on the cultural meanings and practices around marriage, couple identities and roles, sexuality, and relationships with in-laws and children. For example, in cultures where a husband's mother is traditionally heavily involved in the couple relationship, her role in the cycle can be described, the emotions related to her role can be accessed and expressed (in a culturally safe manner), and de-escalation and reengagement can involve the mother and her role, even if she never enters therapy. The basic skills of attending, genuine empathy, and working with emotion, and the ability to identify patterns, are powerful in understanding and creating safety, and in working with couples from diverse cultural backgrounds. Ignoring cultural practices, processes, and differences can make therapy unsafe and make it impossible to develop and maintain a therapeutic relationship, rendering the effective use of EFT impossible.

Contraindications

The main contraindications in EFT are conditions that would make it impossible to create trust. Typically, these are ongoing physical violence, serious, active addictions, or ongoing affairs. In order to effectively do EFT, violence needs to be contained or stopped, so there can be enough safety to start to produce trust. The same is true in most cases for serious, active addictions and ongoing affairs, both of which tend to result in serious continued deception, betrayal, and instability.

Attachment Injuries

An attachment injury is a specific type of betrayal, abandonment, or violation of trust that creates an impasse in the process of relationship repair (Johnson, Makinen & Millikin, 2001). They can be viewed as relationship traumas, which call into question basic attachment assumptions about the relationship and the intentions of the other partner. The betrayal most often occurs at a crucial moment of need—when someone is vulnerable and needs the connection with the other. The injury then defines the relationship as insecure for the injured party. For example, it is common for an attachment injury to occur if a woman has a miscarriage or goes into labor and her husband is not there or does not make an effort to be there.

Sometimes there is a single injury and sometimes there are multiple injuries that have occurred over a period of years. The degree of injury often depends on how the injured partner interprets the event and how the other spouse responds to expressions of hurt by the injured spouse. If the injuring spouse denies, minimizes, or dismisses the injury, it compounds the injury. Attachment injuries are best understood in terms of their attachment significance, not their content. In one couple, both had affairs, but only one construed this as an attachment injury. The wife was very upset at how much her husband was working, and told him that if he didn't work less she was going to have an affair. He kept working late, so she told him who she was going to have the affair with; he kept working, so she went ahead and had the affair, and told him all about it. He then went and had an af-

fair himself, but he did it secretly. She broke off her affair because she felt guilty, and it wasn't working to get her husband away from work, and then found out about his affair. She also learned that he was with his lover on a day when she was robbed when going to her car, and thus he wasn't with her. She had a deep attachment injury as a result of his affair, whereas he did not have an attachment injury from her affair.

Once an attachment injury has occurred, there can be flashbacks at moments of risk or emotional engagement so that the relationship is defined as dangerous and the injury blocks close engagement. In many ways, attachment injuries parallel the symptoms of Posttraumatic Stress Disorder, including excessive rumination and hypervigilance. Because attachment injuries leave an indelible imprint they cannot be left behind, but must be dealt with. Seven steps are identified in the EFT literature in healing an attachment injury.

1. The injured partner articulates injury and its impact in detail.
2. The injured partner integrates the narrative and emotion and accesses attachment fears and longings associated with the injury event.
3. The other partner understands the significance of the event and acknowledges the partner's pain and suffering.
4. The injured partner moves toward a more integrated articulation of the injury, and ties it to the attachment bond.
5. The other partner acknowledges responsibility, and empathically engages.
6. The injured partner asks for reparative comfort and caring.
7. There is a bonding event or events, which are an antidote to the traumatic experience, and the relationship is redefined as a potential safe haven.

Like the steps of EFT, the steps of healing an attachment injury are often not followed in a linear, sequential manner, but each step is important to bring about a full resolution of the injury. The steps, along with detailed explanations of how to help couples through each task are found in Johnson, Makinen, & Millikin (2000) and in Johnson (2004a).

EFT with Trauma Survivors

Many people who come for couple therapy are trauma survivors, either from childhood traumas or recent adulthood traumas. A traumatic response follows exposure to an extreme stressor, and usually involves intense fear, pain, helplessness, or horror. It is especially severe if the stressor is of human design because it is a violation of the human connection. The trauma literature tells us (van der Kolk, Perry, & Herman, 1991) that the best predictors of the effects of trauma are whether a person can seek and obtain comfort in the arms of another, rather than the specifics of the trauma history itself.

Trauma symptoms usually involve difficulties in regulating emotions. For example, survivors often oscillate between hypervigilance or angry outbursts and

frozen numbness or depression. Flashbacks, regression, and internal disorganization are not uncommon, and sexuality and associated intimacy is often a problem.

From an EFT perspective, the natural antidote to trauma is a safe, secure, connected relationship (Johnson, 2002). Often, therapists try to provide that for clients. However, therapists are often not available when clients need them most. Partners who are engaged and responsive can provide a safe haven. In a distressed relationship, however, the partner is perceived as being dangerous. It is not uncommon for trauma survivors to seek contact with their partner, only to find that that contact is too scary to maintain, and then push away, often leaving the partner confused and hurt. The lack of a safe haven perpetuates the effects of trauma, and the effects of trauma perpetuate relationship distress.

There are several ways in which therapy with a couple that has a trauma survivor is different from regular EFT. There is generally more distress and, often, highly intense cycles of distance, defensiveness, and distrust. Violence and substance abuse are also more likely. There is a need to offer psychoeducational information regarding trauma and the effects of trauma on relationship cycles. The therapeutic alliance is always more fragile, and has to be constantly monitored—and the therapist must be particularly collaborative and transparent. Emotional storms and crises must be expected, and emotion must be contained as well as heightened. Defenses are validated but not undermined. Validation allows survivors to slowly evaluate their need for their defenses, and either continue to use them or let them go. Shame often overrides positive cues, such as expressions of caring in trauma survivors, especially sexual abuse survivors, so working with shame responses is critical. The destination of therapy may also be more idiosyncratic and specific to the couple. For example, instead of working toward a frequent, spontaneous sexual life, a couple may instead focus on developing a safe, cuddling connection, and carefully structure and limit more involved sexual intimacy. The need to coordinate with other therapists is critical, and safety is everything. Risks must then be "sliced thin," and clients supported at each step.

Dealing with Impasses

Impasses in EFT generally occur in getting the couple to de-escalate, or, in Stage 2 change events, getting the withdrawer to reengage, or especially in getting the blaming partner to soften. There are a number of interventions that can help, including making the impasse explicit, accepting clients inability to risk, "slicing risks thinner," and using stories and disquisitions to reflect the in-session process.

Making the Impasse Explicit

Here, the therapist reflects and heightens both the emotions and the interactional elements of an impasse. As the impasse is repeatedly processed, different elements come forth that can help in breaking up the impasse. The change comes from experiencing fully and owning a response that threatens the relationship, and how compelling and legitimate these responses are. So, when a client is able to say, "I can't—I will not let you in—I will shut you out—even though I know it terrifies you and pushes you away," this is the beginning for this client letting his or her spouse in.

"Slicing Risks Thinner"

Here, the therapist works to identify, in as much detail as possible, the very core emotions and interactional strategies and cycles that are related to the impasse. This is often done through detailed, empathic conjecture around each person's position in the cycle, and tying it to action tendencies and interactions. Like making the impasse explicit, slicing it thinner brings about change through helping the couple fully experience what is happening around the impasse for each of them, and how that translates into actions and patterns. If a partner cannot turn and share new emotions with his or her spouse, the therapist will ask him or her to tell the spouse that it is too hard to share these emotions—thus beginning the process of sharing.

Disquisitions

A disquisition is a story that is told that vividly reflects the negative pattern and the drama the couple is caught in, but in an indirect manner, that does not elicit resistance or defensiveness. The story can involve fantasy, or other clients (real or imagined), or a story from some other source. The therapist attempts to capture the couple's essential attachment drama, but in a totally unchallenging manner. This intervention is described in Johnson (2004a).

Family Therapy and EFT

There is a family version of Emotionally Focused Therapy, and its effectiveness has been tested (Johnson, Maddeaux, & Blouin, 1998). Attachment security is viewed as an inner resource that allows people to cope with the trials of parenting more effectively (Simpson, Rholes, Campbell, Wilson, & Tran, 2002). We assume, then, that when partners can create a secure bond this promotes secure bonding between parents and children and positive parenting behaviors, so that the family can become a safe haven that promotes the growth of all members.

EFT RESEARCH

EFT has a strong empirical base. There are now five process studies, 11 outcome studies, a meta-analysis, and a 2-year follow-up study (Clothier, Manion, Walker, & Johnson, 2002) supporting the validity and effectiveness of EFT. The focus of EFT is also consistent with John Gottman's and other researchers' groundbreaking research on the nature of marital distress and satisfaction (Gottman, 1994); the theory of close relationships used in EFT, namely attachment theory, has a substantial and ever-growing research base (Cassidy & Shaver, 1999; Johnson & Whiffen, 2003).

Process Research

A unique aspect of EFT is that it is informed by process research, research that is designed to investigate and identify change processes and interventions that are relevant and useful to clinicians. For example, Bradley and Furrow (2004) studied softenings, and identified close linkages between therapist interventions and

successful softenings, stressing the importance of interventions such as evocative responding and heightening. There has also been research that shows that clients who have the deepest emotional experiences in session have the greatest satisfaction with therapy, and have the best outcomes (summarized in Johnson, Hunsley, Greenberg, & Schindler, 1999). People often wonder whether EFT can be effective with traditional, inexpressive men. Research on predictors of success in EFT has indicated that the degree of traditionality does not impact effectiveness, and that older men, described as inexpressive by their spouse, do well in EFT. In this research, the initial degree of distress predicted only 4 percent of the variance in outcome 3 months after the end of therapy, suggesting that initial distress level is not a major factor in EFT outcomes. The faith of the female partner—that her spouse still cared for her—and the quality of the alliance were the best predictors of success in EFT in this study.

Outcome Research

EFT has demonstrated greater effects than other approaches that have been tested (Johnson et al., 1999; Johnson, 2003c), and a generally large effect size. The finding that 70 to 73 percent of couples recover from distress in 10 to 12 sessions of EFT, and that 90 percent improve significantly, is extremely positive. The main way in which research studies differ from general practice is that treatment is shorter in research studies (in clinical practice EFT is usually implemented in 15 to 20 sessions), due to regular clinical supervision and support.

EFT is also used in clinical practice with many different kinds of couples; couples dealing with depression and anxiety disorders such as Posttraumatic Stress Disorder (PTSD) for example, same-sex couples, minority and cross-cultural couples, and low socioeconomic couples. Ongoing studies include the effectiveness of EFT with maritally distressed breast cancer patients and with trauma survivors.

Case Study

In order to give the reader a brief snapshot of a key change event in EFT, a sketch of key client statements follows. The client, Sam, was a clinically depressed and highly intellectual older man who had suddenly announced to his wife of 28 years that he no longer wished to be married to her. She became intensely distressed and he very reluctantly agreed to come for couple therapy. The couple completed the de-escalation phase of EFT with Sam, the husband, agreeing to work on the relationship, and his wife, Ellen, battling her anxiety and exploring her "mistakes" in the marriage. She articulated these as her becoming stuck in a critical and demanding stance. He was able to articulate how distant and placating he had become over the years, generally telling his wife "what she wanted to hear, and staying at work more and more." They were now able to see the cycle they had become caught in—they had become "friends"—but the issue of commitment was not resolved. This crisis also occurred at a transition point; all the children had finally left home, and Sam had encountered a major career disappointment. As he put it, "Just as I came up empty—had nothing to give—she wanted more and more

of me. And it brought everything to a head." The key statements of the moves and moments in the withdrawer reengagement in Stage 2 of EFT follow:

"I was feeling just so numb, detached. Given up. But now we are friendly, more open. I think I have realized that it was all about being judged. So I did shut her out. But now, I am still not sure what I want—that is just who she is—will it change—really?

"I am coming back to life—but unsure—the pressure is still there—it's overwhelming. Not sure if it would not be better to just be friends and separate.

"I will never be enough for her needs—never. (*To her.*) I will never make it with you. I will fail all the tests (*He weeps, but then becomes more abstract and reflective.*) I am constricted—diminished—small—it's discouraging.

"I am caught—part of me wants to leave—part of me to stay.

"Well—here it is. Maybe I am tired of feeling powerless—dancing to your tune—proving I am okay—never accepted—never enough—never safe enough to ask if I need comfort. I am angry.

"I'm on guard for the 'not acceptable' message—so, saying 'I can leave' is a way out—an escape—it feels better—like I have some control.

"I'm afraid—so I shut down—I'm risk aversive. I never felt accepted—so I gave up—hopeless. So, when I lost all my career hopes—well—I found I was alone anyway—so why not be alone.

"I hurt—don't test and criticize me—I won't be tested—You can't drive this train anymore—I'm lonely, and I want some safety and some comfort—and to be able to be me—I'm tired—so afraid to be vulnerable with you—do I even want it? I am so afraid—if I let myself need you—

"I need your listening and comfort—not advice—no more judgments. It's hard to even let myself need that—but I want your acceptance—I need those moments of caring—I want us to be close and safe together again. Don't want to be alone and telling you what you want to hear—I want you to just come and be with me—"

In eight sessions, Sam moves from numb depression, to engaging his pain at being tested and found wanting, to despair and hopelessness, and then into anger and threats to leave. He then moves into his fear and his aloneness. He is then able to stay engaged with his own emotions and to assert his emotional needs with his wife. As he does so, he becomes more available and responsive to his wife, who is then able to also move in new ways in their mutual dance. Sam's depression also lifts as he redefines his part in this attachment drama. The therapist continually tracked and reflected the interactional dance and tracked emotional responses, helping each client to distill and develop their emotional experience. The therapist heightened and deepened Sam's emotional responses and supported Ellen to hear and process Sam's move into anger and despair. As she said, and as attachment theory predicts, "I would rather have your anger than nothing—than this empty separateness." The therapist's reframe of Sam's threats to leave as his only escape from despair and fear was crucial. Even more crucial were the enactments the therapist structured to shape new kinds of interaction; for example, "So, can you tell her, please, 'I am tired of dancing to your tune—trying to please you and being a disappointment.'" "Can you tell her?" Or, "Can you tell her—'I am afraid

to feel—to let myself need you—your comfort—your acceptance—to trust you and put myself in your hands—I am afraid.'" Once harnessed, the power of emotion and the power of attachment longings enabled this couple, step by step, to create a new openness and safety in their relationship.

The field of couple therapy is changing (Johnson, 2003c). Every day we understand more about the essential nature of marital distress and the nature of adult love, and we learn more and more about how to harness the power of emotion to create change. The journey from distress to deep and lasting bonds of connection then becomes more possible for all of us.

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