

Clinical Handbook *of* Couple Therapy

T H I R D E D I T I O N

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Chapter 8

Emotionally Focused Couple Therapy: Creating Secure Connections

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In the last 15 years, research studies have repeatedly demonstrated the effectiveness of emotionally focused couple therapy (EFT) in helping couples repair their distressed relationships. The development of EFT has led the way in fostering the inclusion of a focus on emotion and attachment in the field of couple therapy. The EFT therapist is a process consultant who supports partners in restructuring and expanding their emotional responses to each other. In so doing, they restructure and expand their interactional dance and create a more secure bond. This bond then fosters resilience and flexible coping with existential issues such as life transitions and crises, and promotes recovery from psychological problems such as depression and posttraumatic stress disorder (PTSD).

BACKGROUND OF THE APPROACH

EFT is an integration of an experiential/gestalt approach (e.g., Perls, Hefferline, & Goodman, 1951; Rogers, 1951) with an interactional/family systems approach (e.g., Fisch, Weakland, & Segal, 1982). It is a constructivist approach in that it focuses on the ongoing construction of present experience (particularly experience that is emotionally charged), and a systemic approach in that it also focuses on the construction of patterns of interaction with intimate others. It is as if Carl Rogers and Ludwig von Bertalanffy (1956), the

father of systems theory, sat down to tea to discuss how to help people change their most intimate relationships. Imagine further that during this discussion, the attachment theorist John Bowlby (1969, 1988) came along to help them understand the nature of those relationships more clearly. These three great people then whispered in the ears of two confused but earnest couple therapists who were then working at the University of British Columbia, Leslie Greenberg and Susan Johnson. These therapists had been dismayed to find that dealing with the potent, evolving drama of a couple's session was no easy matter, even for therapists who were experienced in treating individuals and families.

When EFT was taking form in the early 1980s, only behavioral therapists offered clearly delineated interventions for distressed relationships and had data concerning treatment outcome. There was also some literature on how helping members of a couple attain insight into their families of origin might change their responses to each other. However, neither training couples to solve problems and make behavioral exchange contracts nor fostering insight into past relationships seemed to address the potent emotional dramas of couple sessions. After watching numerous tapes of therapy sessions, Johnson and Greenberg began to see patterns in the process of therapy that led to positive changes. They observed both internal changes in how emotions were formulated and regulated, and external changes in interactional sequences. These thera-

pists began to map the steps in the change process and to identify the therapeutic interventions that seemed to move this process forward. EFT was born and, even though it was barely out of infancy, began to be empirically tested (Johnson & Greenberg, 1985).

Although the new therapy was a synthesis of systemic and experiential approaches, it was referred to as "emotionally focused" therapy. This was done as an act of defiance and a statement of belief. Although clinicians such as Virginia Satir (1967) were talking about the power of emotion, the prevailing climate in the couple and family therapy field was mistrustful of emotion. It was, as Mahoney (1991) has pointed out, seen as part of the problem and generally avoided in couple sessions. If addressed at all, emotion was regarded as a relatively insignificant tag-on to cognitive and behavioral change for behavioral therapists. Systems theorists did not address emotion, in spite of the fact that there is nothing inherently nonsystemic about recognizing emotion and using it to create change (Johnson, 1998a). The name was therefore an attempt to stress a crucial element that was missing from other interventions, as well as a statement about the value and significance of emotions.

Experiential/Gestalt Influences

The experiential/gestalt perspective has always seen the wisdom in focusing on emotional responses and using them in the process of therapeutic change. In couple therapy, it seemed to Johnson and Greenberg that emotion is the music of a couple's dance. Thus a focus on emotion in therapy seemed most natural. In many ways, EFT shares commonalities with traditional humanistic approaches (Johnson & Boisvert, 2002). EFT follows the basic premises of experiential therapies, including these:

1. The therapeutic alliance is healing in and of itself, and should be as egalitarian as possible.
2. The acceptance and validation of the client's experience is a key element in therapy. In couple therapy, this involves an active commitment to validating each person's experience of the relationship without marginalizing or invalidating the experience of the other. The safety created by such acceptance then allows each client's innate self-healing and growth tendencies to flourish. This safety is fostered by the authenticity and transparency of the therapist.

3. The essence of the experiential perspective is a belief in the ability of human beings to make creative, healthy choices, if given the opportunity. The therapist helps to articulate the moments when choices are made in the relationship drama and supports clients to formulate new responses. This approach is essentially nonpathologizing. It assumes that people find ways to survive and cope in dire circumstances when choices are few, but then later find those ways limiting and inadequate for creating fulfilling relationships and lifestyles. For example, in working with a couple where one partner has been diagnosed as displaying borderline personality disorder, the EFT therapist views this person's intense simultaneous need for closeness and fear of depending on others as an understandable adaptation to negative past relationships that can be revised. As Bowlby (1969) also suggested, all ways of responding to the world can be adaptive; it is only when those ways become rigid and cannot evolve in response to new contexts that problems arise. It is first necessary, however, to accept where each partner has started from, to comprehend the nature of his/her experience, and to understand how each has done his/her best to create a positive relationship.

4. Experiential therapies encourage an examination of how inner and outer realities define each other. That is, the inner construction of experience evokes interactional responses that organize the world in a particular way. These patterns of interaction then, in turn, shape inner experience. The EFT therapist moves between helping partners reorganize their inner world and their interactional dance. Humanistic therapists also encourage the integration of affect, cognition, and behavioral responses. They tend to privilege emotions as sources of information about needs, goals, motivation, and meaning.

5. Experiential approaches take the position that people are formed and transformed by their relationships with others. Feminist writers such as the Stone Center group (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991), and attachment theorists (Mikulincer, 1995), also focus on how identity is constantly formulated in interactions with others. By helping partners change the shape of their relationships, the EFT therapist is also helping them reshape their sense of who they are. Couple therapy then becomes a place where partners may revise their sense of self and so become more able to deal with problems such as depression, generalized anxiety, or PTSD.

6. Experiential approaches attempt to foster new corrective experiences for clients that emerge

as part of personal encounters in the here-and-now of the therapy session. The therapist tracks how clients encounter and make sense of the world, and also helps them to expand that world.

Systemic Influences

The other half of the EFT synthesis is the contribution from family systems theory (Johnson, 1996). In systems theory, the focus is on the interaction (feedback) that occurs between members of the system (e.g., von Bertalanffy, 1956). As applied to families, the assumption is that symptoms/problems are a consequence of what happens in the interaction between people. Arguably, the hallmark of all family systems therapies is that they attempt to interrupt the repetitive cycles of interaction among family members that include problem/symptomatic behavior.

How family systems therapies differ is in *how* they attempt to break these cycles. Thus, for example, the structural family therapist may have clients physically move to help create a boundary (e.g., Minuchin & Fishman, 1981). The strategic family therapist may give a paradoxical directive to bypass resistance in motivating clients to change the cycle of interaction (e.g., Weeks & L'Abate, 1979). Although solution-focused therapists may assert that they have rejected the family systems metaphor in understanding families (e.g., de Shazer, 1991), their techniques can actually be understood as a focus on occasions where the cycle does *not* occur and directing clients (for example) to perform more of these "exceptional" behaviors.

EFT can be understood as falling within this tradition of family systems therapies. Although it draws upon systemic techniques, particularly those of Minuchin's structural/systemic approach with its focus on the enactment of "new" patterns of interaction, the unique contribution of EFT is the use of emotion in breaking destructive cycles of interaction. By helping partners identify, express, and restructure their emotional responses at different points in the interactional cycle, the EFT therapist helps the couple to develop new responses to each other and a different "frame" on the nature of their problems. Clients can then be guided to begin to take new steps in their dance—to interrupt the destructive cycle and initiate more productive cycles.

EFT follows the basic premises of family systems theory, including these:

1. Causality is circular, so that it cannot be said that action A "caused" action B. For example, in the common couple pattern in which one partner demands interaction while the other tries to withdraw, it would not be possible to say whether the "demanding" led to the "withdrawal" or whether the "withdrawal" led to the "demanding."

2. Family systems theory tells us that we must consider behavior in context. This is summed up by the familiar phrase that "the whole is greater than the sum of the parts" (e.g., Watzlawick, Beavin, & Jackson, 1967). That is, to understand the behavior of one partner, it must be considered in the context of the behavior of the other partner.

3. The elements of a system have a predictable and consistent relationship with each other. This is represented by the systems concept of "homeostasis" (Jackson, 1965), and is manifested in couples by the presence of regular, repeating cycles of interaction.

4. All behavior is assumed to have a communicative aspect (e.g., Watzlawick et al., 1967). What is said between partners, as well as the manner in which it is communicated, defines the role of the speaker and the listener. Thus one partner may express, "When you said that, I felt like a child, and like you were trying to be my mother."

5. The task of the family systems therapist is to interrupt these negative cycles of interaction so that a new pattern can occur.

The Experiential-Systemic Synthesis

The experiential and systemic approaches to therapy have important commonalities that make their integration possible. Both focus on present experience rather than historical events. Both view people as fluid entities, rather than as possessing a rigid core or character that is inevitably resistant to change. The two approaches also bring something to each other. Experiential approaches traditionally focus within the person, to the exclusion of a consideration of external relationships. The systemic therapies, on the other hand, traditionally focus on the interactions between people, to the exclusion of a consideration of the emotional responses and associated meanings that organize such interactions (Johnson & Greenberg, 1994).

To summarize the experiential-systemic synthesis of EFT, there is a focus on the circular cycles of interaction between people, as well as on the emotional experiences of each partner during the

different steps of the cycle. The word "emotion" comes from a Latin word meaning "to move." Emotions are identified and expressed as a way to help partners move into new stances in their relationship dance—stances that they then integrate into their senses of self and their definitions of their relationship. This results in a new, more satisfying cycle of interaction that does not include the presenting problem and, moreover, promotes secure bonding.

Contributions of Attachment Theory

Since its initial development, the greatest change in EFT has been the growing influence of attachment on the EFT understanding of the nature of close relationships. Although these relationships have always been seen as bonds in EFT, rather than as bargains to be negotiated in a *quid pro quo* fashion (Johnson, 1986), the focus on attachment as a theory of adult love has increased in recent years and become more explicit. This is partly because as practitioners we have found this theory of close relationships so useful. It has particularly helped us intervene with depressed and traumatized individuals and their distressed relationships (Whiffen & Johnson, 1998). It is also because both the research on attachment theory and the application of this theory to adults and to clinical intervention have exploded in the last decade and become more directly relevant to the practitioner. This theoretical aspect of EFT is discussed in greater detail below in the section on healthy relationships.

Recent Developments in Practice

As experience with EFT has increased, the therapy has been applied to an increasing range of types of couples and clinical problems. Although clients were always diverse in terms of social class, EFT has recently been applied with couples of more varied ethnic backgrounds (e.g., Chinese and East Indian clients) and to same-sex couples. Originally used in the treatment of relationship distress, EFT has begun to be utilized with clients experiencing other types of dysfunction, such as PTSD and other anxiety disorders (Johnson, 2002), eating disorders, bipolar disorder, and major depression (Johnson, Hunsley, Greenberg, & Schindler, 1999; Johnson, Maddeaux, & Blouin, 1998).

Although outcome studies demonstrate that recovery rates after a brief course of EFT are very

encouraging, further investigations into the change process in couples whose relationships improve but still remain in the distressed range are teaching us about the nature of impasses and the factors that block relationship repair. We have recently delineated the concept of "attachment injuries" as traumatic events that damage the bond between partners and, if not resolved, maintain negative cycles and attachment insecurities. These events occur when one partner fails to respond to the other at a moment of urgent need, such as when a miscarriage occurs or a medical diagnosis is given (Johnson, Makinen, & Millikin, 2001). The ongoing study of the change process has been part of the EFT tradition and continues to help refine EFT interventions.

There has also generally been an increasing appreciation within the behavioral sciences of the role emotion plays in individual functioning and health (Salovey, Rothman, Detweiler, & Stewart, 2000; Goleman, 1995). Lack of emotional connection to others and isolation in general have been found to have a negative impact on immune functioning and responses to stress, while supportive relationships have been compellingly linked to physical and emotional resilience. The field of psychotherapy has also moved beyond crass formulations of the role emotion plays in change toward more explicit and refined models (Greenberg & Paivio, 1997; Kennedy-Moore & Watson, 1999). Models of catharsis and expulsion have shifted to models of integration and to viewing emotion as a motivational factor in therapy. Systemic therapists have also begun to include a focus on both the self and emotion in their work (Schwartz & Johnson, 2000). With these developments, along with increasing research evidence supporting efficacy, EFT has become less marginalized and experienced greater respect as an intervention.

Placing EFT in the Context of Contemporary Couple Therapy

Recent developments in the practice, theory, and science of couple therapy are quite compatible with EFT (Johnson & Lebow, 2000), making EFT an attractive approach to working with couples in today's world. Some of these developments include the following:

1. In a climate of managed care, EFT is a relatively brief treatment (Johnson, 1999). Most research studies have utilized 8–12 therapy sessions, although clinical practice with couples

facing additional problems may involve more sessions.

2. EFT is consonant with recent research on the nature of couple distress and satisfaction within the developing science of personal relationships. The findings of Gottman and colleagues (Gottman, 1994; Gottman, Coan, Carrere, & Swanson, 1998) have emphasized the significant role of negative affect in the development of relationship distress, as well as the importance of helping couples find new ways to regulate such affect. Gottman has recommended that therapy, rather than helping couples resolve content issues, should help couples develop soothing interactions and focus on how to create a particular kind of emotional engagement in disagreements. This parallels EFT practice, in that the focus in EFT is on how partners communicate and general patterns that are repeated across a variety of content areas. The process of change in EFT is also very much one of structuring small steps toward safe emotional engagement so that partners can soothe, comfort, and reassure each other.

3. There is an increasing focus in couple therapy on issues of diversity. The experiential roots of EFT promote a therapeutic stance of respect for differences and an openness to learning from clients about what is meaningful for them and how they view intimate relationships. This experiential perspective is consistent with the viewpoint that there are often as many significant differences between individuals within a culture as there are between individuals of different cultures. Every individual or couple thus constitutes a unique culture, and the therapist must learn about and adapt interventions to this unique culture to formulate effective interventions. As in narrative approaches, the EFT therapist's stance is thus "informed not knowing" (Shapiro, 1996).

EFT also assumes, however, that there are also certain universals that tend to cut across differences of culture, race, and class. It assumes that we are all "children of the same mother." In particular, it assumes that key emotional experiences and attachment needs and behaviors are universal. There are convincing similarities in the recognized antecedents, shared meanings, physiological reactions, facial expression of emotions, and actions evoked by emotions (Mesquita & Frijda, 1992). This is particularly true for the eight basic emotions listed by Tomkins (1962): interest/excitement, joy, surprise, distress/anguish, disgust/contempt, anger/rage, shame, and fear/terror. There are, of course, also differences in how central an emotional expe-

rience may be to a culture (e.g., shame and guilt seem to be particularly powerful in the Japanese culture). There are also different accepted ways of regulating emotion and display rules in different cultures. However, there is also considerable evidence that attachment needs and responses are universal (van IJzendoorn & Sagi, 1999).

4. EFT has a number of parallels with feminist approaches to couple therapy (Vatcher & Bogo, 2001): Foremost is that both the EFT attachment perspective on relationships and the work of feminist writers such as Jordan et al. (1991) depathologize dependency. This particularly challenges the Western cultural script for men. EFT interventions have been found to be particularly effective for male partners described as inexpressive by their mates (Johnson & Talitman, 1997). This would seem to reflect the emphasis in EFT on supporting both partners to express underlying feelings, especially fears and attachment needs. A feminist-informed therapy should then examine gender-based constraints; work to increase personal agency; and "develop egalitarian relationships characterized by mutuality, reciprocity, intimacy and interdependency" (Haddock, Schindler Zimmerman, & MacPhee, 2000, p. 165).

5. There has been a move toward integration of interventions across models in the last decade (Lebow, 1997). EFT integrates systemic and experiential perspectives and interventions. It is also consonant with narrative approaches in some respects, particularly in Step 2 of the change process, when the therapist "externalizes" the cycle and frames it as the problem in the couple's relationship (Johnson, 1996).

EFT has influenced the evolution of other approaches as well. For example, new versions of behavioral interventions, such as integrative behavioral couple therapy (Koerner & Jacobson, 1994), share with EFT a general focus on both promoting acceptance and compassion and evoking softer emotional responses.

6. Postmodernism has had considerable impact on the field of couple therapy in the last decade. This perspective promotes a collaborative stance wherein therapists discover with their clients how those clients construct their inner and outer realities. This attitude parallels the perspective that Carl Rogers, one of the key founders of humanistic/experiential approaches, offered to individual therapy (Anderson, 1997). The concern is not to pathologize clients, but to honor and validate their realities. This perspective particularly focuses on how reality becomes shaped by lan-

guage, culture, and social interactions (Neimeyer, 1993). In terms of perspective, EFT may be thought of as a postmodern therapy. In terms of specific interventions, EFT therapists help clients deconstruct problems and responses by bringing marginalized aspects of reality into focus, probing for the not yet spoken, and integrating elements of a couple's reality that have gone unstored. They also help clients create integrated narratives about their cycles, their problems, and the process of change. EFT, on the other hand, does not fit with the more extreme postmodern position that there are no common existential conditions or processes, and reality is arbitrary and random—a position that has been questioned in the literature (Martin & Sugarman, 2000). This position suggests that problems generally exist only in language and can therefore be "dis-solved" in language; that it is not possible to delineate patterns in how people deal with problems; and that we do not need models of intervention or theory, but can simply use metaphors as guides to intervention (Hoffman, 1998). In general, in a postmodern world, couple therapy seems to be turning away from impersonal strategic approaches toward a more collaborative approach to change that recognizes clients as actively creating their experience and their world.

7. Last but not least, there is increasing pressure for clinicians to be able to document the effectiveness of their interventions. There is now a sizable body of research on EFT outcomes (Johnson et al., 1999). In brief, results indicate that 70–75% of couples see their relationships as no longer distressed after 10–12 sessions of EFT, and these results appear to be less susceptible to relapse than in other approaches. Interventions with families (Johnson et al., 1998) and with partners struggling with depression have also been positive.

PERSPECTIVE ON RELATIONSHIP HEALTH

A model of a healthy relationship is essential for the couple therapist. It allows the therapist to set goals, target key processes, and chart a destination for a couple's journey. Couple therapy has generally lacked an adequate theory of love and relatedness (Johnson & Lebow, 2000; Roberts, 1992). Healthy relationships were seen as rational negotiated contracts until it became clear that such contracts actually characterized distressed couples (Jacobson, Follette, & Macdonald, 1982). Concepts such as "differentiation," "lack of enmesh-

ment," and "lack of coercion" have also been associated with healthy relationships in other approaches. A healthy relationship, in EFT terms, is a secure attachment bond. Such a bond is characterized by mutual emotional accessibility and responsiveness. This bond creates a safe environment that optimizes partners' ability to regulate their emotions, process information, solve problems, resolve differences, and communicate clearly. In the last 10 years, the research on adult attachment has demonstrated that secure relationships are associated with higher levels of intimacy, trust, and satisfaction (Cassidy & Shaver, 1999; Johnson & Whiffen, 1999).

Bowlby published the first volume of his famous trilogy on attachment in 1969. He believed that seeking and maintaining contact with significant others is a primary motivating principle for human beings that has been "wired in" by evolution. Attachment is an innate survival mechanism. In the first two decades after the publication of Bowlby's first volume, his work was applied mostly to mother-child relationships, despite the fact that his theory was developed as a result of his work with delinquent adolescents and bereaved adults. Furthermore, Bowlby believed that attachment needs run "from the cradle to the grave." He believed in the power of social interactions to organize and define inner and outer realities. Specifically, he believed that a sense of connection with key others offers a safe haven and secure base. Inner and outer worlds then become manageable, allowing individuals to orient themselves toward exploration and learning. Safe attunement and engagement with attachment figures then lead to attunement and engagement with the world and the ability to modulate stress.

More recently, attachment theory has been applied to adult attachment relationships (Bartholomew & Perlman, 1994; Hazan & Shaver, 1987). Adult attachment, compared to attachment between children and caregivers, is more mutual and reciprocal. It is less concrete (e.g., adults need to touch their loved ones less, since they carry them around with them as cognitive representations) and may be sexual in nature. The caregiving and sexual elements of adult relationships were once viewed as separate from attachment. Now, however, they are seen by most theorists as elements of an integrated attachment system. Sexual behavior, for example, connects adult partners, as holding connects mother and child (Hazan & Zeifman, 1994), and adult attachments are formed almost exclusively with sexual partners.

This perspective depathologizes dependency in adults (Bowlby, 1988) and views the ability to be autonomous and connected as two sides of the same coin rather than at two different ends of a continuum. It challenges the North American tradition of rugged individualism and the myth of self-reliance. In Bowlby's view, it is not possible for an infant or an adult to be either too dependent or truly independent. Rather, people may be effectively or ineffectively dependent (Weinfeld, Sroufe, Egeland, & Carlson, 1999).

Security in key relationships helps us regulate our emotions, process information effectively and communicate clearly. With adults, as with children, proximity to an attachment figure is an inborn affect regulation device that "tranquilizes the nervous system" (Schoore, 1994, p. 244). If distressing affect is aroused by the relationship itself, the secure person has experienced relationship repair and so believes that disruptions are repairable. When people are securely attached, they can openly acknowledge their distress and turn to others for support in a manner that elicits responsiveness. This enhances their ability to deal with stress and uncertainty. It makes them more resilient in crises. It also makes them less likely to become depressed when relationships are not going well (Davila & Bradbury, 1999). The ability to seek comfort from another appears to be a crucial factor in healing after trauma (van der Kolk, Perry, & Herman, 1991).

Security in relationships is associated with a model of others as dependable and trustworthy, and a model of the self as lovable and entitled to care. Such models promote flexible and specific ways of attributing meaning to a partner's behavior (e.g., "He's tired; that's why he's grouchy. It's not that he is trying to hurt me"). They allow people to be curious and open to new evidence, and enable them to deal with ambiguity (Mikulincer, 1997). It may be that secure individuals are better able to articulate their tacit assumptions and see these as relative constructions rather than absolute realities. They are then better able to take a metaperspective and to metacommunicate with their significant others (Kobak & Cole, 1991). Secure individuals tend to be able to consider alternative perspectives, reflect on themselves (Fonagy & Target, 1997), and integrate new information about attachment figures. They can reflect on and discuss relationships (Main, Kaplan, & Cassidy, 1985). In general, insecurity acts to constrict and narrow how cognitions and affect are processed and organized, and so constrains key behavioral responses.

Security involves inner realities, cognitive models, ways of regulating emotion, and patterns of interaction. Each reflects and creates the other. Emotional communication is the bridge between inner and outer realities. Secure partners are more able to engage in coherent, open, and direct communication that promotes responsiveness in their mates. They are able to disclose and respond to their mates' disclosures. Their confidence in their mates' responsiveness fosters empathy and the ability to see things from the mates' point of view. In conflict situations, they tend to respond with balanced assertiveness, to collaborate more, and to use rejection and coercion less (Feeney, Noller, & Callan, 1994; Kobak & Hazan, 1991).

Communication behaviors are context-dependent. It is precisely when stress is high and people are vulnerable that less secure partners have difficulty engaging emotionally and responding to their partners. Attachment theory suggests that incidents in which partners need comfort and reassurance and find their partners unresponsive will be pivotal in the definition of relationships as satisfying or distressed.

PERSPECTIVE ON RELATIONSHIP DISTRESS

EFT looks at distress in relationships through the lens of attachment insecurity and separation distress. When attachment security is threatened, human beings respond in predictable sequences. Typically, anger is the first response. This anger is a protest against the loss of contact with the attachment figure. If such protest does not evoke responsiveness, it can become tinged with despair and coercion, and evolve into a chronic strategy to obtain and maintain the attachment figure's attention. The next step in separation distress consists of clinging and seeking, which then give way to depression and despair. Finally, if all else fails, the relationship is mourned and detachment ensues. Separation from attachment figures can be conceptualized as a traumatic stressor that primes automatic fight, flight, and freeze responses (Johnson, *in press*). Aggressive responses in relationships have been linked to attachment panic, in which partners regulate their insecurity by becoming controlling and abusive to their mates (Dutton, 1995; Mikulincer, 1998).

The EFT perspective fits well with the recent literature on the nature of relationship distress, specifically with the research of Gottman (1994).

Furthermore, it offers attachment theory as an explanatory framework for the patterns documented in this observational research. First, both recent research and attachment theory suggest that the expression and regulation of emotion are key factors in determining the nature and form of close relationships. Absorbing states of negative affect (where everything leads into this state and nothing leads out) characterize distressed relationships (Gottman, 1979). In EFT we speak of an "alarm being constantly on" in a distressed relationship, and of the "noise" blocking out other cues. Gottman and his colleagues have demonstrated that they are able to predict accurately from partners' facial expressions which couples are on the road to divorce. Emotional disengagement also predicts divorce better than the number or outcome of conflicts. Gottman's research also found that anger is not necessarily bad. This is understandable, if expression of anger helps to resolve attachment issues and evoke responsiveness. From an attachment point of view, any response (except an abusive one) is better than none. This perhaps explains why "stonewalling" has been found to be so corrosive of couple relationships. It is an explicit lack of responsiveness and thus directly threatens attachment security and induces helplessness and rage.

Second, research suggests that rigid interaction patterns such as the familiar demand-withdraw pattern can be poisonous for relationships. Attachment theory would suggest that this is because they maintain attachment insecurity and make safe emotional engagement impossible. Research suggesting that how people fight is more important than what they fight over fits well with the concept that the nonverbal, process level of communication is all-important. What people are fighting about is the nature of the attachment relationship and what that implies about who they are. So Alice criticizes Roger's parenting skills, and Roger ignores her. In the next moment, Alice is criticizing Roger's tone of voice and how it negates her input into the relationship. In another 5 seconds, the couple is fighting about who is "the saint" and who is "the devil." Alice concludes that Roger is incapable of being close and responsive in their relationship.

It is worth noting that the endemic nature of cycles, such as criticize-pursue followed by defend-withdraw, is predictable from attachment theory. There are only a limited number of ways to deal with the frustration of the need for contact with a significant other. One way is to increase attachment behaviors to deal with the anxiety generated by the other's lack of response (and perhaps to appear

critical in the process). The response of the other may then be avoidance of and self-distancing from the perceived criticism. Both Gottman's research and attachment research suggests that this strategy does not prevent emotional flooding and high levels of emotional arousal. Habitual ways of dealing with attachment issues and engaging with attachment figures may be learned in childhood, but they can be revised or confirmed and made more automatic in present relationships.

Third, Gottman points out that the skills taught in many communication training formats are not generally apparent in the interactions of satisfied couples. Attachment research suggests that the ability to "unlatch" from negative cycles will depend on the level of security in the relationship. Such factors as empathy, self-disclosure, and the ability to metacommunicate are associated with security. It is unlikely then that, when flooded by attachment fears, a partner can leap into his/her cortices and follow rules. It may be, however, that more secure couples could use such skills as rituals to deescalate negative cycles. One treatment outcome study (James, 1991) added a skill component to EFT interventions, but this addition did not enhance outcome.

Fourth, both this research and attachment theory stress the importance of "soothing" interactions. Attachment theory suggests that events in which one partner asks for comfort and the other is not able to provide this violate attachment assumptions and disproportionately influence the definition of the relationship (Simpson & Rholes, 1994). In the EFT model, we refer to such events as "attachment injuries" (Johnson et al., 2001). There is evidence that those who generally take the "avoider" position in problem discussions may be relatively social in many situations, but are particularly likely to withdraw when their partners exhibit vulnerability (Simpson, Rholes, & Nelligan, 1992). Attachment theory also suggests that creating soothing interactions at such times may have the power to redefine close relationships. Research on "softenings" (change events in EFT) suggests that this is true.

It is possible to extrapolate specific links between other research on relationships and the nature of attachment relationships. Attachment is being used as a way of understanding the links between depression and marital distress (Anderson, Beach, & Kaslow, 1999), and indeed Bowlby (1980) viewed depression as an inevitable part of separation distress. An explanation of why Gottman's research finds that contempt is so corrosive in couple

relationships may be found in the concept that interactions with attachment figures create and maintain a person's model of self. Contemptuous responses may directly convey feedback as to the unworthiness of the self and so create particular anguish and reactivity in distressed partners.

Research on relationship distress, along with contributions from attachment research, thus begins to provide us as couple therapists with an emerging science of relationships. This can help us understand and predict clients' responses to each other and to our interventions. It should also help us depathologize them. For example, viewing a client's behavior as a "disorganized attachment strategy" is more suggestive of how to be helpful than is viewing the client as having "borderline personality disorder." Such a science of relationships should help us formulate goals and target interventions to create lasting change in an efficient manner.

KEY PRINCIPLES

The key principles of EFT, which have been discussed in detail elsewhere (Johnson, 1996; Greenberg & Johnson, 1988), can be summarized as follows:

1. A collaborative alliance offers the members of a couple a secure base from which to explore their relationship. The therapist is best seen as a process consultant to the couple's relationship.

2. Emotion is primary in organizing attachment behaviors and determining how self and other are experienced in intimate relationships. Emotion guides and gives meaning to perception; motivates and cues attachment responses; and, when expressed, communicates to others and organizes their response. The EFT therapist privileges emotional responses and deconstructs reactive, negative emotions (such as anger) by expanding them to include marginalized elements (such as fear and helplessness). The therapist also uses newly formulated and articulated emotions (such as fear and longing or assertive anger) to evoke new steps in the relationship dance. From the EFT perspective, dealing with and expressing emotion can be the best, fastest, and sometimes only solution to a couple's problems. Emotion transforms partners' worlds and their responses rapidly and compellingly, and evokes key responses such as trust and compassion that are difficult to evoke in other ways.

3. The attachment needs and desires of partners are essentially healthy and adaptive. It is the way such needs are enacted in a context of perceived insecurity that creates problems.

4. Problems are maintained by the ways in which interactions are organized and by the dominant emotional experience of each partner in the relationship. Affect and interaction form a reciprocally determining, self-reinforcing feedback loop. The EFT therapist first deescalates negative interactions patterns and the reactive emotions associated with them. The therapist then helps partners shape new cycles of positive interactions, in which positive emotions arise and negative emotions can be regulated in a different way.

5. Change occurs not through insight into the past, catharsis, or negotiation, but through new emotional experience in the present context of attachment-salient interactions.

6. In couple therapy, the actual "client" is the relationship between partners. The attachment perspective on adult love offers a map to the essential elements of such relationships. Problems are viewed in terms of adult insecurity and separation distress. The ultimate goal of therapy is the creation of new cycles of secure bonding that offer an antidote to negative cycles and redefine the nature of the relationship. The three tasks of EFT are thus the following: first, to create a safe, collaborative alliance; second, to access and expand the emotional responses that guide the couple's interactions; and, third, to restructure those interactions in the direction of accessibility and responsiveness.

THE PROCESS OF CHANGE

The process of change in EFT has been organized into nine treatment steps. The first four steps involve assessment and the deescalation of problematic interactional cycles. The middle three steps emphasize the creation of specific change events, where interactional positions shift and new bonding events occur. The last two steps of therapy address the consolidation of change and the integration of these changes into the everyday life of the couple. If partners successfully negotiate these steps, they seem to be able to resolve long-standing conflictual issues as well as to negotiate practical problems. This may be because such issues are no longer steeped in attachment significance.

The therapist leads the couple through these steps in a spiraling fashion, as one step incorporates and leads into the other. In a mildly distressed

couple, partners usually work quickly through the steps at a parallel rate. In a more distressed couple, the more passive or withdrawn partner is usually invited to go through the steps slightly ahead of the other. It is easier to create a new dance when both partners are on the floor and engaged. The increased emotional engagement of this partner also then helps the other (often the more critical and active) partner shift to a more trusting stance.

The nine steps of EFT are outlined and discussed below.

Stage One: Cycle Deescalation

- Step 1: Identify the relational conflict issues between the partners.
- Step 2: Identify the negative interaction cycle where these issues are expressed.
- Step 3: Access the unacknowledged emotions underlying the interactional position each partner takes in this cycle.
- Step 4: Reframe the problem in terms of the cycle, accompanying underlying emotions, and attachment needs.

The goal, by the end of Step 4, is for the partners to have a metaperspective on their interactions. They are framed as unwittingly creating, but also as being victimized by, the cycle of interaction that characterizes their relationship. Step 4 is the conclusion of the deescalation phase. The therapist and the couple shape an expanded version of the couple's problems that validates each person's reality and encourages partners to stand together against the common enemy of the cycle. The partners begin to see that they are, in part, "creating their own misery." If they accept the reframe, the changes in behavior they need to make may be obvious. For most couples, however, the assumption is that if therapy stops here, the couples will not be able to maintain their progress. A new cycle that promotes attachment security must be initiated.

Stage Two: Changing Interactional Positions

- Step 5: Promote each partner's identification with disowned attachment needs and aspects of self. Such attachment needs may include the need for reassurance and comfort. Aspects of self that are not identified with may include a sense of shame or unworthiness.

Step 6: Promote acceptance by each partner of the other partner's experience. As one partner said to another, "I used to be married to a devil, but now . . . I don't know who you are."

Step 7: Facilitate the expression of needs and wants to restructure the interaction based on new understandings, and create bonding events.

The goal, by the end of Step 7, is to have withdrawn partners reengaged in the relationship and actively stating the terms of this reengagement. For example, a partner may state, "I do want to be there for you. I know I zone out. But I can't handle all this criticism. I want us to find another way. I won't stand in front of the tidal wave." The goal is also to have a more blaming partner "soften" and ask for his/her attachment needs to be met from a position of vulnerability. This "softening" has the effect of pulling for responsiveness from the other partner. This latter event has been found to be associated with recovery from relationship distress in EFT (Johnson & Greenberg, 1988). When both partners have completed Step 7, a new form of emotional engagement is possible, and bonding events can occur. These events are usually fostered by the therapist in the session, but also occur at home. Partners are then able to confide and seek comfort from each other, becoming mutually accessible and responsive. Transcripts of softening events are to be found in the literature (e.g., Johnson & Greenberg, 1995).

Stage Three: Consolidation and Integration

- Step 8: Facilitate the emergence of new solutions to old problems.
- Step 9: Consolidate new positions and cycles of attachment behavior.

The goal of Stage Three is to consolidate new responses and cycles of interaction. This is done, for example, by reviewing the accomplishments of the partners in therapy and helping the partners create a coherent narrative of their journey into and out of distress. The therapist also supports the partners in solving concrete problems that have been destructive to the relationship. As stated previously, this is often relatively easy, since dialogues about these problems are no longer infused with overwhelming negative affect and issues of relationship definition.

OVERVIEW OF INTERVENTIONS

As noted earlier, the therapist has three primary tasks in EFT, and these must be properly timed and completed. The first task, creating an alliance, is considered in a later section.

The second task is to facilitate the identification, expression, and restructuring of emotional responses. The therapist focuses upon the "vulnerable" emotions (e.g., fear or anxiety) that play a central role in the couple's cycle of negative interactions. These emotions are usually those that are most salient in terms of attachment needs and fears. The therapist stays close to the emerging or "leading edge" of the client's experience (Wile, 1995) and uses humanistic/experiential interventions to expand and reorganize that experience. These include reflection, evocative questions (e.g., "What is it like for you when . . .?"), validation, heightening (with techniques such as repetition and imagery) and empathic interpretation. Such interpretation is always done tentatively and in very small increments. For instance, a therapist may ask whether a husband is not only "uncomfortable," as he has stated, but in fact quite "upset" at his wife's remarks. When the therapist uses the interventions described here, reactive responses such as anger or numbing tend to evolve into more core primary or "vulnerable" emotions such as a sense of grief, shame, or fear.

In the third task, the restructuring of interactions, the therapist begins by tracking the negative cycle that constrains and narrows the partners' responses to each other. The therapist uses structural/systemic techniques (Minuchin & Fishman, 1981), such as reframing and the choreographing of new relationship events. Problems are reframed in terms of cycles and in terms of attachment needs and fears. For instance, the therapist may ask a partner to share specific fears with his/her mate, thus creating a new kind of dialogue that fosters secure attachment. These tasks and interventions are outlined in detail elsewhere, together with transcripts of therapy sessions (Johnson & Greenberg, 1995; Johnson, 1996, 1998b, 1999).

The timing and delivery of the interventions are as important as the interventions themselves. The process of therapy evolves with the couple and the therapist attuning to each other and the therapist matching interventions to each partner's style (Johnson & Whiffen, 1999). Expert EFT therapists, for example, slow down their speech when evoking emotion, use a low evocative voice and incorporate simple images to capture people's felt

experience. It is as if they emotionally engage with the clients' experience, reflect it and then invite the client to enter it on the same engaged level. Emotional responses take longer to process, particularly when they are not familiar or are threatening, and are more easily evoked by concrete images than by more abstract statements (Palmer & Johnson, 2002).

THE ASSESSMENT OF COUPLE FUNCTIONING AND DYSFUNCTION

Although a variety of questionnaires have been used in research on EFT (e.g., the Dyadic Adjustment Scale; Spanier, 1976), there are no assessment instruments unique to EFT, and assessment in the clinic takes place through client interviews. After a period of joining, the partners are each asked about what brings them to therapy, and the therapist begins to listen for relational problems experienced by each partner (e.g., "arguments," "poor communication," or "lack of intimacy"). The therapist must be able to identify one or more problems that all three parties (including the therapist) can agree to as goals for therapy. It is not uncommon that the complaints of the partners may initially seem unrelated. In this case, the therapist must find a way in which the complaints are related and "weave" them into a common complaint/goal that both partners will accept as encompassing their own concerns.

The therapist then begins to identify the negative cycle of interaction that typifies the couple's complaint. The therapist may observe the cycle actually being played out in the session, or may begin to "track" the cycle carefully. This is a skill common to most family systems therapies. Briefly, the therapist wants to find out exactly how the cycle begins, who says and does what as the cycle unfolds, and how it concludes. At this point in the assessment, the clients may or may not begin to spontaneously identify the emotions underlying their positions in the cycle. The therapist may facilitate this by beginning to ask questions (e.g., "What was that like for you?"). At this early stage, the emotions expressed will tend to be rather "safe" and superficial.

Although EFT is a present-focused therapy, a small amount of relationship history is obtained during the assessment phase. Clients can be asked about how they met, what attracted them to each other, and at what point the present problems began to manifest themselves. Life transitions and

shifts (e.g., birth of children, retirement, immigration) associated with the beginning of the problem are particularly noted, as is cultural heritage. A brief personal history may be elicited with questions such as "Who held and comforted you when you were small?" The answer to such questions gives the therapist a sense as to whether secure attachment is familiar or foreign territory.

The therapist then checks with both partners as to their specific treatment goals by asking what they hope to gain from coming to therapy. The responses to this question will tend to be the inverse of the complaints solicited at the beginning of the assessment. Initially the partners were asked what they were unhappy about, but at this point in the assessment they are asked what they would like their relationship to look like and are helped to specify particular changes they want to make.

The process of therapy usually begins with one or two conjoint sessions, followed by one individual session with each partner. These individual sessions serve to cement the alliance with the therapist; to allow each partner to elaborate on perceptions of the other and of relationship problems; and to enable the therapist to ask sensitive questions about physical and sexual abuse in past attachment relationships and this relationship. If information relevant to the relationship is disclosed that has not been shared with the other partner, the client is supported to reveal this information in the next couple session. The keeping of secrets, particularly secrets about alternative relationships that offer apparent escapes from the trials of repairing the relationship, is presented as undermining the objectives of therapy and the client's goals.

A therapy contract is discussed briefly with the couple. The partners are told that the purpose of therapy will be to shift the negative cycle of interaction so that a new cycle can emerge that fosters a safer and more supportive relationship. Many EFT therapists share an expectation that treatment will be, in all likelihood, concluded in approximately 8-15 weekly sessions. The number of sessions is not set in this manner if one of the partners shows signs of or has a diagnosis of PTSD (Johnson, 2002). In this case, the number of sessions is left open in order to respond to the couple's needs for longer treatment or treatment that is coordinated with the demands of other treatment modalities the client may be involved in.

We attempt to be transparent about the process of change and explain how and why we inter-

vene the way we do whenever this seems appropriate. For instance, if a partner wants to renew passion in the relationship, we will break down the process into intermediate goals, suggesting that first the partners will need to deescalate their negative interactions. We encourage partners to view us as consultants, who can and will be corrected, and who will need their active participation to redefine their relationship. We then can admit mistakes and allow clients to teach us about their unique experience in their relationship.

ABSOLUTE AND RELATIVE CONTRAINDICATIONS

In EFT, the therapist asks partners to allow themselves gradually to be open and thus vulnerable to each other. The primary contraindication to the use of EFT is any situation where the therapist believes that such vulnerability is not safe or advisable. The most obvious example would be a couple in which there is ongoing physical abuse. In this case, the abusive partner is referred to a specialized domestic violence treatment program. The couple is offered EFT only after this therapy is completed and the abused partner no longer feels at risk. It is important that the latter is used as the criterion for readiness for couple therapy, rather than the abusive partner's assessment that the abuse is now under control. The goal of treatment, after the assessment, is then to encourage the abusive partner to enter treatment and the abused partner to seek supportive counseling or individual therapy. In general, the field of couple therapy is beginning to address treatment feasibility issues in this area and systematize assessment in a way that all couple therapists can use (Bograd & Mederos, 1999). There may be other, more ambiguous situations where the therapist does not feel it is safe to ask one or both partners to make themselves vulnerable (e.g., certain instances of emotional abuse), or where one partner seems to be intent on harming or demoralizing the other.

Finally, EFT is designed to improve the relationship for partners who wish to stay together and have a better relationship. Some partners need the therapist's help to first clarify their needs and goals before they are ready to work toward this end. These may include situations in which one or both partners admit to being involved in an extramarital affair and are not sure which relationship they wish to maintain, or in which the partners are

separated and are not sure whether they want to work towards reconciliation.

PREDICTORS OF SUCCESS

Research on success in EFT (Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000; Johnson & Talitman, 1997) allows us to make some specific predictions as to who will benefit most from EFT, and so to fit clients to treatment. First, the quality of the alliance with the therapist predicts success in EFT. This is to be expected; it is a general finding in research on all forms of psychotherapy that a positive alliance is associated with success. In fact, the quality of the alliance in EFT seems to be a much more powerful and general predictor of treatment success than initial distress level, which has not been found to be an important predictor of long-term success in EFT. This is an unusual finding, because initial distress level is usually by far the best predictor of long-term success in couple therapy (Whisman & Jacobson, 1990). The EFT therapist thus does not have to be discouraged by the couple's initial distress level, but should take note of the partners' commitment to the therapy process and their willingness to connect with the therapist and join in the therapy process. Research indicates that the perceived relevance of the tasks of therapy seems to be the most important aspect of the alliance; it is more central than a positive bond with the therapist or a sense of shared goals. The couple's ability to join with the therapist in a collaborative alliance and to view the tasks of EFT—tasks that focus on such issues as safety, trust, and closeness—as relevant to their goals in couple therapy seems to be crucial. Of course, the therapist's skill in presenting these tasks and in creating an alliance is an element here. These results fit with the conclusion that the quality of the client's participation in therapy is the most important determinant of outcome (Orlinsky, Grawe, & Parks, 1994). Generally, this research suggests that EFT works best when partners still have an emotional investment in their relationship and are able to view their problems in terms of insecure attachment and conflicts around closeness and distance. The first concern of the EFT therapist must be to form and maintain a strong supportive alliance with each partner.

A lack of expressiveness or of emotional awareness has not been found to hamper the EFT change process. In fact, EFT seems to be particularly pow-

erful in helping male partners who are described by their partners as inexpressive. This may be because when such partners are able to discover and express their experience, the results are often compelling, both for them and for their partners. As feminist writers have suggested, it is often positive to challenge typical gender styles and assume that needs are basically the same for both sexes (Knudson-Martin & Mahoney, 1999), particularly in a safe, validating environment. Traditional relationships, in which the man is oriented to independence and is often unexpressive while the woman is oriented to affiliation, seem to be responsive to EFT interventions. Some research results suggest that EFT is also more effective with older men (over 35), who may be more responsive to a focus on intimacy and attachment.

There is evidence that the female partner's initial level of trust—specifically, her faith that her partner still cares for her—is a very strong predictor of treatment success in EFT. Women in Western culture have traditionally taken most of the responsibility for maintaining close bonds in families. If the female partner no longer has faith that her partner cares for her, this may define the bond as nonviable and may stifle the emotional investment necessary for change. This parallels evidence that emotional disengagement, rather than such factors as the inability to resolve disagreements, is predictive of long-term marital unhappiness and instability (Gottman, 1994) and of lack of success in couple therapy in general (Jacobson & Addis, 1993). A low level of this element of trust may be a bad prognostic indicator in any form of couple therapy. The EFT therapist may then help such a couple to clarify their choices and the limits of those choices.

The effects of EFT have been found not to be qualified by age, education, income, length of marriage, interpersonal cognitive complexity, or level of religiosity (Denton et al., 2000). In fact, there is some evidence that clients with lower levels of education and lower levels of cognitive complexity may gain the most from EFT. These findings are significant, as people learning about EFT for the first time sometimes assume that it would be most helpful for highly educated, psychologically minded individuals, since it involves the expression of internal feeling states. Available evidence suggests that EFT may actually be of great benefit for those people who have fewer personal resources in their life to draw upon (e.g., cognitive complexity, finances, and education).

ALLIANCE BUILDING AND ENGAGEMENT IN TREATMENT

From the beginning, the EFT therapist validates each partner's construction of his/her emotional experience and places this experience in the context of the negative interaction cycle. This reflection and validation not only focuses the assessment process on affect and interaction and encourages disclosure; it also immediately begins to forge a strong alliance. A focus on the negative interaction cycle surrounding the problem allows the therapist to frame both partners as victims and to assign responsibility without blame. This aids in creating a secure base and confidence in the process of therapy. The negative interaction cycle in the relationship then becomes the couple's common enemy, and battles about who is "the villain" and who is "the saint" are gradually neutralized.

Assessment and the formation of an alliance are not precursors to or separate from treatment in EFT. They are an integral part of active treatment. By the end of the first session, an EFT therapist usually has a clear sense of the typical problem cycle. The therapist might summarize it from one person's perspective as, for example, "I feel alone and enraged, so I pick at you. You feel you will never please me and become numb and distant. I then intensify my criticisms. You shut down and avoid me for 2 or 3 days, and then we begin again."

Part of the assessment involves actively searching for and validating the strengths of the relationship. For example, a therapist asks a husband what is happening for him as his wife weeps. He states in a wooden voice that he has no empathy. The therapist points out that when she is upset about something other than his behavior, he is very empathic, offering a tissue and asking her about her feelings. As the therapist observes interactions between partners, he/she begins to form tentative hypotheses as to key underlying emotions and definitions of self and other that operate at an implicit level in the couple's interactions. As the therapist actively intervenes with the couple, it is possible to assess how open the partners are and how easy they will be to engage in therapy. From the beginning, the EFT therapist both follows and leads. The therapist is active and directs the partners' disclosures toward attachment-salient interactions, attributions, and emotional responses.

The creation of the alliance in EFT is based on the techniques of humanistic/experiential therapies (Greenberg, Watson, & Lietaer, 1999; Rogers,

1951). The EFT therapist focuses upon empathic attunement, acceptance, and genuineness. Humanistic therapies in general take the stance that the therapist should not hide behind the mask of professionalism, but should attempt to be nondefensive, fully present, and authentic. We assume that the alliance must always be monitored, and that any potential break in this alliance (and there will surely be at least one such break in a course of therapy) must be attended to and repaired before therapy can continue. The alliance is viewed in attachment terms as a secure base that allows for the exploration and reformulation of emotional experience and engagement in potentially threatening interactions. We begin by taking people as they are. We then try, by the leap of imagination that is empathy (Guerney, 1994), to understand the valid and legitimate reasons for partners' manner of relating to each other and exactly how this maintains their relationship distress. We assume that everyone has to deal with difficult life situations where choices are limited, and that the very ways people find to save their lives in these situations (such as blaming themselves or "numbing out") then narrow their responses in other contexts and create problems. We tend to frame patterns of interaction and patterns in the processing of inner experience rather than the person as the problem. This facilitates the building of the alliance. In EFT, therapists are encouraged, if they find themselves becoming frustrated and blaming or categorizing clients, to disclose that they do not understand a particular aspect of the clients' behavior and need the clients' help in connecting with their experience. A therapist takes a deliberate stance of choosing to believe in a client's ability to grow and change, but also allows each client to dictate the goal, pace, and form of this change. So if the therapist suggests that a partner confide in his/her mate rather than the therapist at a particular moment and the partner refuses, the therapist will respect this. However, the therapist will then slice the risk thinner and ask the partner to confide to the mate that it is too difficult to share sensitive material directly with him/her right now. The therapist sets the frame, but the clients paint the picture.

CORE INTERVENTIONS

Once the alliance is established, there are two basic therapeutic tasks in EFT: (1) the exploration and reformulation of emotional experience, and (2) the restructuring of interactions.

Exploring and Reformulating Emotion

The following interventions are used in EFT to address the exploration/reformulation task:

1. Reflecting emotional experience.

Example: "Could you help me to understand? I think you're saying that you become so anxious, so 'edgy' in these situations that you find yourself wanting to hold on to, to get control over everything, because the feeling of being 'edgy' gets so overwhelming. Is that it? And then you begin to get very critical with your wife. Am I getting it right?"

Main functions: Focusing the therapy process; building and maintaining the alliance; clarifying emotional responses underlying interactional positions.

2. Validation.

Example: "You feel so alarmed that you can't even focus. When you're that afraid, you can't even concentrate. Is that it?"

Main functions: Legitimizing responses and supporting clients to continue to explore how they construct their experience and their interactions; building the alliance.

3. Evocative responding: Expanding by open questions the stimulus, bodily response, associated desires, and meanings or action tendency.

Examples: "What's happening right now, as you say that?" "What's that like for you?" "So when this occurs, some part of you just wants to run—run and hide?"

Main functions: Expanding elements of experience to facilitate the re-organization of that experience; formulating unclear or marginalized elements of experience and encouraging exploration and engagement.

4. Heightening: Using repetition, images, metaphors, or enactments.

Examples: "So could you say that again, directly to her, that you do shut her out?", "It seems like this is so difficult for you, like climbing a cliff, so scary," "Can you turn to him and tell him, 'It's too hard to ask. It's too hard to ask you to take my hand'?"

Main functions: Highlighting key experiences that organize responses to the partner and new formulations of experience that will reorganize the interaction.

5. Empathic conjecture or interpretation.

Example: "You don't believe it's possible that anyone could see this part of you and still ac-

cept you. Is that right? So you have no choice but to hide?"

Main functions: Clarifying and formulating new meanings, especially regarding interactional positions and definitions of self.

These interventions are discussed in more detail elsewhere, together with markers or cues as to when specific interventions are used, and descriptions of the process partners engage in as a result of each intervention (Johnson, 1996).

Restructuring Interventions

The following interventions are used in EFT to address the restructuring task:

1. Tracking, reflecting, and replaying interactions.

Example: "So what just happened here? It seemed like you turned from your anger for a moment and appealed to him. Is that OK? But, Jim, you were paying attention to the anger and stayed behind your barricade, yes?"

Main functions: Slowing down and clarifying steps in the interactional dance; replaying key interactional sequences.

2. Reframing in the context of the cycle and attachment processes.

Example: "You freeze because you feel like you're right on the edge of losing her, yes? You freeze because she matters so much to you, not because you don't care."

Main functions: Shifting the meaning of specific responses and fostering more positive perceptions of the partner.

3. Restructuring and shaping interactions: Enacting present positions, enacting new behaviors based upon new emotional responses, and choreographing specific change events.

Examples: (a) "Can you tell him, 'I'm going to shut you out. You don't get to devastate me again'?" (b) "This is the first time you've ever mentioned being ashamed. Could you tell him about that shame?" (c) "Can you ask him, please? Can you ask him for what you need right now?"

Main functions: Clarifying and expanding negative interaction patterns; creating new kinds of dialogue and new interactional steps/positions, which can lead to positive cycles of accessibility and responsiveness.

The EFT therapist also uses particular techniques at impasses in the process of change.

IMPASSES IN THERAPY: INTERVENTIONS

It is quite unusual for the EFT therapist to be unable to help a couple create deescalation or to be unable to foster greater engagement on the part of a withdrawn partner. The most common place for the process of change to become mired down is in Stage Two. This is particularly true when a therapist is attempting to shape positive interactions to foster secure bonding and asks a blaming, critical partner to begin to take new risks with a partner. Often, if the therapist affirms the difficulty of learning to trust and remains hopeful and engaged in the face of any temporary reoccurrence of distress, the couple will continue to move forward.

The therapist may also set up an individual session with each partner to explore the impasse and soothe the fears associated with new levels of emotional engagement. The therapist can also reflect the impasse, painting a vivid picture of the couple's journey and its present status, and inviting the partners to claim their relationship from the negative cycle. This can be part of a general process of heightening and enacting impasses. A partner who can actively articulate his/her stuck position in the relationship dance feels the constraining effect of this position more acutely. For example, sadly stating to one's mate, "I can never let you in. If I do . . ." can begin to challenge this position. The mate also can often then respond in reassuring ways that allow the partner to take small new steps toward trust.

If emotion is very high and interferes with any kind of intervention, the therapist can also offer images and tell archetypal stories that capture the dilemma of the most constrained partner and his/her mate. In the EFT model, these stories are labeled "disquisitions" (Millikin & Johnson, 2000; Johnson, 1996). The partners are then able to look from a distance and explore the story and therefore their own dilemma. This is a "hands-off" intervention that offers the couple a normalizing but clarifying mirror, but does not require a response. Instead, it poses a dilemma that presents the couple with a clear set of choices within a narrative framework that is universal and as unthreatening as possible.

As discussed previously, research into the change processes in EFT has examined a particular

event that appears to block the renewal of a secure bond. This event we have termed an "attachment injury" (Johnson & Whiffen, 1999). Attachment theorists have pointed out that incidents in which one partner responds or fails to respond at times of urgent need seem to influence the quality of an attachment relationship disproportionately (Simpson & Rholes, 1994). Such incidents either shatter or confirm a partner's assumptions about attachment relationships and the dependability of the mate. Negative attachment-related events, particularly abandonments and betrayals, often cause seemingly irreparable damage to close relationships. Many partners enter therapy not only in general distress, but also with the goal of bringing closure to such events and so restoring lost intimacy and trust. During the therapy process, these events, even if they are long past, often reemerge in an alive and intensely emotional manner—much as a traumatic flashback does—and overwhelm the injured partner. These incidents, usually occurring in the context of life transitions, loss, physical danger, or uncertainty, can be considered "relationship traumas" (Johnson et al., 2001). When the other partner then fails to respond in a reparative, reassuring manner, or when the injured partner cannot accept such reassurance, the injury is compounded. As the partners experience failure in their attempts to move beyond such injuries and repair the bond between them, their despair and alienation deepen. For instance, a husband's withdrawal from his wife when she suffers a miscarriage, as well as his subsequent unwillingness to discuss this incident, becomes a recurring focus of the couple's dialogue and blocks the development of new, more positive interactions.

Attachment has been called a "theory of trauma" (Atkinson, 1997), in that it emphasizes the extreme emotional adversity of isolation and separation, particularly at times of increased vulnerability. This theoretical framework offers an explanation of why certain painful events become pivotal in a relationship, as well as an understanding of what the key features of such events will be, how they will affect a particular couple's relationship and how such events can be optimally resolved.

Our present understanding of the process of resolving these injuries is as follows. First, with the therapist's help, the injured partner stays in touch with the injury and begins to articulate its impact and its attachment significance. New emotions frequently emerge at this point. Anger evolves into clear expressions of hurt, helplessness, fear, and shame. The connection of the injury to present negative cycles in the relationship become clear. For

example, a partner may say, "I feel so hopeless. I just smack him to show him he can't pretend I'm not here. He can't just wipe out my hurt like that."

Second, the other partner then begins to hear and understand the significance of the injurious event and to understand it in attachment terms as a reflection of his/her importance to the injured partner, rather than as a reflection of his/her personal inadequacies or insensitivity. The mate then acknowledges the injured partner's pain and suffering, and elaborates on how the event evolved for him/her.

Third, the injured partner next tentatively moves toward a more integrated and complete articulation of the injury, and expresses grief at the loss involved in it and fear concerning the specific loss of the attachment bond. This partner allows the other to witness his/her vulnerability. Fourth, the other partner in turn becomes more emotionally engaged; this person acknowledges responsibility for his/her part in the attachment injury and expresses empathy, regret, and/or remorse.

Fifth, the injured partner then risks asking for the comfort and caring from his/her mate that were unavailable at the time of the injurious event.

The mate responds in a caring manner that acts as an antidote to the traumatic experience of the attachment injury. Sixth, the partners are then able to construct together a new narrative of the event. This narrative is ordered and includes, for the injured partner, a clear and acceptable sense of how the other came to respond in such a distressing manner during the event.

Once the attachment injury is resolved, the therapist can more effectively foster the growth of trust, softening events, and the beginning of positive cycles of bonding and connection.

MECHANISMS OF CHANGE

Change in EFT is not seen in terms of the attainment of cognitive insight, problem-solving or negotiation skills, or a process of catharsis or ventilation. The EFT therapist walks with each partner to the leading edge of his/her experience and expands this experience to include marginalized or hardly synthesized elements that then give new meaning to this experience. What was figure may now become ground. Once each partner's experience of relatedness takes on new color and form, they can move their feet in a different way in the interactional dance. For instance, "edginess" and irritation expand into anxiety and anguish. The

expression of anguish then brings a whole new dimension into an irritated partner's sense of relatedness and his/her dialogue with the mate. Experience becomes reorganized, and the emotional elements in that experience evoke new responses to the partner. So the irritated partner becomes more connected with his/her fear and aloneness (rather than with contempt for the mate), and then he/she wants to reach for the mate and ask for comfort. Partners encounter and express their own experience in new ways, and this then fosters new encounters—new forms of engagement with the other. Experience is reconstructed, and so is the dance between partners.

The research on the process of change in EFT has been summarized elsewhere (Johnson et al., 1999). In general, couples show more depth of experiencing and more affiliative responses in successful sessions. Although deescalation of the negative cycle and reengagement of the withdrawing partner can be readily observed in EFT sessions, the change event that has been most clearly demonstrated in research is the "softening." A softening involves a vulnerable request by a usually hostile partner for reassurance, comfort, or some other attachment need to be met. When the other, now accessible partner is able to respond to this request, then both partners are mutually responsive and bonding interactions can occur. Examples of these events are given in the literature on EFT (e.g., Johnson & Greenberg, 1995). A brief set of snapshots of one partner's progress through a softening event follows:

"I just get so tense, you know. Then he seems like the enemy."

"I guess maybe—maybe I am panicked. That's why I get so enraged. What else can you do? He's not there. I can't feel that helpless."

"I can't ask for what I need. I have never been able to do that. I would feel pathetic. He wouldn't like it; he'd cut and run. It would be dreadful." (*The partner then invites and reassures.*)

"This is scary. I feel pretty small right now. I would really—well, I think (*to partner*) I need you to hold me. Could you just let me know you care, you see my hurt?"

There are many levels of change in a softening. The ones most easily identified are these:

- An expansion of experience, especially an accessing of attachment fears and of the longing