ANALYZING THE WITHDRAWER RE-ENGAGEMENT CHANGE EVENT IN EMOTIONALLY FOCUSED COUPLE THERAPY: A PRELIMINARY TASK ANALYSIS

A Dissertation

Submitted to the
Faculty of Argosy University Washington, DC
College of Psychology and Behavioral Science

In Partial Fulfillment of
the Requirements for the Degree of

Doctor of Education

by

Kathryn Daly Rheem

March 2011

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ABSTRACT

As a preliminary task analysis, this study addressed four elements of the primary change event in Emotionally Focused Couple Therapy re-engaging the withdrawn partner. The process of successful withdrawer re-engagement was mapped in order to describe the change process for the EFT clinician. This change process closely paralleled the Idealized Model already put forth in the literature by Johnson (2004). A facet of describing this change process was measuring and naming the most commonly used EFT interventions throughout the change process which this study did. The Stage Two interventions already named by Johnson (2004) and Bradley and Furrow (2004) were found to be the most commonly used interventions in the withdrawer re-engagement change event. Additionally, this study measured two important process variables already named in the EFT literature: the depth of emotional experiencing and the quality of affiliative interactions between partners and see if these variables are related to successful treatment outcomes. In statistical analyses, these two process variables showed to be significant for successful treatment outcomes in EFT. This study was an initial effort to analyze the withdrawer re-engagement change event and provided a starting point for future analyses of withdrawer re-engagement in Emotionally Focused Couple Therapy.

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DEDICATION

To my husband, Don, whose unwavering love pulls me through all the stress.

You’re the best, sweetheart.

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CHAPTER ONE: INTRODUCTION

Statement of the Problem

The science of love (Johnson, 2008) highlights the powerful impact of emotion on love relationships. Emotion, once misunderstood and avoided by couple therapists, is now seen as crucial in the creation of relational intimacy (Johnson, 2009). As a method of communication, emotion as a rich source of meaning communicates both to the self and the other (Bowlby, 1969). Emotions tell us and our partners what matters. Emotional communication becomes the "leading element" (Johnson, 1998) in human relationships since it organizes social interactions, clarifies the fit between environment and needs, and primes action responses (Glendlin, 1996). Acting as an internal Global Positioning System (GPS), we are rudderless in life without connection to our emotions (Goleman, 2006).

Many couple researchers have studied the potency of emotion on shaping couples' interactions. Gottman and colleagues found that the degree of emotional connection between intimate partners is a predictor for marital stability (Gottman, Coan, Carrere, & Swanson, 1998) and that emotional distance is a predictor for divorce (Gottman, 1994). In newlywed couples, Huston and colleagues named emotional responsiveness as the most powerful predictor of relationship satisfaction (Huston, Caughlin, Houts, Smith, & George, 2001). Jacobson and Christensen (1996) stressed the importance of partners expressing acceptance and compassion in their Integrative Behavioral Couple Therapy (IBCT). Additionally, Wile's (1995) collaborative couples therapy found when couples expressed feelings, connection was enhanced. While each of these contemporary couple researchers/clinicians emphasizes the importance of emotion,

each suggests different methods for accessing and working with emotion within couple therapy.

In Emotionally Focused Couple Therapy (EFT; Greenberg & Johnson, 1985; Johnson & Greenberg, 1985a), the EFT therapist can "now harness the extravagant transformational power of emotion" to create "emotionally intelligent couple therapy" (Johnson, 2009, p. 257). Rather than focus on problem solving, negotiation, or emotional suppression, EFT provides a map for the couple therapist on working with, developing, and transforming raw emotions that are always at play between intimate others (Johnson, 2009).

EFT consists of three stages. Stage One is assessment and identification of the couple's interactional pattern, such as demand-withdraw. Once the pattern of interaction is defined, identifying and accessing the underlying emotion that fuels the interactions is the next step. The goal of Stage One is de-escalation of the interactional pattern. Changing each partner's position in their interactional pattern is the focus and goal of Stage Two. Consolidation and integration occur in Stage Three during which the couple works together, from new positions in their interactional pattern, to solve old relationship problems. The three stages of EFT have an overarching goal of creating an emotionally secure bond between partners (Johnson, 2004). Emotional accessibility and responsiveness are at the heart of this bond. When either or both partners are disengaged emotionally – not accessible or responsive – the resulting emotional disregulation creates negative patterns of interaction (Johnson, 2004). The negative patterns often dominate a couple's interactions which can lead to emotional disengagement and divorce.

"Emotional disengagement also predicts divorce better than the number or outcomes of conflicts" (Johnson & Denton, 2002, p. 228).

To change the couple's demand-withdraw pattern, there are two primary change events in EFT: withdrawer re-engagement and blamer softening (Johnson, 2004). The process of change for blamer softening has been researched and delineated (Bradley & Furrow, 2004; Bradley & Johnson, 2005). The change process for re-engaging the withdrawn partner is named based on clinical practice and following general change theory. An initial map of the withdrawer re-engagement process is outlined in the clinical literature although it has not been studied yet, as the softening process has. This research gap leaves the EFT therapist without a clear change process for this event. In order for the EFT therapist to have a detailed map of the change process, this fundamental goal of EFT -- the process of re-engaging the withdrawer -- needed to be studied like the change process for blamer softening has been (Bradley & Furrow, 2004). This study aimed to parallel the work of Johnson and Greenberg (1988) and Bradley and Furrow (2004) so that both Stage Two change events in EFT have been systematically studied and a clear process of change is named.

Rationale for the Study

To date, researchers and clinicians alike have stressed the importance of creating new, positive interactional patterns in order to help couples move from distressed, rigid interactions that leave both partners feeling alone and emotionally isolated. The literature on EFT has named two change events necessary in order to help couples interrupt their negative patterns of interaction and restructure their bonds. One of these change events has been studied (a task analysis of the blamer softening process; Bradley & Furrow,

2004) and EFT clinicians have a clear map as a result of the study. The change event of withdrawer re-engagement, the focus of this study, had not been systemically studied although it is a fundamental change process of EFT. This study aimed to add evidence to the theory of what constitutes a withdrawer re-engagement event.

Significance of the Study

Understanding how change occurs in therapy sessions has always been a focus of EFT research and other theoretical frameworks. "The target of interventions and the goals of the change process should be as specific as possible. Interventions should be clearly specified. The therapist must know not only what to do and how to do it, but when particular interventions are required" (Johnson, 1999). EFT process research has focused on the client's changes as well as the therapist's interventions. For example, exploring impasses in the change process relating to an injury to the relationship's bond and the steps to forgiving these injuries has been studied (Makinen & Johnson, 2006; Johnson, Makinen, & Miliken, 2001). A three year follow up of this study was completed, and the results were found to be stable (Halchuk, Makinen, & Johnson, 2009). Another recent process study validated the steps to forgiveness outlined in previous studies (Zuccarini & Johnson, in press). In 1988, Johnson and Greenberg related the process of change in EFT to outcome studies in order to understand how change processes relate to outcomes in couple therapy. Additionally, Bradley and Furrow's (2004) study of the blamer softening process created a process map for this important change event.

In many of these studies, the client's depth of emotional experiencing was rated, the quality of interactions was analyzed, and the therapist interventions were coded and

analyzed. As Johnson (1988) stated, "The goal is greater understanding and specification of therapeutically productive client performances and the interventions that facilitate them" (p. 175). This study extended the reach of change process research in EFT by analyzing the change process of re-engaging the withdrawn partner, a significant change event in EFT that had not been previously studied. This study analyzed the withdrawing partner's depth of emotional experiencing, tracked and measured partners' interactions, and named and tracked the interventions used by the therapist.

Theoretical Framework

Emotionally Focused Couple Therapy (EFT) (Greenberg & Johnson, 1985) is a short-term approach to changing couples' rigid patterns of interaction (Johnson, 1996). Moving between the intrapsychic experience of each partner to the interpersonal pattern between them, EFT is an experiential, constructivist approach that integrates client-centered therapy (Rogers, 1951), general systems theory (von Bertalanffy, 1956), Munichin's structural techniques (Minuchin & Fishman, 1981) within the framework of attachment theory (Bowlby, 1969). The attachment framework highlights the importance of a secure, interdependent emotional bond between intimate partners that is the focus of EFT. The model of EFT, including interventions, and an overview of Attachment Theory is described in detail in Chapter Two.

Outcomes studies on EFT have been completed, and a meta-analysis found a 70 – 73% recovery rate for distressed relationships, while 86% improved significantly over control groups, effect size 1.3 (Johnson, Hunsley, Greenberg, & Schindler, 1999; Clothier, Manion, Gordon Walker, & Johnson, 2002). EFT is recognized as an

empirically validated approach (Alexander, Holtzworth-Munroe, & Jameson, 1994; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998).

The Stance of the EFT Therapist

Since EFT is systemic, Rogerian, and experiential in nature, the EFT therapist identifies and tracks the couple's pattern of interaction and the underlying emotion that fuels their interactions. With empathetic attunement and unconditional positive regard, the therapist helps each partner access and organize their underlying emotion and share these emotions from a place of vulnerability, rather than in a critical or a distant manner. "The EFT therapist is a process consultant who supports partners in restructuring and expanding their emotional responses to each other" (Johnson & Denton, 2002, p. 221).

Withdrawer Re-engagement Vignette

(Johnson et al., 2005, p. 211)

TH (to Jon): Would you be able to begin telling Rosa about this? Would you be able to turn to her now and begin to share with her what it's like for you to feel this way?
Jon (to TH): Whew, that won't be easy.
TH: I hear you. It won't be easy sharing this with her. It's kind of scary to share this with her? To open up to her like that?
Jon: (nods)
TH: Yeah, it's kind of scary to share this with her. She could get mad and go for you, right?
Jon: Yes, or she could belittle me.
TH: Yes, she could. You're right, I'm asking you to risk. And she could miss how much of a risk this is for you, she could. Could you share with her how risky and scary this is to share with her like this? Could you help her understand this in your own words right now?
Jon: (12 seconds of silence) It's hard to share this with you. I am afraid that you won't understand and will get mad. When that happens it really affects me. I feel like a helpless little puppy dog. I sometimes fear that you really don't love me, or that you may leave. I know I have at times acted like that little puppy dog. I run away and hide when a disagreement occurs. But, I guess, I'm just getting tired or running. And I am tired of being afraid and feeling helpless. I sometimes feel like I am just not being the husband I want to be…and that hurts me. But I am tired of running away from that, and I don't want to do it anymore. I need you to respect this, honey. I don't like feeling separated or cut off from you, and that's how I feel after we fight or are mad at each other for days. I

need you to try to stop attacking me so quickly and loudly. I am going to try my best here, and I want you to work with me and try your best too.

Withdrawer Re-engagement Defined

The initial map of the withdrawer re-engagement process was defined as (Johnson, 2004, p. 182-183):

The withdrawn partner:

1. Engages with his/her experience of partner, cycle, and/or position in the relationship and fully feels the fears of contact (Step 5 of EFT).
2. Processes fears of engaging and prepares to share emerging experience with partner (Step 5 of EFT).
3. Shares his/her fears and hurt with partner (Step 7 of EFT).
4. Continues sharing deeper fears and specific needs and wants (Step 7 of EFT).
5. Processing experience of actually engaging partner.

Purpose of the Study

After determining, by contrasting the "best fit" sessions of successful and unsuccessful cases, that the withdrawer re-engagement process is associated with successful treatment outcomes, this study analyzed client and therapist performance when completing the withdrawer re-engagement process in Emotionally Focused Couple Therapy (EFT), one of two change events in Stage Two of EFT (Greenberg & Johnson, 1985). The process variables related with change for clients in EFT are deeper levels of emotional experiencing and related affiliative and accepting interpersonal responses. These variables have been found to be pivotal in one of the EFT change events – the softening. This study focused on the other change event – withdrawer re-engagement – and identified the in-session withdrawer re-engagement process that is associated with

successful treatment outcomes. It was hypothesized that clients in successful withdrawer re-engagements will have higher levels of emotional experiencing and affiliative interaction as measured by the Experiencing Scale (ES; Klein, Mattieu, Keisler, & Gendlin, 1969) and the Structural Analysis of Social Behavior (SASB; Benjamin, 1974). Key statements from withdrawers were collected to see if any patterns emerged. For the therapist, this study tracked and analyzed the therapist interventions in successful withdrawer re-engagements using the EFT-Coding Scheme (EFT-CS; Bradley, 2001). Emerging themes from the therapist interventions were named.

This study added to the existing research base since the process of withdrawer re-engagement, the second goal of EFT, had not been studied. The third goal of EFT, blamer softening, has been studied, and a clear process guides therapists' interventions (Bradley & Furrow, 2004). This study of the withdrawer re-engagement process sought to create a clear process to guide the EFT clinician in order to help couples create a secure emotional connection through the process of therapy. A secure emotional connection not only helps create soothing relationship interactions, but also helps each partner make sense of their emotions in a way that enhances confiding and assertiveness, qualities that create healthy relationships (Levy & Davis, 1988).

Research Questions

The theory and the clinical literature suggested this initial map of withdrawer re-engagement:

The withdrawn partner:

1. Engages with his/her experience of partner, cycle, and/or position in the relationship and fully feels the fears of contact (Step 5 of EFT).

2. Processes fears of engaging and prepares to share emerging experience with partner (Step 5 of EFT).
3. Shares his/her fears and hurt with partner (Step 7 of EFT).
4. Continues sharing deeper fears and specific needs and wants (Step 7 of EFT).
5. Processing experience of actually engaging partner.

Given this initial map, this study had two research questions. Question one: In "best" sessions of couples with successful treatment outcomes, did the process of withdrawer re-engagement occur as the EFT theory hypothesizes it will based on coding key statements made throughout the change process:

a) Withdrawn partner:
    a. Engages with his/her experience of the partner, cycle, and/or position in the relationship and fully fears the fears of contact (Step 5 of EFT)
    b. Processes fears of engaging and prepares to share emerging experience with partner (Step 5 of EFT)
    c. Shares his/her fear and hurt with partner (Step 7 of EFT)
    d. Continues sharing fears and specific needs and wants (Step 7 of EFT)
    e. Processes experience of actually engaging partner
b) The withdrawn partner experiences deeper levels of emotional processing as measured by the ES, and
c) The withdrawn partner exhibits more autonomous and affiliative responses with his/her partner as measured by the SASB.

Question two: What interventions did the EFT therapist use in successful withdrawer re-engagements as measured by the EFT-CS?

To conclude, analyzing the withdrawer re-engagement change event and understanding the interventions used by the therapist to create this change event in EFT will help clinicians and researchers alike. In the following chapters, the previous research relevant to this study is discussed. Much of the robust research on EFT has utilized various components of process research and task analysis. The literature review chapter reviews EFT in general and the use of EFT with task analysis methodology specifically. In the subsequent methods chapter, background on task analysis is provided as well as the design and data analysis of this study.

CHAPTER TWO: LITERATURE REVIEW

Since the 1980s, extensive process research has been completed on both Emotionally Focused Couple Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996) and the use of process research within several theoretical frameworks of psychotherapy. Since it is not uncommon for one body of research to influence another, the aim of this literature review is to provide background on the research in both of these areas of study with emphasis on the literature in which these two bodies of knowledge intersect, as they will in this study.

Task Analysis: A Subset of Process Research

Historically, task analysis has its roots in the traditional of critical-incident research (Greenberg & Pinsof, 1986). Moving from critical incident research to events-based research allows the researcher to "pose a set of questions much closer to the practice of psychotherapy and would lead to research which could more directly affect practice (Greenberg, 1986, p. 718). Rice & Greenberg (1984) recognized that traditional research methods failed to capture multidimensional tasks or events occurring in small numbers of sessions. These researchers noted that in traditional research, the dynamic interaction among therapist, client, model, intervention, and environment was ignored. They introduced a new research paradigm called "task analysis," which emphasizes the examination of therapy "events" (Bradley & Johnson, 2005, pp. 256-257).

Historically, task analysis focused on verbal interactions (Gottman & Markman, 1978; Greenberg & Pinsof, 1986). Other researchers correlated frequency counts with outcomes (Diamond & Diamond, 2002). Other researchers emphasized the context-rich,

discovery-oriented nature of task analysis (Elliot, 1984; Greenberg & Pinsof, 1986; Johnson, 2003; Mahrer, 1988; Rice & Greenberg, 1984).

When task analysis was first used in psychotherapy research, it was used to study client change in individual therapy. In most of Greenberg and colleagues' use of task analysis (Greenberg, 2007; Greenberg, 1986; Greenberg, Heatherington, & Friedlander, 1996; Greenberg, James, & Conry, 1988; Rice & Greenberg, 1984; Rice & Saperia, 1984), the unit of analysis was the client with some peripheral look at therapist behaviors. More recently, task analysis has been used to study therapists' behaviors and applications of a theoretical intervention (Bradley & Furrow, 2004).

This study's context for analyzing client and therapist performance was couple therapy. Task analysis has been used in couple and family therapy: structural family therapy (Heatherington & Friedlander, 1990); constructivist family therapy (Coulehan, Friedlander, & Heatherington, 1998); multidimensional Family Therapy (Diamond & Liddle, 1996; Diamond, Liddle, Hogue, & Dakof, 1999) and Emotionally Focused Couple Therapy: (Bradley & Furrow, 2004; Johnson & Greenberg, 1988; Makinen & Johnson, 2006).

The purpose of this study was on client and therapist performance when completing the withdrawer re-engagement process in Emotionally Focused Couple Therapy (EFT), one of two change events in Stage Two of EFT (Greenberg & Johnson, 1985). Theoretically, the process variables related with change for clients in EFT are deeper levels of emotional experiencing and related affiliative and accepting interpersonal responses. These variables have been found to be pivotal in one of the EFT change events – the softening. This study focused on the other change event –

withdrawer re-engagement -- and identified the in-session withdrawer re-engagement process that leads to successful treatment outcomes. Clients' response rates for these two variables (depth of emotional experiencing and affiliative interpersonal responses) will be measured by the Experiencing Scale (ES; Klein, Mattieu, Keisler, & Gendlin, 1969) and the Structural Analysis of Social Behavior (SASB; Benjamin, 1974). For the therapist, this study will track and analyze the therapist interventions in successful withdrawer re-engagements using the EFT-Coding Scheme (EFT-CS; Bradley, 2001). Emerging themes from the therapist interventions have been discussed.

The Model of Emotionally-Focused Therapy

The process of change in EFT has been delineated in nine steps within three stages. The first four steps involve assessment and the de-escalation of problematic interactional cycles. Stage two, steps five to seven, emphasize the creation of specific change events where new bonding experiences occur and interactional positions shift. Stage three, the last two steps of therapy (steps eight and nine), addresses the consolidation of change and the integration of these changes into the everyday life of the couple. These steps are described in linear form. In fact, the therapist circles through them in spiral fashion as one step incorporates and leads into another.

The nine steps and three stages of EFT are:

Stage One: Cycle De-Escalation

Step One: Assessment and creating an alliance and explicating the core issues in the marital conflict using an attachment perspective.

Step Two: Identifying the problem interactional cycle that maintains attachment insecurity and marital distress.

Step Three: Accessing the unacknowledged emotions underlying interactional positions.

Step Four: Reframing the problem in terms of the cycle, the underlying emotions, and attachment needs.

Stage Two: Changing Interactional Positions

Step Five: Promoting identification with disowned needs and aspects of self and integrating these into relationship interactions.

Step Six: Promoting acceptance of the partner's new construction of experience in the relationship and new interactional behavior.

Step Seven: Facilitating the expression of specific needs and wants and creating emotional engagement.

Stage Three: Consolidation/Integration

Step Eight: Facilitating the emergence of new solutions to old problematic relationship issues.

Step Nine: Consolidating new positions and new cycles of attachment behavior.

The goal of the first stage of EFT is de-escalation. After assessing the couple is appropriate for EFT, treatment is started by building an alliance with the couple (Step One). Step Two is to formulate the couple's negative pattern of interaction such as demand-withdraw where one partner is the critical demander and the other placates and withdraws. That is, when distress reaches a certain level, absorbing negative affect creates rigid patterns of response from each partner. As partners interact with each other, these rigid patterns tend to keep each partner stuck and disconnected from the other. Unexpressed underlying emotion keeps the rigid response pattern in tact. Identifying and accessing these underlying emotions and connecting how they fuel the interactions with

their partner is Step Three of EFT. The final step of Stage One, Step Four, re-frames the couple distress in terms of their attachment significance and helps them see that their relationship been caught in a vicious cycle. The cycle is framed as the enemy, rather than each other feeling seeming to be the enemy.

After achieving de-escalation, the goal of stage two is to restructure the couple's interactional pattern. The focus of Stage Two of EFT is creating moments of bonding, moments of sharing and responsiveness that re-define the couple's interactions as accessible and responsive.

In order to create a new interactional pattern, two main change events are necessary: withdrawer re-engagement and blamer softening. These two change events are the focus of Steps Five – Seven, helping the withdrawing partner deepen, distill, and disclose their underlying experience. In Step Five, the most intrapsychic of EFT, the EFT therapist works with the withdrawer's disowned attachment needs, fears, and longings, and integrates these into the relationship's interactions. The withdrawn partner needs to access their primary emotion, feel entitled to their experience, and assert themselves emotionally. Step Six is helping the listening partner accept the withdrawer's assertions. In Step Seven, the new experience of the withdrawer crystallizes in the sharing of their needs and asserting themselves emotionally to their listening, more accepting partner. In Step Seven, these moments of mutual accessibility and responsiveness soothe the past pain and become the building blocks of the couple's new pattern of interaction. The EFT therapist then goes back to do Step Five with the blaming partner to deepen, distill, and disclose attachment vulnerabilities, needs, and fears. As the blamer accesses their softer, more primary emotions, the therapist is promoting

acceptance from the withdrawer (Step Six). As the withdrawer remains emotionally engaged with the blaming partner, the blamer shares deep fears, needs, and vulnerabilities, and the withdrawing partner stays engaged and is emotionally responsive (Step Seven).

The final stage of EFT is Stage Three, consolidation (Steps Eight and Nine). In Step Eight, the partners are emotionally connected and start solving old relationship issues from this new place of connection and togetherness. Previous differences – differences that used to threaten the couple's connection – are now resolved with openness, compassion, and tenderness. In the final step (Nine), each partner has a new position in the relationship's cycle where attachment signals are clearly expressed and responded to.

EFT Interventions

As a Rogerian therapy, all EFT interventions are implemented with unconditional positive regard for the clients' experiences. The therapist conveys acceptance of and caring for both partners and their relationship, both verbally and non-verbally. Genuine, empathetic reflections and validation of clients' realities are vital throughout the steps and stages of EFT. Specifically, in Stage Two of EFT, common interventions are evocative responses, heightening, empathetic conjecture, and restructuring interactions (Johnson, 2004).

Evocative responses are questions from the therapist which elicit more from the clients about their emerging emotional experience. The EFT therapist uses evocative questions in response to the partners' emerging, not-yet-clear experiences of themselves or their interactions with their partner.

When the EFT therapist heightens a partner's emotional experience, the partner will experience it as deepening his emotional experience. Heightening is an intensification of experiencing in order to bring the experience alive in the therapy room. This amplification of the primary emotion is used to help partners feel more deeply and engage with their experiences rather than simply report on their experiences. As an experiential therapy, heightening primary emotions increases the potency of the moments.

The EFT therapist uses empathetic conjecture to bring background aspects of the clients' experiences to the foreground. The therapist will conjecture about elements of the clients' experiences that are just outside of awareness as a way to emphasize or bring the clients' foci to these elements. Conjectures are always offered tentatively from the therapist's experience of the clients or from the therapist's own experience. In using conjectures, the therapist takes the lead on helping clients touch and formulate pieces of their experiences that had been untouched.

Restructuring partner interactions using enactments is a key intervention in stage two of EFT. The therapist helps each partner make safe contact with the other while sharing fears, needs, and vulnerabilities. This sharing and the completion of enactments of fears and needs creates bonding moments and leads to new interactions between partners.

The *how* of all Stage Two interventions follow RISSSC (R: Repeat, I: Images, S: Simple, S: Soft, S: Slow, and C: Client's words) (Johnson, 2004, p. 109). As the EFT therapist intervenes with clients, the therapist uses repetition in order to help the partner assimilate the new information being discussed. Since much of the therapy in Stage Two

is focused on new and emerging experiences, repetition is important to help partners acclimate to their or their partner's new experiences.

Images are evoked for each partner and used to help the process become more experiential. Since EFT is an experiential therapy and Stage Two is the heart of the experiential process, asking clients for an image or a metaphor that represents their internal experience can bring the client's inner experience alive in new and different ways. If the partner struggles to name an image or metaphor, the EFT therapist will offer some images or metaphors to see if any fit the client's experience.

When the therapist reflects the client's experience, simple word choice is important. Simple and clear wording helps the clients stay immersed in their emotions. Along with the simple wording, the therapist slows the pace of the conversation and softens his voice which invites the clients to stay with their experiences. The slowing and softening by the therapist promotes exploration and discovery by the clients of their new and emerging experiences. Use of the client's words is an important aspect of the RISSSC method since it substantiates the client's experience and helps the client to feel heard. The essential message in using the clients' words is that their experiences matters and the therapist is hearing and tracking their experiences.

How these interventions are delivered is as important as the interventions themselves. RISSSC encapsulates how the interventions of evocative responding, heightening, empathetic conjecture, and restructuring interactions are utilized with clients. The over-arching goal of using RISSSC to implement these interventions is to help clients touch and stay with their primary emotional experience and to turn toward their partner to share these emotions in order to create bonding moments.

The Role of Emotions

In EFT, emotions are viewed as the leading element in couple dynamics. Emotions, defined as "biologically functional, organized systems of evaluative thoughts and action tendencies supported by physiological changes, are generated by the appraisal of internal and external events in relation to goals and concerns" (Mikulincer & Shaver, 2007, p. 188), organize and structure our social interactions (Bowlby, 1988). As an adaptive, primary signaling system, emotions let us know that a change in our environment has occurred. When a change has been perceived, "the changes are automatically, and often unconsciously, appraised in relation to needs, goals, and concerns" (Mikulincer & Shaver, 2007, p. 189). When the changes align with the need and address the concerns, the resulting emotional state is experienced as favorable. If the emotional changes do not align with the needs, goals, and concerns, the resultant emotional experience is viewed negatively. Each emotional change initiates adaptive action tendencies and automatic physiological changes (e.g. blood pressure, heart rate, skin conductivity). When a change occurs in perception, this change cues an emotional response. This emotional response starts with a rapid appraisal of the perceived change and assesses the quality or tone of the change quickly. From this quick assessment, the action tendency of the emotion is triggered. The consequences of this action tendency could be behavioral, verbal, or non-verbal, and can impact the couple relationship in numerous ways, both positively and negatively.

When the individual's needs, goals, and concerns do not align with the action tendencies or consequences of their emotional state, efforts are expended to alter these perceived mis-aligned emotions (Shaver & Hazan, 1987). When action tendencies are

not congruent with needs, goals, and concerns, "regulatory efforts are exerted to alter, obstruct, or suppress the emotion and bring about a more desirable state" (Mikulincer & Shaver, 2007, p. 189). These regulatory efforts are compelling when individuals judge their emotions as too strong, too weak, or not desirable by themselves, their partner or society, or when they need to alter their emotions for self-protective defenses. These altered emotional states scramble the signals our emotions send as we move through the world and interact with our loved ones.

From a systemic perspective, "emotions link self and system" (Johnson, 2004, p. 15). In EFT, clients' "intense involvement in their emotions" (2004) is the goal as the therapist helps each partner touch disowned and unformulated fears and needs. Working toward this goal, the therapist helps to structure and organize each partner's emotional experience, which creates new emotional states. "Emotion is primary in organizing attachment behaviors…Emotion guides and gives meaning to perception; motivates and cues attachment responses; and, when expressed, communicates to others and organizes their responses" (Johnson & Denton, 2002, p. 229). Facilitating the expression of these new, expanded, and better regulated emotional states loosens the grip of the constricted emotional patterns and shifts the couple's interactions (2004).

Attachment Theory

Attachment theory (Bowlby, 1969) holds the built-in answers to human vulnerability with its primary goals of protection and security. Seeking and maintaining contact with a significant other, as Bowlby (1988) postulated, "is viewed as the primary motivating principle in human beings and an innate survival mechanism" (Johnson, 1999). Threats (real or perceived) activate the attachment system, which compels

proximity-seeking behaviors towards a protective figure. Proximity-seeking and connection with a protective attachment figure helps individuals cope with threats and regulate emotionally. The need to seek comfort and protection from attachment figures is a biologically hard-wired response that is integral to survival and emotional balance.

When an attachment figure is responsive and attentive, the sense of threat and resultant unwanted emotional state is mitigated. The protection and comfort provided by the attachment figure provides the security that alters "undesirable emotional states" (Mikulincer & Shaver, 2007, p. 190) and facilitates changes in the emotional states that help individuals feel protected, secure, and non-threatened.

Predictably, when an attachment figure is non-responsive, "undesirable emotional states" (Mikulincer & Shaver, 2007, p. 190) persist, and emotional balance is not attained. The lack of emotional regulation can lead to intense affect such as anger, sadness, and fear, which floods the nervous system. This affect has control precedence (Tronick, 1989), which overrides other cues, even positive ones, and inhibits positive coping strategies while intensifying distress. This intense affect creates rigid, negative, interactional patterns between partners.

In short, attachment theory "addresses how relational partners deal with their emotions, process and organize information about the self and others, and communicate with loved ones" (Johnson, 2004, p. 36). Proximity to and connection with an attachment figure creates a safe haven and secure base (Bowlby, 1988), which allows for the processing of threats in an emotionally balanced, non-defensive manner.

Attachment Styles

In the robust adult attachment literature, attachment styles are measured according to the intersection of two continuums: anxiety and avoidance. There are four types of attachment styles: secure (low avoidance, low anxiety quadrant), avoidant (high avoidance, low anxiety), anxious (high anxiety, low avoidance), and fearful/avoidant (high anxiety, high avoidance).

Individuals with a secure attachment style are better able to tolerate negative affect without altering parts of their emotional process, and they remain emotionally balanced. Emotions are expressed congruently, transparently, and without exaggeration. Emotions are experienced deeply enough to understand their functional, adaptive qualities, and individuals with secure attachment are able to express emotionally with the expectation of responsiveness from their loved one.

For anxiously attached people, or pursuers as they are termed in EFT, emotional regulation translates into the intensification of emotional states and emotional expression. The anxiously attached are fueled by the desire and need to have their loved one attune, attend, and respond to them in a predictable, sustainable way. The attachment-oriented emotions, then, are congruent with these needs, which fuel the fire of expression for the anxiously attached person. The emotions are congruent with their attachment needs and goals (Mikulincer & Shaver, 2007, p. 191), which acts as rationale to amplify and intensify those emotions.

The intensification of attachment-related emotions can be very overwhelming for the partner of a pursuer. For many partners of pursuers, just when it seems that the pursuer's attachment needs are being met and emotional balance would be restored, the

pursuer worries about their partner's potential non-responsiveness, which triggers the pursuer's attachment needs, fears, and longings. For the pursuer, this process seems to justify the continued expression of intense affect. Based on this, the previous studies of the pursuer softening process (Bradley & Furrow, 2004; Bradley & Johnson, 2005) were paramount for clinicians in understanding how to help the pursuing partner interrupt this intensification of affect in order to give their partner a chance at sustained engagement. Sustained engagement and connection provides support for the pursuing partner to soften and risk sharing their vulnerabilities.

For those with an avoidant attachment style, suppression of attachment needs and vulnerabilities is the priority. For avoidants – or withdrawers as they are named in EFT - expression of attachment needs, goals, and concerns feels too risky emotionally. The goal of the emotional stance and defenses of the withdrawer is to de-activate the attachment system (Main & Weston, 1982) in order to minimize closeness and interdependence with loved ones. Whereas the attachment system is activated by a sense of threat, withdrawers deny and minimize threats in order to avoid the activation of their attachment system and the need for support-seeking behaviors.

While on the surface withdrawers look calm and detached, their de-activating strategies take a toll physiologically (Mikulincer & Shaver, 2007, p. 203) with decreased heart rate variability (Maunder, Lancee, Nolan, Hunter, & Tannenbaum, 2006), increased skin conductance (Diamond, Hicks, & Otter-Henderson, 2006), and increased diastolic blood pressure (Kim, 2006). Mikulincer found (1998b) that withdrawers did not report the experience of intense anger, but intense physiological arousal was noted.

Avoidant's primary method of regulating strong emotions – deny and minimize – is often confusing for the partner of a withdrawer. Based on the potency of attachment-related needs, concerns, and goals, and understanding the physiological health implications of suppressing these biologically hard-wired processes, the withdrawer's engagement with their attachment-related emotions and sharing them with their partner, rather than suppressing them, is of utmost importance and was the subject of this study.

The fourth attachment strategy, called fearful/avoidant (Bartholomew & Horowitz, 1991), uses both the hyper-activating of the anxious attachment style and the suppression strategies of the avoidant attachment style. The push-pull of the fearful/avoidant attachment style is linked to having experienced trauma (Brennan, Shaver, & Tobey, 1991; Shaver & Clark, 1994). This attachment style experiences high anxiety and high avoidance. Fearful/avoidants want the supportive connection that is typical of love relationships but fear the negative consequences of intimacy, connection, and reliance on others (Mikulincer & Shaver, 2007). In intimate relationships, this hybrid, push-pull attachment style and the resultant lack of predictable interactions can increase the relationship distress and emotional unpredictability and volatility between partners.

Literature on Emotionally-Focused Therapy

The literature on EFT (Johnson, 2004) is robust. EFT is empirically validated and several outcome studies have been completed (Clothier, Manion, Gordon Walker, & Johnson, 2002; Denton, Burleson, Clark, Rodriquez, & Hobbs, 2000; Johnson, Hunsley, Greenberg, & Schindler, 1999) and others in are progress. In a meta-analysis of the four

most rigorous studies, Johnson and colleagues (1999) found a 70-73% rate of recovery for distressed relationships; 86% showed significant improvement.

Many studies explore the application of EFT with specific populations. Four studies with couples impacted by trauma have recently been completed. Naaman, Radwan, and Johnson (2009) studied the use of EFT with breast cancer survivors in distressed relationships, Dalton, Johnson and Classen (2009) examined the effectiveness of EFT with female survivors of childhood sexual abuse, MacIntosh & Johnson (2008) studied couples where one or both partners had a history of childhood sexual abuse, and combat veterans with PTSD and their partners in distressed marriages have been studied (Dixon, Batten, & Weissman, in process).

An outcome study on the use of EFT in couples struggling with major depression has also been completed (Denton, Nakonezny, & Jarrett, 2009) which followed an earlier pilot study on EFT with depression (Dessaulles, Johnson, & Denton, 2003). Another outcome study of couples struggling with mild to moderate depression is in process (Wittenborn, in process). A study of using EFT with chronic illness has been completed (Stiell, Naaman, & Lee, 2007) and a study of marital interventions for couples with chronically ill children has been completed (Walker, Johnson, Manion, & Cloutier, 1996). EFT studies have begun to address areas of sexuality (Johnson & Zuccarini, 2010), cultural diversity (Greenman, Young, & Johnson, 2009), and relationship enhancement and education (Johnson, 2008).

Emotionally Focused Therapy and Task Analysis Methodology

The process research on EFT is extensive, and the seven EFT studies utilizing task analysis will be reviewed below. After Johnson and Greenberg's (1988) initial

process study, two main process study threads have emerged in the EFT literature: the process of blamer softening, one of the main change events in EFT, and the process of naming and repairing attachment injuries between partners. For the blamer softening change process, the three studies are Bradley and Furrow (2004), Bradley and Johnson (2005), and Bradley and Furrow (2007). For the attachment injury repair process, the three studies are Johnson, Makinen, and Millikin (2001), Makinen and Johnson (2006), and Halchuk, Makinen, and Johnson (2010). The three task analytic studies of each of these change processes are described below.

Johnson and Greenberg (1988) used task analysis, a specific form of process research, in the identification and development of EFT. The purpose of this study was "to empirically validate hypotheses concerning key ingredients in the change process in one model of marital therapy (EFT) and to begin to link specific events to outcome in this context" (Johnson & Greenberg, 1988, p. 181). To do this, client performance was analyzed in the "best" sessions of EFT as rated by client and therapist in post-session questionnaires. The variables measured were client depth of experiencing as measured by the Experiencing Scale (ES; Klein, Mathieu, Keisler, & Gendlin, 1969) and the quality of affiliative and autonomous interpersonal responses as measured by the Structural Analysis of Social Behavior (SASB; Benjamin, 1974). With EFT's emphasis on both the within and the between experience, the ES refers to the within – the depth of intrapsychic processing. The SASB measures the between – the quality of interpersonal interactions.

Six couples in this intensive study were selected from a previous EFT efficacy study (Johnson & Greenberg, 1985a). These six were selected based on significant change or lack thereof on the Dyadic Adjustment Scale (DAS; Spanier, 1976). Eight

sessions of EFT were provided. The DAS scores of the three couples with significant change increased an average of 47 points (more than 2.5 standard deviations) from pre-treatment scores (M=88.6; SD=17.0). The three couples with lack of significant improvement increased 2 points from pre-treatment scores (M=93; SD=13.91).

After the "best" session was selected, all statements made in the second half of the session were transcribed, analyzed and coded according to the ES (Klein, Mathieu, Keisler, & Gendlin, 1969) and on the SASB (Benjamin, 1974). Blind raters were used to independently rate clients' responses, and inter-rater reliability agreement was 84.4 for the ES and 86.4 for the SASB. As was hypothesized, a deeper level of emotional experiencing and more affiliative interactions were found to characterize "best" sessions with successful treatment outcomes.

Bradley and colleagues (Bradley & Furrow, 2004; Bradley & Johnson, 2005) used task analysis to analyze the process of change of blamer softening, an EFT intervention previously identified by Johnson & Greenberg (1988).

In 2004, Bradley and Furrow's purpose was to "analyze the process of blamer softening through a task analysis of moment-by-moment therapist behaviors that lead to successful softenings" (p. 235). The authors provided theoretical background on EFT and one its primary interventions, blamer softening. The background on EFT is important since task analysis research methodology focuses on the in-session application by expert EFT therapists of the blamer softening intervention.

Nine tapes were provided by Susan Johnson, co-originator of EFT and expert EFT therapist. The authors defined the event, then analyzed and defined the resolution of this event in order to review previously recorded sessions. Five of the nine tapes did not

include an event marker or an event resolution, procedures for identifying a change event in task analysis, and these five tapes were excluded from the study. Thirteen minutes of the remaining four tapes were transcribed. The next stage was the empirical analysis where formal observational instruments were used to code and analyze the transcripts using the EFT Coding Scheme (EFT-CS; Bradley, 2001) and the Classification System for Counseling Responses (CSCR; Highlen, Lonborg, Hampl, & Lassiter, 1984).

The EFT-CS revealed that the most commonly used therapist interventions in successful blamer softenings were Evocative Responding (20%), Validation of client responses (17%) and Heightening Present and Changing Positions (16%). Six themes emerged during content analysis of the transcripts. These six themes were: (1) Processing Possible Blamer Reaching, (2) Processing Fears of Reaching, (3) Promoting Actual Blamer Reaching, (4) Supporting Softening Blamer, (5) Processing with Engaged Withdrawer, and (6) Promoting Engaged Withdrawer Reaching Back with Support. Two sub-themes included Bowlby's (1969) "view of self" and "view of other." While Bradley and Furrow described both phases of task analysis research, they stated the scope of this study was limited to the first phase, creating a rational-empirical model of the event.

Bradley and Furrow (2007) followed-up their 2004 study by reviewing the steps of the blamer softening process and naming five common mis-steps that derailed the softening process as found in the earlier study. The five common obstacles were: (1) Absence of an Attachment Base, (2) Attachment-Related Affect Distance, (3) Attachment-Related Fear Allergies, (4) Internal Views of Other and Self Unacknowledged, and (5) Interpersonal Enactment Failure: No Softening Reach. The six

themes of the blamer softening process (2004) and the five common mis-steps (2007) offer a detailed map of the blamer softening change event.

Bradley and Furrow (in process) are currently working on the next iteration of the blamer softening process, which will expand the 2004 study. The sample of this second study is ten non-expert EFT therapist's videotaped blamer softenings. Rather than the thirteen minutes of expert EFT used in the 2004 study, entire sessions were analyzed in the second study. Also unlike the 2004 study, the Experiencing Scale (ES; Klein, Mattieu, Keisler & Gendlin, 1969) was used in the second study to track and measure the client's depth of emotional experiencing.

In continuing Bradley's previous research, in 2005, Bradley and Johnson provided a comprehensive view of contemporary task analysis by describing two studies: one of therapist application of a theoretical intervention and the other of clients' behaviors. The framework of both studies was EFT.

The authors provided significant background of the history and methodology of task analysis, including goals and assumptions. The five steps of the task analysis methodology were named:

1. Formulating an initial map of tasks
2. Identifying components of the change event
3. The rational analysis: Mapping the process
    i. Client Process
    ii. Therapist Process
4. The empirical analysis: Building the process of change

The initial empirical model was then compared to the rational model.

Sequentially, the remaining transcripts were compared, and the thematic sequence

was modified. Results of this analysis were continually integrated into the evolving rational-empirical model. This iterative process produced a conceptual model of the successful event and was at the heart of the task analytic method (Greenberg, Heatherington, & Friedlander, 1996).

5. Verification

The authors combined their task analysis research of couple and family change events, which highlighted the similarities and differences of task analysis methodology. For instance, the process of the therapist was the focus of change in Bradley and Furrow's (2004) study of blamer softening. For Bradley's (2004) study, a rational model of blamer softening already existed (Johnson & Greenberg, 1988), so he and his colleague focused on building an empirical model of blamer softening. In the study by Johnson and colleagues (2001), the unit of analysis was the client. In Johnson's study, which is described in more detail below, the emphasis was on the building of the rational model of attachment injury repair within EFT, since this repair process had not been created yet.

Johnson, Makinen, and Millikin (2001) identified a new change event in EFT: resolving injuries to the relationship's attachment bond called "attachment injuries." An attachment injury is defined as "An attachment injury occurs when one partner violates the expectation that the other will offer comfort and caring in times of danger or distress" (2001, p. 145). The purpose of this study was to describe attachment injuries and articulate how these injuries created impasses in EFT couple treatment. This conceptualization was based on Millikin's previous exploratory study (2000) in which a task analysis was performed on successful change events to resolve attachment injuries

during treatment (10 – 15 sessions of EFT). In this small study (N=3), a rational map was compared to an empirical map in order to articulate a clear process of change.

A subsequent outcome study on attachment injuries and forgiveness with 24 couples (Makinen & Johnson, 2006) provided the verification phase of the task analysis process culminating with the naming of the Attachment Injury Resolution Model. The verification phase connects successful change events with outcome. In this study, sixty-three percent of distressed couples with an injury resolved and forgave the injury with thirteen sessions of EFT. Segments from "best fit" sessions were transcribed and coded according to the ES (Klein, Mathieu, Kiesler, & Gendlin, 1969) and SASB (Benjamin, 1974). Attachment injuries were described as actual abandonment; perceived abandonment following a miscarriage; infidelity, flirtation, exotic massage, internet relationship, friendship with the opposite sex; insulting remarks and financial deception/loss.

A three-year follow- up study was designed to examine the verification phase of the previous task analysis (Halchuk, Makinen, & Johnson, 2010). Twelve couples with attachment injuries from the 2006 study were assessed with self-report measures. Those who resolved their injuries through Attachment Injury Resolution Model during previous treatment were shown to have maintained their resolution, and improvements were noted in dyadic adjustment, trust, and forgiveness.

Summary

In order to continue to bring research into clinical practice and enhance the relevance of research for clinicians, it was paramount to continue analyzing therapeutic events with focus and specificity. This study aimed to clarify the process of change in

Emotionally Focused Therapy by tracking and analyzing the process of withdrawer re-engagement using task analysis. By measuring the withdrawing client's depth of experiencing, the quality of interaction between partners during this change event, and by tracking and coding the therapist interaction, this study intended to add research relevance for the practicing clinician. The methodology of the present study is described in the next chapter.

CHAPTER THREE: METHODS

Researchers and clinicians alike have stressed the importance of creating new, positive interactional patterns in order to move away from distressed, rigid interactions that leave both partners feeling alone and emotionally isolated. Previous process research of Emotionally Focused Couple Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996) named two change events in order to help couples interrupt their negative patterns of interaction and restructure their bond (Johnson & Greenberg, 1988). One of these change events has been studied (a task analysis of the blamer softening process; Bradley & Furrow, 2004), and EFT clinicians have a clear map as a result of the study. The focus of this study was the change event of withdrawer re-engagement, a fundamental change process of EFT.

Research Design

The purpose of this task analytic study was on client and therapist performance when completing the withdrawer re-engagement process in Emotionally Focused Couple Therapy (EFT), one of two change events in Stage Two of EFT (Greenberg & Johnson, 1985). Theoretically, the process variables related with change for clients in EFT are deeper levels of emotional experiencing and related affiliative and accepting interpersonal responses. These variables have been found to be pivotal in one of the EFT change events – the softening. This study focused on the other change event – withdrawer re-engagement – and identified the in-session withdrawer re-engagement process that leads to successful treatment outcomes. In successful withdrawer re-engagements, it was hypothesized that clients' response rates for these two variables – depth of emotional experiencing and affiliative interactions – will be higher. These

process variables were measured by the Experiencing Scale (ES; Klein, Mattieu, Keisler, & Gendlin, 1969) and the Structural Analysis of Social Behavior (SASB; Benjamin, 1974), respectively. Key statements from the withdrawers were tracked and collected in order to see if patterns emerged. For the therapist, this study coded and analyzed the therapist interventions in successful withdrawer re-engagements using the EFT-Coding Scheme (EFT-CS; Bradley, 2001).

After the therapist identified the withdrawn partner by the case notes and content in the first sessions of treatment, this study examined and analyzed four couples with five withdrawer re-engagements during fifteen sessions of EFT treatment to see if the clinical process of withdrawer re-engagement fit the theory and, if so, if it predicted outcomes in treatment. Three of these couples experienced successful treatment, and one couple did not, as measured by pre- and post-treatment scores on the Dyadic Adjustment Scale (DAS; Spanier, 1976). It was hypothesized that the couples who showed improvement on the DAS went through a process of withdrawer re-engagement, including deeper levels of emotional experiencing and more affiliative interactions with their partner.

Study Participants

The sample for this study was selected from a larger study conducted at Virginia Polytechnic Institute and State University in Falls Church, Virginia. The purpose of this larger study was to understand the effectiveness of EFT with couples where one or both partners were struggling with mild to moderate depression. Participating couples were randomly assigned Emotionally Focused Couple Therapy or couple therapy treatment as usual in the Washington D.C. Metropolitan Area.

For this larger study, participants were self-referred based on flyers or other social networking announcements, referred by Employee Assistance Providers (EAP), or by community mental health centers/providers. To be eligible, couples had to be living together for at least one year, had to be at least 18 years old, not experiencing substance abuse, intimate partner violence or suicide ideation, and one or both partners had to be experiencing mild to moderate depression by scoring between 20 and 30 on the Beck Depression Inventory – Second Edition (BDI-II; Beck, Steer, & Brown, 1996). They also had to have scored below 100, indicating relationship distress, as measured by the Dyadic Adjustment Scale (DAS; Spanier, 1976), and each partner had to express commitment to the relationship and agree to participate in fifteen weekly couple therapy sessions and pre- and post-treatment interviews. Exclusionary criteria were severe depression in either partner, the onset of medication for any mental health problem within the two months before pre-treatment interviews, and receiving other forms of mental health treatment including individual, couple or group therapy. In order to participate in the research project, interested individuals called the Center for Family Services at Virginia Tech and spoke with a graduate assistant who was trained in screening perspective participants and intake procedures. After this initial phone interview, if the interested couple met the inclusionary criteria and was interested in treatment, the couple came to the Center for Family Services for a pre-treatment interview.

Trustworthiness

The researcher in this study is a Certified EFT Therapist, Supervisor and Trainer. The International Center for Excellence in EFT (Ottawa, Canada) is the governing body that certifies candidates at each level of competency. The researcher has been studying

and practicing EFT since 2003 and was recruited as a clinician into the larger study by the Principle Investigator at Virginia Tech. Thus, the researcher was the clinician for two couples in this smaller study. To preserve the integrity of the researcher's role in data collection and analysis, the researcher enlisted a colleague to be a second coder. This colleague is a doctoral-level Certified EFT Therapist, Supervisor, and Trainer who is a professor and an international trainer.

The primary researcher learned each of the three measures from authorized training materials (manual and dvds) provided by the originator or owner of the measures. Once the researcher was practiced at each measure (verified by practice tests and consultation with originators or authors of training materials), the researcher provided training materials and taught the second coder how to use each measure. After second coder learned the measure and became consistent in her application of the measure, each researcher coded the same transcript independently. After coding independently, the coders met to discuss their ratings and calculate the percentage of inter-rater reliability. During these discussions, the primary researcher took notes from the second coder which continued to inform the researcher's coding. Once the researchers reached an inter-rater reliability agreement percentage of at least 80, the primary researcher coded the remaining transcripts.

Sample

Theoretically-guided sampling (Greenberg, Heatherington, & Friedlander, 1996) informed the collection of data in this study. Defined by Greenberg and colleagues, theoretically guided sampling "refers to the selection of an event for intensive study that is regarded as significant from clinical or theoretical perspectives" (1996, p. 420). Based

on the clinical outcomes, “best fit” sessions were selected in order to understand the impact of successful and non-successful re-engagements on therapy outcomes. With the successful cases, the withdrawer re-engagement event was intensively analyzed in order to name an empirical change process and effective therapist intervention.

At the time this study commenced, four couples had completed the treatment as part of the larger study. Initially, the sample for this study consisted of these four couples and data was collected for all four couples. During data analysis, the data from one of the successful couples was dropped based on confounding factors that clouded the data. While their pre- and post-treatment DAS scores improved, the therapy was content heavy and the couple was not sure they wanted to remain married. With limited relevant process to code in this process research study, these inconsistencies in the data collection, as compared with the other two successful couples, clouded the data analysis and this couple was dropped from the analysis.

Instruments

Four coding instruments were used in this study. One instrument measured treatment outcomes, the second focused on the depth of experiencing of both partners, the third measured the quality of partner’s interactions with each other, and the fourth focused on the interventions used by the therapists.

Dyadic Adjustment Scale

The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a 32-item questionnaire that assessed the quality of a committed, cohabitating couple relationship using a 5 or 6 point Likert Scale to determine the level of agreement or frequency of an interaction within the relationship. Scores range from 0 – 151, and the higher the score, the more

adjusted (less distressed) the couple is. Each partner completed the instrument, and partner scores were averaged in order to create a score for the relationship. Scores of 70 or below are indicative of divorce. Scores between 71 – 100 indicate distress. Scores above 100 indicate non-distress. The DAS has four subscales measuring Consensus, Satisfaction, Cohesion, and Affectional Expression. Examples of questions are: a.) How often to you confide in your partner?; b.) How often do you and your partner calmly discuss something?; c.) Do you and your partner engage in outside interests together? Known to be reliable and valid, Spanier (1976) reports a reliability of .96 and good construct, content, and criterion validity. Criterion validity was established when responses on each item were significantly different between married and divorced couples.

Experiencing Scale

The Experiencing Scales (ES; Klein, Mathieu, Keisler & Gendlin, 1969) measured in-session depth of experiencing of both partners. It is a rating scale with seven stages indicating movement from superficial engagement and "impersonal references to self" (Johnson & Greenberg, 1988, p. 178) to discovery of new experiences, greater experiencing of self, and better problem solving. Sequential responses between partners reaching a level of four, with at least one response reaching five or six on the seven-point scale, was considered sufficient for depth of experiencing in this study.

An example of a Level One characteristic is when a client told a story in a depersonalized manner. The speaker may or may not be involved in this generalized story. A description of Level Three is when a client added personal comments to the narrative such as what they were feeling or how they were relating to the content of the

story. A hallmark of Level Five is a "purposeful exploration" of the client's inner world (Klein, Mathieu, Gendlin, & Kiesler, 1969). The client tracked and reflected their feelings and reactions in order to elaborate on them. Level Seven highlights the expanding, moment-to-moment feeling awareness of the client that lead to emerging insights.

The Experiencing Scale has been considered to be highly reliable in measuring client experiencing during key sessions (Greenberg & Foerster, 1996). Several tests of the scale have been done, and the validity of the scale has been demonstrated with successful treatment outcomes and with individual expression and self-reflective capacity (Klein, Mathieu-Coughlan, & Keisler, 1996).

Structural Analysis of Social Behavior

The Structural Analysis of Social Behavior (SASB; Benjamin, 1974), a microanalytic, observation coding scheme, was used to measure partners' interactions and responses, which allowed the researcher to track the in-session interpersonal change between partners. Consisting of a three-dimensional grid, verbal interactions were categorized and analyzed using a circumplex model of interpersonal behavior (Johnson & Greenberg, 1988) based on Leary's classification system (Leary, 1857). Initially, each partner's responses were categorized by referring to the self or the other. These responses were then coded according to the affiliative and autonomy dimensions. Four quadrants are formed by these two dimensions: a) autonomous affiliation (disclosing, sharing, understanding), b) hostile autonomy (rejecting, ignoring), c) hostile influence (accusing, appeasing, managing), and d) affiliative influence (clinging, trusting, protecting). Affiliation (horizontal axis) intersects with Autonomy (vertical axis). Each

talk-turn, or element(s) within a talk-turn, was categorized into a specific quadrant and then within a descriptive cluster. "This instrument attempts to capture the quality of a response rather than simply assigning responses to large general categories, such as positive or negative affect, as do many of the coding schemes used to study marital interaction" (Johnson & Greenberg, 1988, p. 178). SASB has been widely validated and demonstrates high inter-rater reliability.

Emotionally Focused Therapy - Coding Scheme

To track and code therapist interventions, the Emotionally Focused Therapy Coding Scheme (EFT-CS; Bradley, 2001; Bradley & Furrow, 2004) was utilized. Following Mahrer's (1988) approach to theory-specific analysis, this instrument focused specifically on the EFT interventions that were used during each therapist talk-turn (Bradley & Furrow, 2004).

The primary EFT interventions were listed along with definitions and key descriptions. Each one was given a code (e.g. Evocative Responding was coded as EVOC, Tracking and Reflecting Interaction was coded as TRI). Three generic therapeutic interventions were included also (Monitoring the Alliance, Self-disclosure, and Refocus). A third category of intervention, Other, was provided if the intervention was unclear or cannot be determined. Analysis of the EFT-CS provided initial support for the reliability and construct validity of the coding instrument (Bradley & Furrow, 2004). The validation of the EFT-CS was explored by correlating the ratings of EFT-CS with the Classification System for Counseling Responses (CSCR; Highlen, Lonborg, Hampl, & Lassiter, 1984; Lonborg, Daniels, Hammond, Houghton-Wenger, & Brace, 1991). The CSCR codes 19 therapist verbal interactions using intervals ratings. The

majority of EFT-CS ratings did correspond to the more generic CSCR codes in a predictable manner indicating support for the EFT-CS as a valid measure.

Design and Data Analysis

A discovery-oriented investigation of client change and therapist performance was analyzed using task analysis (Rice & Greenberg, 1984). Task analysis seeks to bridge the gap between research and clinical practice by answering fundamental questions through the examination of therapeutic change processes within context (Greenberg, 2007). After naming the Idealized Model which already existed in the clinical literature, the researcher determined the change process and performance to be analyzed by developing a rational model. Within the rational model, the researcher noted event markers which signaled to the therapist and researcher that a change process was beginning. The previous and subsequent interactions, or series of interactions, were observed and coded to determine how client change and therapist performance impacted treatment outcomes (2007).

The steps involved in the series of interactions were derived from observations of actual client change process and therapist performance (Bradley & Furrow, 2004). The steps are (Bradley & Johnson, 2005, p. 258):

Task Analysis of Change Events

1. Formulating an initial map or idealized model of tasks
2. Identifying components of the change event
3. The rational analysis: Mapping the process
    a. Client process
    b. Therapist process
4. The empirical analysis: Naming the change process
5. Verification (beyond the scope of this study)

Formulating an Initial Map/Idealized Model

The initial map of the withdrawer re-engagement process was defined as (Johnson, 2004, p. 182-183):

The withdrawn partner:

1. Engages with his/her experience of partner, cycle, and/or position in the relationship and fully feels the fears of contact (Step 5 of EFT).
2. Processes fears of engaging and prepares to share emerging experience with partner (Step 5 of EFT).
3. Shares his/her fears and hurt with partner (Step 7 of EFT).
4. Continues sharing deeper fears and specific needs and wants (Step 7 of EFT).
5. Processing experience of actually engaging partner.

Identifying Components of the Change Event

Intensive observation and coding of videotaped segments and session transcripts was completed in order to identify components of change processes. According to Bradley and Johnson (2005), a change event consists of "(1) a problem marker, followed by (2) therapist interventions and (3) a sequence of client responses, which if successful (4) result in the couple achieving an effective resolution to the problem" (p. 259). Based on clinical and theoretical knowledge, the event marker for this study was when the therapist requested an enactment from the withdrawer to his partner. The segment started approximately fifteen minutes before the event marker and continued for approximately fifteen minutes after the marker to include the sequence of client responses. To ensure credibility of the data analysis, two coders viewed and coded the data separately and compared responses until a high degree of consensus was obtained.

The Rational Analysis: Mapping the Process

The researcher named the observed process of change by reviewing and coding videotaped segments and transcripts. "The goal of this step is to create a detailed map that represents the best estimate of the process of change, based on a literature review, clinical experience, intuition, and intense examination of recorded events" (Bradley & Johnson, 2005, p. 260). The rational model named the process of change based on themes that emerged from the intense observation of clients' change processes in successful withdrawer re-engagements.

The Empirical Analysis: Naming the Change Process

Using the instruments named above (EFT-CS, ES, and SASB), the researcher applied the analyzed data to the map of the change process that was created in the rational analysis. By overlaying the coded and analyzed data from the formal instruments on the rational model, the process of change for the withdrawer re-engagement was refined, and the most common EFT interventions used by the therapist named. Key statements of the withdrawer re-engagement were collected to see if patterns emerged. The purpose of this study was for this synthesized rational-empirical model of client change and therapist use of interventions to provide a clinical map for successful withdrawer re-engagements.

Research Questions

The theory and the clinical literature suggested this initial map of withdrawer re-engagement:

The withdrawn partner:

1. Engaged with his/her experience of partner, cycle, and/or position in the relationship and fully felt the fears of contact (Step 5 of EFT).

2. Processed fears of engaging and prepared to share emerging experience with partner (Step 5 of EFT).
3. Shared his/her fears and hurt with partner (Step 7 of EFT).
4. Continued sharing deeper fears and specific needs and wants (Step 7 of EFT).
5. Processed experience of actually engaging partner.

Given this initial map, this study had two research questions. Question one: In "best fit" sessions of couples with successful treatment outcomes, did the process of withdrawer re-engagement occur as the EFT theory hypothesizes it would based on coding key statements made throughout the change process:

a) Withdrawn partner:
    a. Engaged with his/her experience of the partner, cycle, and/or position in the relationship and fully felt the fears of contact (Step 5 of EFT)
    b. Processed fears of engaging and prepared to share emerging experience with partner (Step 5 of EFT)
    c. Shared his/her fear and hurt with partner (Step 7 of EFT)
    d. Continued sharing fears and specific needs and wants (Step 7 of EFT)
    e. Processed experience of actually engaging partner
b) The withdrawn partner experienced deeper levels of emotional processing as measured by the ES, and
c) The withdrawn partner exhibited more autonomous and affiliative responses with his/her partner as measured by the SASB.

Question two: What interventions did the EFT therapist use in successful withdrawer re-engagements as measured by the EFT-CS?

CHAPTER FOUR: RESULTS

Researchers and clinicians alike have stressed the importance of creating new, positive interactional patterns in order to move away from distressed, rigid interactions that leave both partners feeling alone and emotionally isolated. Previous process research of Emotionally Focused Couple Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996) named two change events that help couples interrupt their negative patterns of interaction and restructure their bond (Johnson & Greenberg, 1988). One of these change events has been studied (a task analysis of the blamer softening process; Bradley & Furrow, 2004), and EFT clinicians have a clear map as a result of the study. The focus of this study was the change event of withdrawer re-engagement, a fundamental change process of EFT.

Research Design

The purpose of this study was to analyze client and therapist performance when they completed the withdrawer re-engagement process in Emotionally Focused Couple Therapy (EFT), one of two change events in Stage Two of EFT (Greenberg & Johnson, 1985). Theoretically, the process variables related with change for clients in EFT are deeper levels of emotional experiencing and related affiliative and accepting interpersonal responses. These variables have been found to be pivotal in one of the EFT change events – the softening. This study focused on the other change event – withdrawer re-engagement - and identified the in-session withdrawer re-engagement process that leads to successful treatment outcomes. In successful withdrawer re-engagements, it was hypothesized that clients' response rates for these two variables – depth of emotional experiencing and affiliative interactions - would be higher. These

process variables were measured by the Experiencing Scale (ES; Klein, Mattieu, Keisler, & Gendlin, 1969) and the Structural Analysis of Social Behavior (SASB; Benjamin, 1974), respectively. Key statements from the withdrawers were tracked and collected in order to see if themes and patterns emerged in order to map the process of change. For the therapist, this study tracked and analyzed the therapist interventions in successful withdrawer re-engagements using the EFT-Coding Scheme (EFT-CS; Bradley, 2001).

After the therapist identified the withdrawn partner by the case notes and content in the first sessions of treatment, this study examined and analyzed four couples during fifteen sessions of EFT to determine if the clinical process of withdrawer re-engagement fit the theory. One of these couples was dropped from the data analysis. Of the three remaining couples, two of these couples experienced successful treatment, and one couple did not, as measured by pre- and post-treatment scores on the Dyadic Adjustment Scale (DAS; Spanier, 1976). It was hypothesized that the couples who showed improvement on the DAS went through a process of withdrawer re-engagement, including deeper levels of emotional experiencing and more autonomous and affiliative interactions.

Study Participants

The sample for this study was selected from a larger study conducted at Virginia Polytechnic Institute and State University in Falls Church, Virginia, after approval by the Argosy University and Virginia Tech Institutional Review Boards. The purpose of this larger study was to understand the effectiveness of EFT with couples in which one or both partners were struggling with mild to moderate depression. Participating couples

were randomly assigned Emotionally Focused Couple Therapy or couple therapy treatment as usual in the Washington D.C. Metropolitan Area.

For this larger study, participants were self-referred based on flyers or other social networking announcements, referred by Employee Assistance Providers (EAP), or by community mental health centers/providers. To be eligible, the partners had to be living together for at least one year; had to be at least 18 years of age; and had to have a relationship free of substance abuse, intimate partner violence or suicide ideation, and at least one partner had to be experiencing mild to moderate depression by scoring between 20 and 30 on the Beck Depression Inventory – Second Edition (BDI-II; Beck, Steer, & Brown, 1996). They also had to have scored below 100, indicating relationship distress, as measured by the Dyadic Adjustment Scale (DAS; Spanier, 1976), and each partner had to express commitment to the relationship and agree to participate in fifteen weekly couple therapy sessions and pre- and post-treatment interviews. Exclusionary criteria included severe depression in either partner, the onset of medication for any mental health problem within the two months before pre-treatment interviews, and receipt of other forms of mental health treatment including individual, couple or group therapy. In order to participate in the research project, interested individuals called the Center for Family Services at Virginia Tech and spoke with a graduate assistant who was trained in screening perspective participants and intake procedures. After this initial phone interview, if the interested couple met the inclusionary criteria and was interested in treatment, the couple came to the Center for Family Services for a pre-treatment interview.

Sample

At the time this study commenced, data was collected on the four couples in the larger study that had completed treatment. Data analysis for this study was completed on three couples. All three couples were heterosexual couples between the ages of 28 and 46. Two couples were married for an average of twelve years and the third couple cohabited for two years. All partners but one held college degrees and three partners earned graduate degrees. Two partners were active-duty military. All but one of the couples has children. At pre-treatment measure, all partners scored under 100 on the DAS (range: 72 - 99). At post-treatment, two out of three couples scored over 100, indicating non-distressed, with improved scores of 25 and 29.5 points (M = 27.25; SD = 6.35) . The third couple's score improved 1.5 points but neither partner scored above 100 at post-treatment.

Therapy was conducted by master's level therapists (two women), one who was certified in EFT and one who working towards certification in EFT.

Instruments

Four coding instruments were used in this study. One instrument measured treatment outcomes, the second focused on the depth of experiencing of both partners, the third measured the quality of partners' interactions with each other, and the fourth focused on the interventions used by the therapists.

Dyadic Adjustment Scale

The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a 32-item questionnaire that assesses the quality of a committed, cohabitating couple relationship using a 5 or 6 point Likert Scale to determine the level of agreement or frequency of an interaction

within the relationship. Scores range from 0 – 151, and the higher the score, the more adjusted (less distressed) the couple is. Each partner completed the instrument, and partner scores were averaged in order to create a score for the relationship. Scores of 70 or below are indicative of divorce. Scores between 71 – 100 indicate distress. Scores above 100 indicate non-distress. Examples of questions are: a) How often to you confide in your partner?; b) How often do you and your partner calmly discuss something?; c) Do you and your partner engage in outside interests together? Known to be reliable and valid, Spanier (1976) reports a reliability of .96 and good construct, content, and criterion validity. Criterion validity was established when responses on each item were significantly different between married and divorced couples.

For the couples in this study, each partner's pre-treatment score on the DAS was between 71 – 100, scored indicative of relationship distress. In the two successful couples, each partner's post-treatment score was over 100, indicative of non-distress. Scores for each couple were averaged and improved by 25 and 29.5 points (M = 27.25; SD = 6.35). In the non-successful couple, the score improved 1.5 points but neither partner scored above 100. In the two successful couples, the individual female partner's scores improved 38 and 30 points. The male partner's scores improved 21 and 20 points.

Experiencing Scale

The Experiencing Scale (ES; Klein, Mathieu, Keisler & Gendlin, 1969) measured in-session depth of experiencing of both partners. It is a rating scale with seven stages that indicate movement from superficial engagement and "impersonal references to self" (Johnson & Greenberg, 1988, p. 178) to discovery of new experiences, greater experiencing of self, and better problem solving. Responses between partners reaching a

level of four, with at least one response reaching five or six on the seven-point scale, was considered sufficient for depth of experiencing in this study.

An example of a Level One characteristic is when a client told a story in a depersonalized manner. The speaker may or may not be involved in this generalized story. An example of Level Three is when a client added personal comments to the narrative such as what they were feeling or how they were relating to the content of the story. An example of Level Five is a "purposeful exploration" of the client's inner world (Klein, Mathieu, Gendlin, & Kiesler, 1969). The client tracked and reflected their feelings and reactions in order to elaborate on them. Level Seven highlights the expanding, moment-to-moment feeling of awareness of the client that lead to emerging insights.

The Experiencing Scale has been considered to be highly reliable in measuring client experiencing during key sessions (Greenberg & Foerster, 1996). Several tests of the scale have been done, and the validity of the scale has been demonstrated with successful treatment outcomes and with individual expression and self-reflective capacity (Klein, Mathieu-Coughlan, & Keisler, 1996).

Structural Analysis of Social Behavior

The Structural Analysis of Social Behavior (SASB; Benjamin, 1974), a microanalytic, observation coding scheme, was used to measure partners' interactions and responses, which allowed the researcher to track the in-session interpersonal change between partners. Consisting of a three-dimensional grid, verbal interactions were categorized and analyzed using a circumplex model of interpersonal behavior (Johnson & Greenberg, 1988) based on Leary's classification system (Leary, 1857). Initially, each

partner's responses were categorized by referring to the self or the other. These responses were then coded according to the affiliative dimension. Affiliation (X axis) intersects with autonomy (Y axis) which form four quadrants: 1) autonomous affiliation (disclosing, sharing, understanding); 2) hostile autonomy (rejecting, ignoring); 3) hostile influence (accusing, appeasing, managing); and 4) affiliative influence (clinging, trusting, protecting). Each client talk-turn, or element within a talk-turn, was analyzed and given a number from -9 – 9 for the affiliative dimension. The code given to each statement placed it in a quadrant. Once categorized into a specific quadrant, each statement was placed within a descriptive grouping, or cluster. "This instrument attempts to capture the quality of a response rather than simply assigning responses to large general categories, such as positive or negative affect, as do many of the coding schemes used to study marital interaction" (Johnson & Greenberg, 1988, p. 178). SASB has been widely validated and demonstrates high inter-rater reliability.

Emotionally Focused Therapy - Coding Scheme

To track and code therapist interventions, the Emotionally Focused Therapy Coding Scheme (EFT-CS; Bradley, 2001; Bradley & Furrow, 2004) was utilized. Following Mahrer's (1988) approach to theory-specific analysis, this instrument focused specifically on the EFT interventions that were used during each therapist talk-turn (Bradley & Furrow, 2004).

The primary EFT interventions were listed along with definitions and key descriptions. Each one was given a code (e.g. Evocative Responding was coded as EVOC, Tracking and Reflecting Interaction was coded as TRI). Three generic therapeutic interventions were included as well (Monitoring the Alliance, Self-disclosure,

and Refocus). A third category of intervention, Other, was provided if the intervention was unclear or could not be determined. Analysis of the EFT-CS provided initial support for the reliability and construct validity of the coding instrument (Bradley & Furrow, 2004). The validation of the EFT-CS was explored by correlating the ratings of EFT-CS with the Classification System for Counseling Responses (CSCR; Highlen, Lonborg, Hampl, & Lassiter, 1984; Lonborg, Daniels, Hammond, Houghton-Wenger, & Brace, 1991). The CSCR codes 19 therapist verbal interactions using intervals ratings. The majority of EFT-CS ratings did correspond to the more generic CSCR codes in a predictable manner indicating support for the EFT-CS as a valid measure.

Procedures

For all couples, "best fit" sessions were selected in order to understand the impact of successful and non-successful re-engagements on therapy outcomes. After reviewing all case notes where the therapists marked the stage of treatment and interventions utilized in each session, the researcher selected these sessions to review. The researcher watched all potential sessions in order to find the sessions where, from a clinical and theoretical perspective, there seemed to be withdrawer re-engagement. Within each of these sessions, the researcher located event markers for potential withdrawer re-engagements and transcribed all the relevant verbal statements made before and after each event marker.

All statements made by both partners in all couples were intensively analyzed with the SASB (Benjamin, 1974) and the Experiencing Scale (Klein, Mathieu, Keisler & Gendlin, 1969). A coding unit was either a client talk-turn or a complete thought or "element" within a client talk-turn. For example, some client talk-turns were coded with

one code while other client talk-turns were broken into elements when meaning and tone shifted within the same talk-turn. When broken into elements, each element was coded separately. Fragments or one-word exclamations such as “mmm, yea, ah” were rated as uncodable. The researcher and a doctoral-level colleague were trained in both measures and coded independently. After the independent coding, the researcher and the second coder met to review the coding and determine the level of agreement. For both of these measures, there were two or three iterations of independent coding and then meeting to review the codes in order to reach the desired rate of inter-rater reliability. The percentage of agreement between raters was 84 for the SASB and 86 for the ES.

In the two cases with successful treatment outcomes, in addition to the SASB and Experiencing Scale, the five withdrawer re-engagement events were intensively analyzed in order to map an empirical change process. The most commonly used therapist interventions were to named in successful withdrawer re-engagements as measured by the EFT-CS (Bradley, 2004). The inter-rater reliability percentage of agreement was 85.2. To reach inter-rater reliability, the process named above for the SASB and ES was the same process used for the EFT-CS.

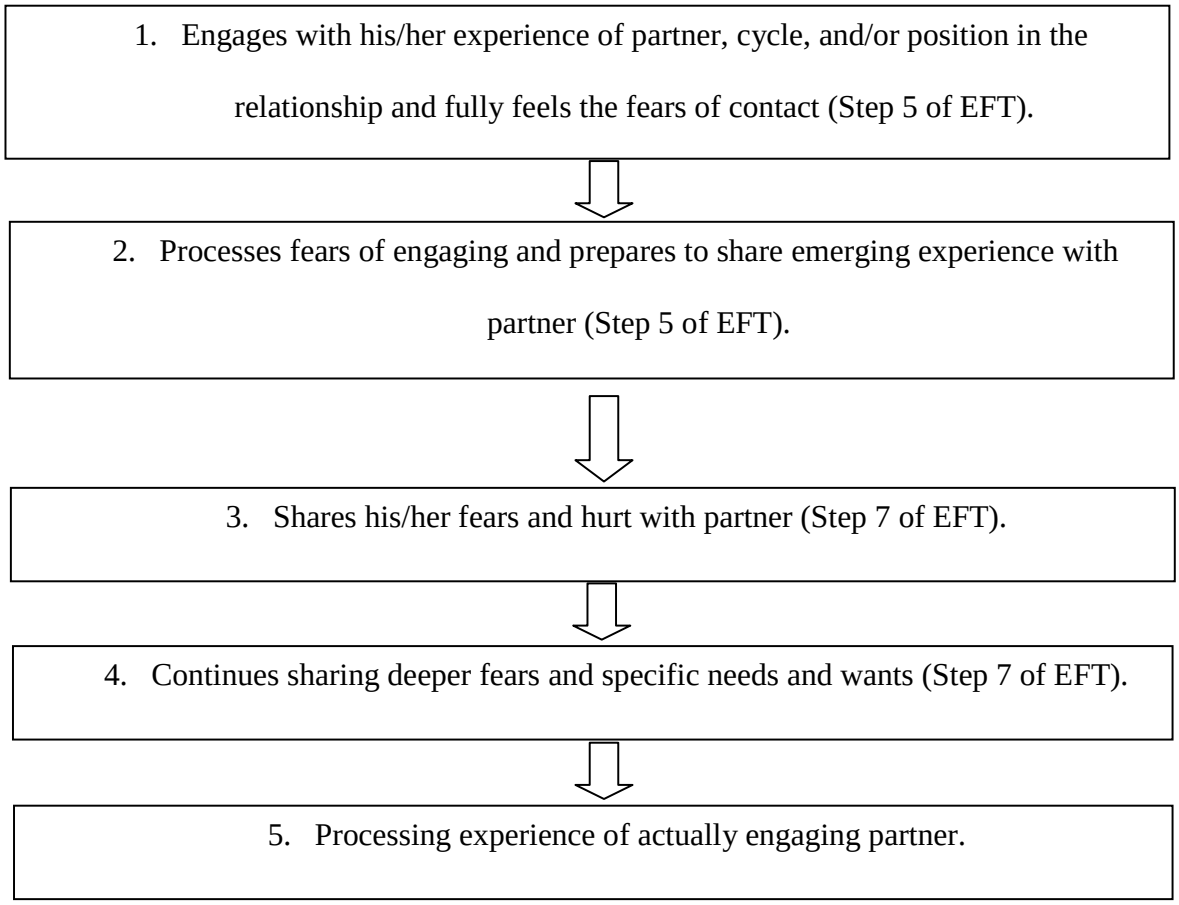
Data Analysis

The discovery-oriented phase of task analysis (Aspland et al., 2008; Greenberg, 2007) was the basis for mapping the process of the withdrawer re-engagement named in the successful treatment cases. In this iterative process, steps from each of the five withdrawer re-engagements were named based on intensive analysis of session transcripts. These steps were then analyzed against the idealized model previously stated in the literature (Johnson, 2004) and became steps in the change event process.

In the clinical literature, Johnson's (2004) model of the process of withdrawer re-engagement occurs when the withdrawn partner:

Figure 1

Idealized Model of Withdrawer Re-engagement (Johnson, 2004)



The Rational Model of withdrawer re-engagement was created from intense analysis of videotaped and transcribed sessions where withdrawer re-engagement was likely to have occurred. The researcher began with transcriptions of the withdrawer re-engagement change events. Within the transcripts, description of the change event started with the researcher locating an event marker which highlighted the occurrence of the event. The event marker was defined as the moment when the therapist requested the withdrawing partner to turn toward his partner and share his fears or vulnerabilities directly with his partner (Bradley & Furrow, 2004). A successful event also required an event resolution defined as the partner's acceptance of the withdrawer's disclosure (2004). The researcher then intensely analyzed the relevant interactions before the event marker and through the event resolution.

Based on Bradley's and Johnson's (2005) suggestions, the researcher asked, "What are the themes the therapist is focusing on in the withdrawer re-engagement event," and "What is the therapist keeping 'front and center' during this process?" (p. 262). This analysis generated a detailed description of the process that was then compared to subsequent withdrawer re-engagement change events. From this comparison, steps of the process emerged. Results of this analysis created the rational model of withdrawer re-engagement.

The Rational Analysis

Based upon the five withdrawer re-engagement change events found in the two couples with successful treatment outcomes, the first step occurred when the withdrawn partner engaged with his primary emotions. His primary emotions could be his fears, as the Idealized Model proposed, but was not always focused on fears. Most often, the

withdrawer was processing the attachment significance of his partner, worry about letting her down, or sadness about letting her down. It seemed as though the withdrawer needed to acclimate to his new levels of emotional engagement as he worked to get closer to his fears. The transcript below highlights key steps in the process. Initially, the therapist is supporting the withdrawn partner in touching and then sharing his emotional experiences.

Therapist to withdrawer: What happens on the inside of you when your partner talks fast, moves fast?

Withdrawing partner: I get afraid…uncomfortable and less active in the conversation.

Therapist: Right…you get uncomfortable and afraid and get quieter – is that what you mean by "less active?"

Withdrawing partner: Yea, definitely quieter, I mean, I came up short (crying). I'm embarrassed to come up short…

Therapist: You came up short financially and emotionally feel embarrassed? You get afraid?

Withdrawing partner: (crying) I feel bad…

Therapist: I see…you feel badly not having enough money and it feels bad…like you are letting her down, not measuring up? Afraid of letting her down, not measuring up?

Withdrawing partner: Yea, I want to get her a house and a dog and a child and everything else she wants. I feel badly that I can't provide everything she wants right now.

Therapist: When you feel badly, what happens on the inside for you?

Withdrawing partner: I don't express myself well…I get less active with her, I pull back…I end up feeling like not a good guy…not a good partner for her.

Therapist: Your fear is that you're not a good partner; not a good guy?

Withdrawing partner: Yea, not capable enough for her. I worry about that a lot.

As he stayed with his emotions, his emotional experience became more distilled in the second part of Step One of the Rational Model. He acclimated to his emotions and the possibility of sharing directly with his partner.

Therapist to withdrawing partner: (when imagining sharing directly with partner) Does it feel kind of risky? Or foreign?

Withdrawing partner: I believe foreign is more accurate for me, yeah.

Step Two of the Rational Model was a series of enactments. The withdrawer moved through a series of enactments where he shared his primary feelings, his fears, his needs, and some assertions related to his needs. These multiple enactments tended to be smaller, shorter, and built upon the previous enactment. Below, the therapist reflects his fears of not measuring up and asked him to share his fears with his partner.

Therapist to withdrawing partner: Right, that makes a lot of sense. You worry you're not measuring up and so you pull back and go silent so as to protect yourself when she gets more active…when she's talking fast about not

trusting you, worrying about this pattern of yours? Can you tell her about your fears of not measuring up? How you go silent and get less active when you're afraid of not measuring up in her eyes?

Withdrawing partner (to partner): I do get quiet and have been less active when you move fast and talk faster and faster…I have been so afraid of not being enough in your eyes…not capable enough, not a good enough provider, it's nerve-wracking.

Then, the therapist evoked and conjectured about his experience**.**

He responded: I do feel afraid [to partner] when you're angry and yelling and talking faster and faster. When I feel bad, I don't express myself well but I need you to be soft... [4 second pause]. I'm tired of hiding in plain sight when you get angry… [4 second pause]. I'm tired of not feeling like a good partner and not such a good guy.

Therapist to withdrawing partner: Can you tell her how important she is to you but how hard it is for you on the inside when you feel you've let her down?

Withdrawing partner (to partner): It is hard for me…[6 second pause] you are so important to me, it's you and me as long as you want it to be but I can't take the yelling when you're angry or scared and I need you to be softer with me. I'll make mistakes but when I do I need to know you love me

still and even when you're scared, you'll stay soft…[5 second pause] I need that.

After these multiple enactments, Step Three of the Rational Model was to process his experience of talking directly with his partner. As a result of the enactments, the withdrawers seemed to be more deeply engaged with his internal experiences and, often, the therapist asked him to enact again.

Therapist to withdrawing partner: So, you feel sadness, disappointment and frustration and, as you say, there is a lump in your throat. Can you turn, can you talk with her about your sadness? Can you let her see the sadness that's all over your face?

Withdrawing partner (to partner): [with sadness in his voice and in his eyes] This is about as deep as I go. It is, it's very sad. I don't… [5 second pause] like letting you down.

Therapist: It's sad for you when you've realized you've let her down. There's some pain there?

Withdrawing partner: Oh, absolutely.

A major aspect of the third step of the Rational Model is to support the engaged withdrawer's experience. These moments of validation and support gave the withdrawer a chance to integrate his deeper engagement and acclimate to being more open and

transparent with his partner. Below, the therapist validated his courage in sharing directly with his partner and starts to process the enactments with him.

Therapist to withdrawing partner: What do you feel when you can look at her and you are incredibly open and talking more about your experience, this stuff that you probably don't talk about much. What's it like right now to, to be so open with her?

Withdrawing partner: … (5 second pause) Uh, it's good but sort of out of my nature I guess.

Therapist: In these kinds of times, do you feel like you are more free to share, there's more space for you to be yourself?

Withdrawing partner: Yeah, yeah. It's definitely easier, like when something might be considered, like you know, maybe uncomfortable, it's still easier to start sharing in this space because I have been more comfortable longer, instead of just being mostly wound up. I've been mostly more comfortable.

Therapist to withdrawing partner: Where are your fears that you've expressed before of getting the words wrong or needing to ponder before speaking because you're speaking pretty spontaneously here I know I'm helping you out a bit or you're helping me get your experience clear, but where, where are your fears that you've had about not measuring up with her or not feeling successful with her?

Withdrawing partner: Well…I mean I guess in some way they might be a little bit reduced.

Therapist: The fears are reduced when it feels better between you?

Withdrawing partner: Yeah, so I mean it feels better so that's one thing that makes it easier. And then, like we've been really open recently and then a lot of really stressful stuff happened but it still wasn't, it wasn't, we don't have a build-up of angry topics right now so it makes it easier.

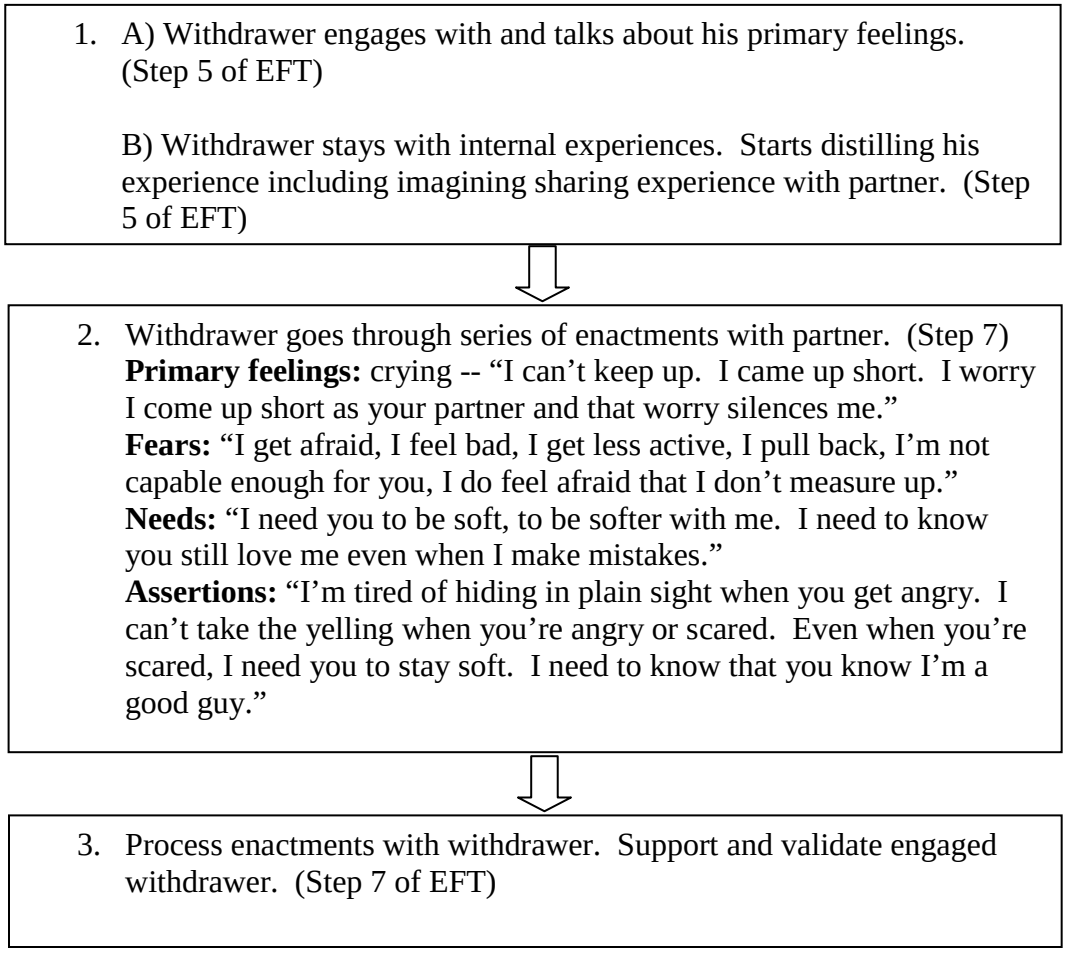
Therapist: Can you share with her what it's like to have your fears reduced?

Withdrawing partner: Um, it feels good, you know, we can be open with each other. I still worry about the hard times but, but they don't seem as close and that feels good, too.

On the next page, the Rational Model is synthesized.

Figure 2

Rational Model of Withdrawer Re-engagement



The Empirical Analysis

Measurement instruments such as the SASB, ES, and EFT-CS provide the empirical analysis for the Rational Model. The SASB and the ES measure the clients' experiences, and the EFT-CS measures the therapists' interventions. Figure 3 (below) graphs the response ratios for the successful and unsuccessful couples during the change events as measured by the SASB and the ES.

Structural Analysis of Social Behavior

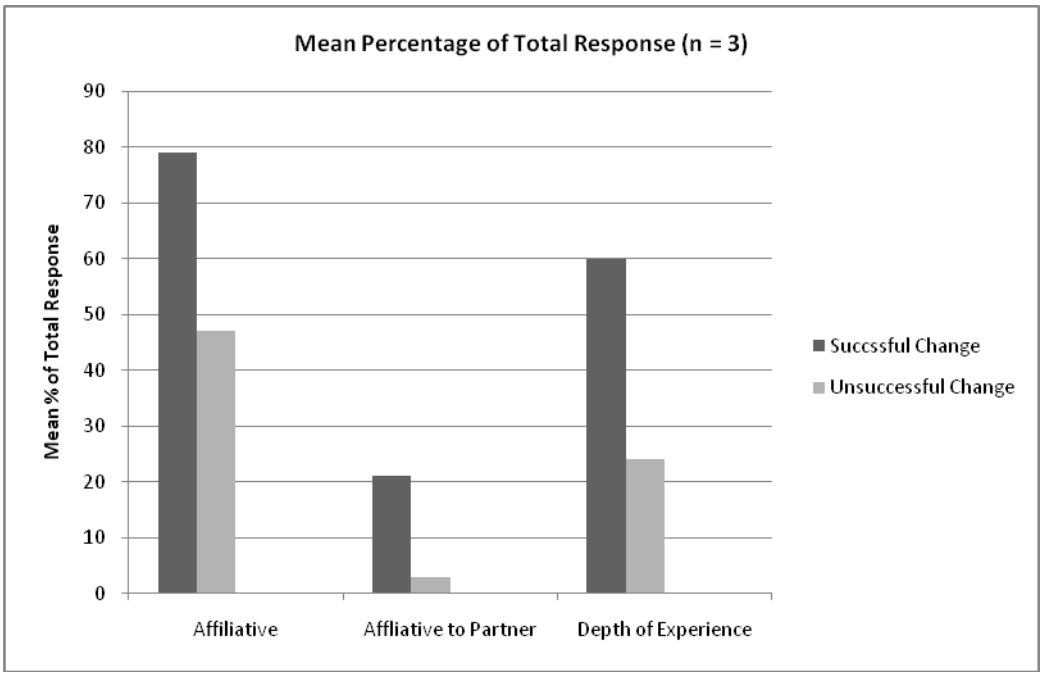
The SASB measured the level of affiliative responses for each of the couples. Affiliative responses are defined as those that are disclosing and expressing (when the focus is on the self) and understanding and affirming (when the focus is on the other). In the successful couples (n = 2), the proportion of affiliative responses to total responses was 79%; in the unsuccessful couple, it was 48%. Since this study's research questions focused on the withdrawn partner in each couple, the withdrawers' affiliative responses shared directly with their partners was measured. In the successful couples, 21% of the withdrawers' affiliative responses were made to the withdrawers' partners whereas only 3% of the unsuccessful withdrawer's responses were made to his partner.

Experiencing Scale

Depth of emotional experiencing, as measured on the Experiencing Scale, was considered sufficient for the purposes of this study at a Level 4. Level 4 is defined as when the basic datum of communication are the feelings each partner has, not the event that the feelings are about (Klein, Mathieu, Keisler, & Gendlin, 1969). For the successful couples (n = 2), the mean of responses at a Level 4 or higher during the change events was 60%. For the unsuccessful couple during the change event, the response rate for Level 4 was 24%. For the two successful couples, sixteen responses were coded at Level 6 during the five change events. No Level 6 responses were recorded for the unsuccessful couple. In both of the successful couples, there was a sequence of talk-turns between partners at Level 4 or above. There was no such sequence with the unsuccessful couple.

Figure 3

Mean Percentages of Total Responses by SASB and ES (n = 3)



As the graph above highlights, the mean percentages for couples who had successful treatment outcomes had a higher percentage of Affiliative responses in total, had a higher percentage of Affiliative responses from the withdrawn partner to his partner, and had a higher percentage of depth of emotional experiencing.

To determine if the differences in percentages between the group of successful couples and the unsuccessful couple were statistically significant, chi-squares were computed (Tables 1, 2, below).

Table 1

Percentage of Couples Responses on Process Measures

Process Measure	Successful Couples (n = 2)	Unsuccessful Couple
High Experiencing Responses[1]	60%	24%
Affiliative Responses [2]	79%	48%

Note. 1. χ^2 (df = 1) = 26.601, p < .001. 2. χ^2 (df = 1) = 20.731, p < .001

The difference between the percentages of responses for Depth of Experiencing between the successful couples (60%) and the non-successful couple (24%) was statistically significant (χ^2 (df = 1) = 26.601, p < .001). Likewise, the difference between the percentages of Affiliative responses between the successful couples (79%) and the non-successful couple (48%) was statistically significant (χ^2 (df = 1) = 20.731, p < .001).

Table 2

Percentage of Withdrawers Responses to Partner on Process Measure

Process Measure	Successful Couples (n = 2)	Unsuccessful Couple
Affiliative Responses [1]	21%	3%

Note. 1. χ^2 (df = 1) = 20.731, p < .001.

The difference between the withdrawing partners' Affiliative responses to their partners for the successful (21%) and unsuccessful couple (3%) was statistically significant (χ^2 (df = 1) = 20.731, p < .001).

Emotionally Focused Therapy – Coding Scheme

The use of the EFT-CS coded each therapist talk turn in order to name the most common EFT interventions used in the withdrawer re-engagement change event. As a result of coding the five withdrawer re-engagements, the most common EFT interventions utilized were Evocative Responding (20%), Empathetic Conjecture and Interpretation (18%), Reflecting Underlying Emotion (13%), Reflecting Secondary Emotion (9%) and Heightening (12%). Other interventions were used less than 5%.

After mapping the change process and utilizing the EFT-CS, the most commonly used interventions were tracked for each step of the change event in order to determine when to use key interventions. For Step One of the Rational-Empirical Model, when the therapist was helping the withdrawer engage with and talk about his primary emotions, the interventions most used were Empathetic Conjecture, Heightening, Evocative Responding, and Reflection. In the series of enactments, Step Two of the Rational-Empirical Model, Restructuring and Shaping Interactions (enactments) were used when partners were sharing directly with each other. The most commonly used interventions to process between enactments in Step Two of the Rational-Empirical Model were Reflecting, Empathetic Conjecture, Evocative Responding, and Heightening. In Step Three, processing and supporting the withdrawer, Reflecting Emotions and Evocative Responding were the most commonly used interventions.

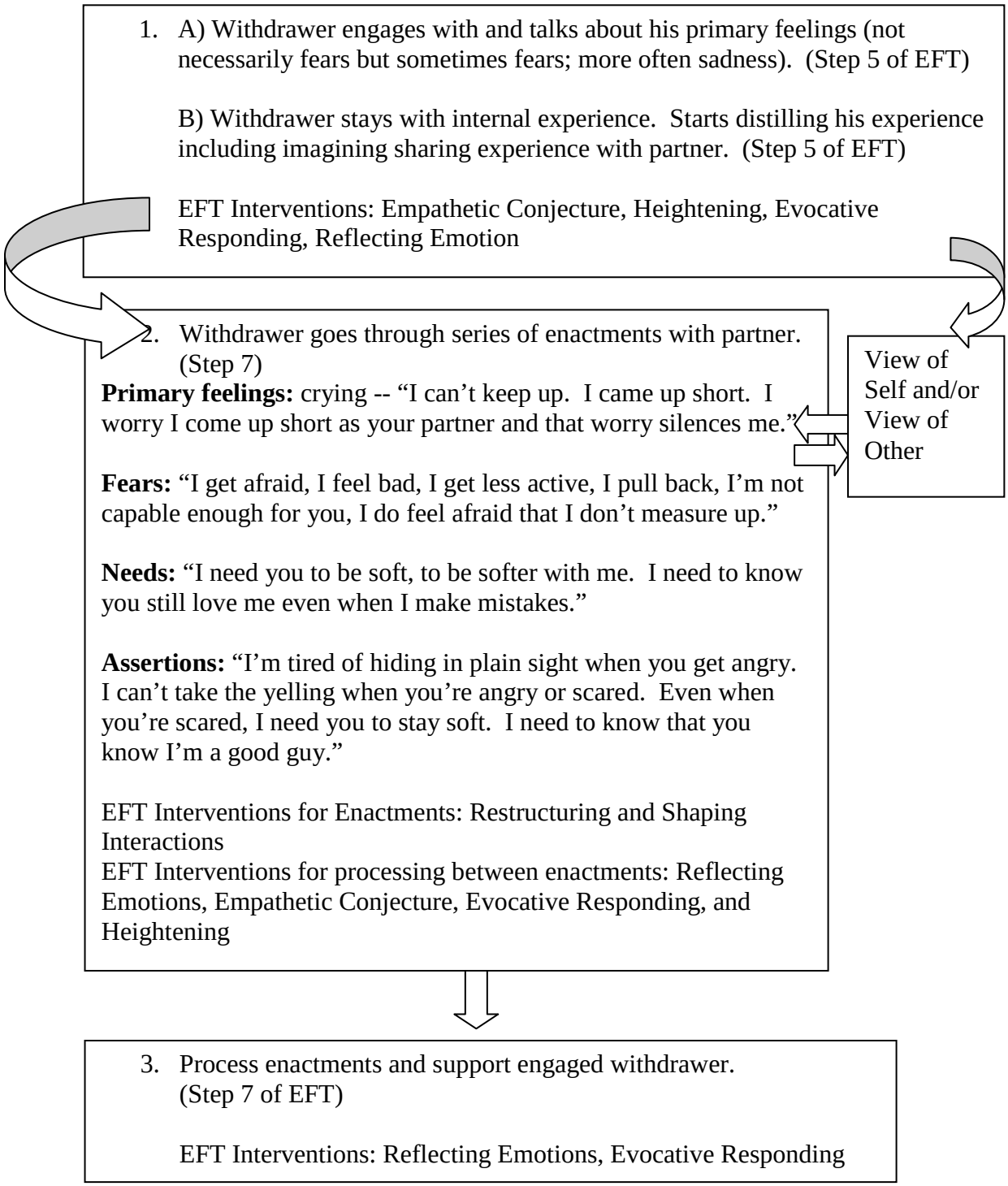
Idealized and Rational-Empirical Models

The Rational-Empirical Model developed in this study is very close to the Idealized Model proposed by Johnson (2004). The overarching process is to support the withdrawing partner in making contact with his primary emotions including but not

limited to fears. As this partner stays in contact with his emotions, the goal is to help him share his emotions and vulnerabilities with his partner. This sharing, or *enactments* as they are called, creates bonding moments which leads to a new interactional pattern for the couple. As the withdrawer stays with his emotion, he integrates it, experiences it more deeply, and can continue to share with his partner. The Rational-Empirical Model is highlighted in Figure 4 on the next page.

Figure 4

Steps of the Rational-Empirical Model



CHAPTER FIVE: DISCUSSION

This was a preliminary study of withdrawer re-engagement, a key change event in EFT, which had not yet been studied. This study analyzed both client and therapist performance in couples who had successful treatment outcomes after 15 sessions of EFT. After mapping the change process and determining that the Rational Model followed the Idealized Model already named by Johnson (2004), an empirical analysis was completed with three measures. Two process variables – depth of emotional experiencing (Experiencing Scale; Klein, Mathieu, Keisler, & Gendlin, 1969) and quality of affiliative interactions (Structural Analysis of Social Behavior; Benjamin, 1974) – were analyzed for the clients in five withdrawer re-engagement change events. Therapist interventions were also measured throughout the change process with Bradley's (2001) Emotionally Focused Therapy Coding Scheme. With its focus on the withdrawer re-engagement change event, the study aimed to further the change process research in Emotionally Focused Couple Therapy.

Conclusions for Research Questions

Research question one of this study had three parts. The first part was focused on determining the steps of withdrawer re-engagement and whether the withdrawer re-engagement change event followed the Idealized Model as described by Johnson (2004). The steps of the process mapped in this study revealed that the withdrawer re-engagement followed Johnson's Idealized Model. All five steps of the Idealized Model occurred in this study's mapping of the process, as previously stated in Chapter 4.

While all five steps were reflected in this study, some slight differences emerged when comparing the Idealized Model to the Rational-Empirical Model. For instance, in

Step One of the Idealized Model, it is stated that the withdrawer "fully feels the fears of contact." In this study, none of the withdrawers "fully felt" their fears during Step One of the process. This study revealed that the withdrawers were mostly engaged with their primary feelings, but they did not necessarily engage with their fears that early in the process. While the withdrawers exhibited a depth of experiencing, the experiencing was not often focused on fears specifically. The wording in the Idealized Model of "fully feeling" is more ideal than the reality revealed. All withdrawing partners in this study struggled to "fully feel" and seemed to gradually feel more and more of their internal experiences as they processed through the additional steps of the change event. There were frequent exits in the process of making contact with their primary emotions (including fears) and the therapist often needed to refocus the process.

Combining Steps Three and Four of the Idealized Model were a better reflection of the actual process in this study as stated in Step Two of the Rational-Empirical Model. The researcher found that the process was a series of smaller enactments that included the withdrawer's primary feelings, fears, needs, and assertions in a circular or iterative process rather than a watershed moment. Often, the smaller enactments needed to be expanded and repeated in order to become more fully developed. The process was more like a dripping faucet than a faucet turned to an "on" position. Based on previous research of avoidant/withdrawing attachment styles (Mikulincer & Shaver, 2007) and how withdrawers are continually attempting to regulate by suppressing and disconnecting from emotions, this metaphor of a dripping faucet is not surprising. Whenever the therapist asked the withdrawer to touch too much emotion too soon, the withdrawer exited from the intensity of the emotion or attachment significance of the moment. The

therapist often helped the withdrawer's process by summarizing and encapsulating. It seemed as though the therapists' summaries and encapsulations gave the withdrawer a moment to integrate or acclimate in the deeper process. It appeared also that the series of enactments helped the withdrawer adjust to talking directly to his partner. During the series of enactments, the partner's accepting, supportive, or encouraging response seemed to be very helpful for keeping the withdrawer engaged in his deeper emotion. In addition, when the partner's response was not supportive or validating, the withdrawer seemed to shut down or follow the partner's exit. This cut the process short, and the therapist would then have to refocus the process and help the withdrawer reconnect with his deeper emotions. The quality of the partner's response also required that the therapist work some with the partner before having the withdrawer enact. Oftentimes, the therapist needed to work with the partner in order to make sure she would be supportive when the withdrawer took the risk to share.

The enactments themselves created challenging moments in the process of withdrawer re-engagement. All of the withdrawers and nearly each partner made reference to what they called or experienced as the "awkward" nature of sharing directly with each other and this often created an exit or detour from the depth of experiencing for one or both partners. Over time, however, the withdrawers and their partners acclimated to the therapists' requests for enactments. For example, initially, one withdrawer balked at the therapist's requests to share directly with his partner and called the enactments "kooky" but, as the process continued, he started turning to his partner without being prompted.

The third step of the Rational-Empirical Model was to process the enactments which acted to deepen the experience of the withdrawer. From this deepened experience, the withdrawer often enacted again. The fifth step of the Idealized Model became the third and final step of the Rational-Empirical Model: support and validate the withdrawer's experience of sharing and reaching emotionally for their partner.

While the focus of this study did not include the role of the female partners in these couples, the role of the female partners during the withdrawer re-engagement change event stood out to the researcher. After locating the event marker, the researcher worked backwards to get to the initial place in the session where the withdrawer started accessing his primary emotions and vulnerabilities. In all successful withdrawer re-engagements, in the moments before the withdrawer accessed his primary emotions, his partner had touched her vulnerabilities. Her contact with soft, tender, or vulnerable emotions seemed to send a message of safety or an invitation to the withdrawer to engage with his more primary emotions.

As EFT clinicians, we focus on the re-engagement of the withdrawer before moving to soften the pursuing partner. It may be important, however, to focus on some initial softening of the pursuing partner before starting the re-engagement and supporting the withdrawer in going deeper into his primary emotions. Often, the pursuing partner softens some while progressing through the steps of Stage One of EFT. As couples work to de-escalate their negative pattern of interaction, some softening and some re-engagement often occurs. When moving into Stage Two of EFT, this study revealed the possible importance of additional softening from the pursuing partner in order to facilitate the start of withdrawer re-engagement.

Experiencing Scale

The second part of research question one focused on the depth of the withdrawer's emotional experience as measured by the ES. This study revealed higher degrees of experiencing for both withdrawers in the couples with successful treatment outcomes than the withdrawer in the non-successful couple as indicated by responses coded at Level 4 or above on the ES. This difference, as highlighted on page 72, was statistically significant. Level 4 is characterized as "self-descriptive, associative" with emotions being the basic datum of the communication (Short Form of EXP Scale, Klein, Mathieu, Gendlin, & Kiesler, 1969). The clients in Level 4 referred directly to their inner emotional experiences rather than the events happening in their lives. These two successful couples had about three times as many Level 4 or above responses than the unsuccessful couple. These two successful couples also experienced the peak of Level 6 16 times during five change events, whereas the unsuccessful couple couple did not. Level 6 was described as statements in which "feelings are vividly expressed, integrative, conclusive, or affirmative" (Short form, Klein, Mathieu, Gendlin, & Kiesler, 1969). Emergent experience during which feelings change and shift was a hallmark of Level 6. In all three successful couples, the data revealed a sequence of responses between partners in which both partners' responses were rated at a Level 4 or above. In the unsuccessful couple, a sequence of responses above Level 4 was not located.

In Klein and colleagues (1986) development and review of the various applications for the Experiencing Scale, it was determined that females had higher rates of experiencing than males (Kiesler, 1969). In the current study, all of the withdrawn partners were depressed men. Because a symptom of depression is restricted range of

affect, it will be necessary to use the ES with non-depressed male and female withdrawers in future studies

Structural Analysis of Social Behavior

The third and final part of research question one was whether or not the withdrawn partner in successful couples would exhibit more Affiliative responses with his partner as measured by the SASB when compared to the non-successful couple. As the graph on page 72 highlighted, both withdrawers in successful couples exhibited more Affiliative responses to their partners. The difference between these two successful couples and the non-successful couple was statistically significant. Within the couple relationship, the two successful couples had more Affiliative responses overall than the non-successful couple. This difference was also statistically significant. With a couple therapy approach based on the security of the couple's attachment bond (as EFT is), the ability to disclose primary emotions and affirm the other's expressions seems particularly relevant. Since the hallmark of Affiliative responses is disclosing and expressing innermost truths and affirming and understanding the partner's disclosures, it fits that the couples with higher rates of Affiliative responses would have successful treatment outcomes as they did in this study.

Emotionally Focused Therapy – Coding Scheme

This study's second question asked which therapist interventions were most common throughout the change process. The most common interventions the therapists used in successful withdrawer re-engagements as measured by the EFT-CS were Evocative Responding, Reflecting (both underlying and secondary affect), and Empathetic Conjecture. This finding parallels the work of Johnson (2004) and Bradley

(2005) which found that these interventions are the most useful for evoking and working with each partner's primary experience as is necessary in Stage Two of EFT. The emphasis of these key Stage Two interventions was expanding and amplifying the inner experience of the withdrawer. As is relevant in Stage Two change events in EFT, the withdrawn partner started making contact with his internal experience. The therapist used these interventions to help the withdrawer stay in contact with and evoke and elicit his deeper experience.

The function of Evocative Responding is to expand the primary emotions that are key in the reorganization of the client's experience or relationship (Johnson et al., 2005). The therapist uses evocative language and voice tone to ask the client about his emotional experience. When the therapist evokes, the client explores and discovers more about his experience.

Reflecting helps to slow down the interactions between partners and emphasize aspects of the interaction on which the therapist wants to focus. Reflection helps the client explore and clarify his emotional experience. It also replays pivotal interactions between partners, and sharpens the focus in poignant moments (Johnson et al., 2005).

Empathic conjecture and interpretation help the client explore the leading edges of experience or the emotions that may be just outside of awareness (Johnson et al., 2005). The therapist uses knowledge of the client's experience and history to offer tentative hunches as a way of bringing background elements of the client's experience to the foreground. The main function of empathetic conjectures is to clarify and formulate new meanings, especially around the client's view of self and view of other.

An additional intervention vital in Stage Two change events is the Restructuring and Shaping Interactions, or enactments. With this intervention, the therapist in this study used enactments to facilitate the interaction between partners that would create bonding events (Johnson et al., 2005). After processing primary emotion with the withdrawing partner, the therapist requested that the withdrawer share a part of his deeper inner experience with his partner. The purpose of enactments was to share a new or rarely occurring emotion and/or attachment needs, fears, and longings. This sharing between partners restructured the couple's bond and brought the withdrawer's intrapsychic experience into the inter-relational. Since EFT is both experiential and systemic, enactments are an example of this experiential-systemic feedback loop; new internal experiences were shaped and shared. This sharing resulted in new responses from the partner which started to change the systemic, interpersonal pattern between partners.

Part of the function of the utilizing the EFT-CS with the mapping of the change event process was to determine the timing of the use of interventions. For the therapist learning or practicing EFT, knowing when to use specific interventions is important in order to keep the process on track and to help the clients as effectively as possible. One revelation of this study was a lack of distinction between common interventions and the timing for each. The most common Stage Two interventions – Evocative Responding, Empathetic Conjecture, Reflecting Emotions – were also the most common interventions in each of the three stages of the Rational-Empirical Model named in this study. The only slight difference was that in the first step of the Rational-Empirical Model, the intervention of Heightening was the second most common intervention used. The

purpose of Heightening is to intensify the client's experience with repetition of key elements of his experience, the use of images or metaphors which help the experience to come alive in the moment, and to set up enactments (Johnson et al., 2005).

Another slight difference with commonly used interventions was in the third step of the Rational-Empirical Model. In the third step, two interventions (rather than three or four) were much more common. These two interventions were Reflecting Emotions and Evocative Responding.

Based on these commonly utilized interventions, mapping the process demonstrated that the EFT therapist supported and guided the withdrawing partner into his attachment-related emotions. The therapist also facilitated the withdrawer in staying with deeper emotions, and then helped him disclose affiliative experiences with his partner. This map, which very closely parallels the Idealize Model already put forth in the literature (Johnson, 2004), provided clarity and direction for the couple therapist. Expecting smaller, shorter, and multiple enactments will help the EFT clinician be prepared to process between enactments. In one successful couple, the therapist requested five enactments before an enactment actually occurred. Immediately after each of these five requests for an enactment, either or both partners exited from the moment-to-moment processing, and the therapist had to refocus the process. As previously mentioned, the "watershed moment" did not happen for withdrawers. Therefore, expecting and requesting multiple enactments (between 3 - 6 occurred for each of the successful change events) will help the EFT clinician.

Recommendations for Clinicians

As mentioned above, for the EFT clinician working through the withdrawer re-engagement change event, several recommendations have emerged from this analysis. The therapist should be ready choreograph a series of smaller enactments which give the withdrawer moments to acclimate to deeper levels of experiencing. Multiple enactments have helped develop and deepen the withdrawer's experience. The therapist's attunement with the withdrawer is vital in order to avoid asking the withdrawer to take too big of a risk which often led to him or his partner exiting from the deeper levels of experiencing. Expecting exits and the need to empathetically refocus both partners moving through this change event is necessary for clinicians. Another method to support the withdrawer in acclimating to a deeper level of experiencing is for the therapist to reflect and summarize the process as it just occurred in the moment. The therapist reflecting in the RISSSC manner (Repeat, Images, Soft, Slow, Simple, Client's words; Johnson, 2004) will support the withdrawer in staying immersed in his experience and allow for a deeper level of experiencing.

Therapist Requesting Enactments

One of the key components of Bradley and Furrow's (2004) research was the emphasis on the therapist requesting an enactment. This request distinguished sessions with change events during which the pursuing partner actually softened compared to sessions during which "soft emotions" were expressed (p. 243). As the authors noted, four of nine sessions presented for analysis and presumed to have had a change event, lacked the therapist directive which initiated the change event (and served as the event marker). Perhaps because of the growth of EFT, the changes in teaching the model, and

the improvements in EFT supervision, all sessions analyzed for this study included a directive from the therapist for an enactment. Even with the unsuccessful couple, the therapist requested two enactments but exits prevented both from progressing. And, in additional sessions with the successful couples, the therapists made the directive although an additional change event did not always occur. As a result of Bradley and Furrow's (2004) important research and the improvements in teaching and supervising the model, EFT therapists have recognized the need to request enactments in order to facilitate change events.

Recommendations for Future Studies

For many reasons, including that the Verification phase of Task Analysis is outside the scope of this study, this study needs to be repeated. Since the population for this study was couples where one or both partners were struggling with mild to moderate depression, repeating this study with non-depressed couples is imperative. Interestingly, all the withdrawers in this study were also the identified depressed partner in each of the couples. It is conceivable that it is more difficult to create successful withdrawer re-engagements with depressed withdrawers. In future studies of withdrawer re-engagement, it will be important to analyze prototypical couples (couples free of co-morbidities). Process research is time-consuming and will benefit from a cleaner, more generic sample.

Another consideration for future study is including the role of the partner in the mapping the change process for withdrawer re-engagement. As reported, the role of the partner stood out to this researcher but was not an active element of this analysis. In the future, adding this important component to the Rational-Empirical Model is important.

Having a larger sample size could enhance the benefits of this type of study. In mapping the process, there were at least two change events for each successful couple (five total) but having additional events to analyze would have helped mapping the process be more specific and detailed. Related to having a larger sample in future studies, analyzing the work of more than two therapists will also be important. In this study, the two couples with the most successful change had the same therapist, and the other couple (who did not have a successful treatment outcome) had the other therapist. Analyzing the work of therapists who are certified in EFT is another important change for future studies. Implementing fidelity checks in future studies to ensure all therapists are staying true to the EFT model will be vital.

Limitations

The selection of data for this study was limited based on the number of couples who had completed the treatment protocol for the larger, ongoing study. At the time this smaller study commenced, only four couples had completed all phases of the larger study. Data collection for this study was completed with these four couples although data analysis was completed with three couples.

Since the focus of the larger study was on couples where one or both partners were struggling with mild to moderate depression, this study's sample was couples struggling with depression and all withdrawn partners were also depressed. As previously mentioned, it is not yet known what the implications might be of analyzing the withdrawer re-engagement change event with depressed withdrawers.

De-Limitation

As previously mentioned, the researcher in this study was also the therapist for the two couples with successful treatment outcomes. To control for likely biases (Bloomberg & Volpe, 2008), the researcher took extra precautions during data collection and analysis to maintain integrity as the researcher in this study. Before starting the coding process, the researcher asked a colleague to randomly re-number the couples so that the researcher would not know which couple was assigned to each number. The researcher also utilized a second coder to provide checks and balances in order to preserve the role and priorities of data collection and analysis. Inter-rater reliability above 80% agreement was established for all three measures. The clinical portion of the researcher's work for the larger study had completed several months before this study commenced.

While bias due to the subjective nature of qualitative research is inherent, it is important to note that subjectivity and inference are natural components of coding data. Coding is based on subjective experience and "when someone is coding behavior, inference always occurs. Meaning is dependent on some form of interpretation, whether that occurs at the level of the code creator, the coder, or the clinician-researcher who interprets the data (Bradley & Johnson, 2005, p. 267).

Researcher Reflections

Observing and analyzing actual therapy processes is a less developed area of research compared to experimental designs focusing on cause and outcomes (Greenberg, 1995). Process research analyzes *how* change occurs which is a time-consuming but necessary form of research in order to narrow the research-practice gap (Bradley & Johnson, 2005). Task analysis, a subset of process researcher that analyzes key events in

therapy, maps change processes, clarifies interventions, and provides relevant research for the practicing clinician. This task analytic study has made this researcher a better clinician and, at least for one person, has helped to narrow the research-practice gap.

Summary

As a preliminary task analysis of re-engaging the withdrawn partner in EFT, this study addressed four elements of the change event. The process of successful withdrawer re-engagement was mapped in order to describe the change process for the EFT clinician. This change process closely paralleled the Idealized Model already put forth in the literature by Johnson (2004). A facet of describing this change process was measuring and naming the most commonly used EFT interventions throughout the change process which this study accomplished. The Stage Two interventions already named by Johnson (2004) and Bradley and Furrow (2005) were found to be the most commonly used interventions in the withdrawer re-engagement change event. Additionally, this study also sought to measure two important process variables already named in the EFT literature: the depth of emotional experiencing and the quality of affiliative interactions between partners. The objective was to determine whether these variables are related to successful treatment outcomes. In statistical analyses, these two process variables showed to be significant for successful treatment outcomes in EFT. This study was an initial effort to analyze the withdrawer re-engagement change event; it provided a starting point for future analyses of withdrawer re-engagement in Emotionally Focused Couple Therapy. This task analysis followed the lead of Johnson's (1988) stated goal: "The goal is greater understanding and specification of therapeutically productive client performances and the interventions that facilitate them" (p. 175).

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APPENDICES

APPENDIX A

Informed Consent Document

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Strengthening Bonds in Distressed Couple Relationships
Principle Investigator: Andrea Wittenborn, Ph.D.

I. Purpose of Research

The purpose of this study is to test the effectiveness of therapy for couples who are experiencing some difficulties in their relationships. We are interested in learning about the changes couples who are unhappy in their relationships may experience as they receive treatment targeting these problems. We are also interested in learning if you do not experience changes as a result of therapy.

II. Procedures

You will be asked to complete a questionnaire and interview before you begin therapy, in the middle of therapy (7 weeks following intake), at the conclusion of therapy (15 weeks following intake), four months after therapy termination, and one year after therapy termination. Each assessment will vary in length, but should take less than 2 hours to complete. You will not put your name on the questionnaires in order to keep them confidential. The interviews will be audio taped and transcribed. You will also complete 15 weeks of one-hour weekly, video-recorded, experimental couples therapy. After each session, we will ask you to answer some questions about your recent experiences of your relationship and of therapy, which may take up to 15 minutes.

Your therapy sessions will be videotaped. These videotapes will be watched by a clinical supervisor to ensure a high quality of service. These videotapes may also be used to train other therapists. Your participation in this study is completely voluntary. If you wish to discontinue your participation in this study at any time, you may do so without facing any adverse consequences.

III. Risks

Risks of participating in this program are minimal. As a result of therapy, there are potential psychological results. For example, some emotional distress may occur for you and your partner. There is also a risk that treatment will not work for you and your partner.

IV. Benefits

Participation in therapy may help you and your partner feel more connected. In addition, the results of this study will contribute to our knowledge of couples therapy and may help other couples in the future.

V. Extent of Anonymity and Confidentiality

Strict confidentiality of information will be preserved. This means that we won't tell anyone what you say in the questionnaires or interviews. Your partner will not have access to your questionnaire and interview responses. You will be assigned an identification number that will be kept separate from any identifying

information, and your questionnaires and transcriptions will contain only this identification number. Names will not be used on any reports or publications that are developed from the results of this study. The only time we would break this confidentiality is if you reported a desire to harm yourself. If you are experiencing thoughts of attempting suicide, we will notify the local police to protect your safety and would help you receive treatment.

VI. Compensation
You will receive a $40 discount for each of the 15 therapy session you complete.

VII. Freedom to Withdraw
You do not have to participate in this research study. If you agree to participate, you can withdraw your participation at any time without penalty.

VIII. Participant's Responsibilities
I voluntarily agree to participate in this study. I have the following responsibilities:
1. I will complete a questionnaire at pre-treatment, mid-treatment, post-treatment, and at two follow-up appointments (four months and one year following therapy) to the best of my ability.
2. I will attend fifteen therapy sessions with my partner and participate as I am able and willing.

IX. Participant's Permission
I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent.

_____ _____
Participant's Signature Date

_____
Participant's Name (please print)

_____ _____
Researcher's Signature Date

If you have any questions about this research study or its conduct, and research subjects' rights, and whom to contact in the event of a research-related injury to the subject, I may contact:
Andrea Wittenborn, Ph.D 703-538-3787 andreawittenborn@vt.edu
Investigator Telephone/e-mail

David M. Moore 540-231-4991 moored@vt.edu
Chair, Virginia Tech Institutional Review Telephone/e-mail
Board for the Protection of Human Subjects
Office of Research Compliance
2000 Kraft Drive, Suite 2000 (0497) Blacksburg, VA 24060

APPENDIX B

Permission Letter from Principle Investigator

VirginiaTech
National Capital Region

Department of Human Development
7054 Haycock Road, Ste 202 (0362)
Falls Church, VA 22043-2311
(703) 538-3787 Fax: (703) 538-8465
www.nvc.vt.edu/mft

October 28, 2010

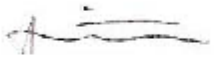
Re: Study IRB Protocol

Dear Members of the Institutional Review Board:

As the Principal Investigator of the Strengthening Bonds in Distressed Couple Relationships Study (Virginia Tech IRB approval number 09-416), I am writing to acknowledge my permission to add Kathryn Rheem to the study protocol. As an approved member of the study protocol, Ms. Rheem will have access to the data collected in this study for research purposes.

Should you have any questions, please contact me directly at 703-538-3787 or andreawittenborn@vt.edu.

Sincerely,



Andrea K. Wittenborn, Ph.D., LMFT
Assistant Professor
Marriage and Family Therapy Program
Department of Human Development
Virginia Tech

APPENDIX C

Virginia Tech Institutional Review Board Approval

MEMORANDUM

DATE: November 17, 2010
TO: Andrea Wittenborn, Ashley Wise, Bonnie Culpepper, Molly Brickel, Erica Turner, Meghan Pugliese
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires June 13, 2011)
PROTOCOL TITLE: Strengthening Bonds in Distressed Couple Relationships
IRB NUMBER: 09-416

Effective November 17, 2010, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the amendment request for the above-mentioned research protocol.
This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.
Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
All investigators (listed above) are required to comply with the researcher requirements outlined at
http://www.irb.vt.edu/pages/responsibilities.htm (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: **Expedited, under 45 CFR 46.110 category(ies) 6, 7**
Protocol Approval Date: **4/24/2010 (protocol's initial approval date: 4/24/2009)**
Protocol Expiration Date: **4/23/2011**
Continuing Review Due Date*: **4/9/2011**
*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federally regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

APPENDIX D

Argosy University Institutional Review Board Approval

ARGOSY UNIVERSITY

November 9, 2010

Ms. Kathryn Rheem
Argosy University, Washington DC

Dear Ms. Rheem:

Your application that was received on November 1, 2010, for Argosy University, Washington DC Institutional Review Board (IRB) certification for your project, "Analyzing the Withdrawer Re-engagement Change Event in Emotionally Focused Couple Therapy: A Task Analysis" Research Project Number A10-049, was reviewed and certified by the IRB on November 9, 2010, for the period November 9, 2010, to November 8, 2011. You may now proceed with your research project, following the protocol that was certified by the IRB. If you wish to continue with your study beyond November 8, 2011, a Continuing Review Form must be submitted to and certified by the IRB.

Your research must be conducted according to the protocol that was certified by the IRB, and any changes to the protocol must be reported to and certified by the IRB before the changes may be implemented. In particular, note that the conditions of your certification require that the participants supplying data remain anonymous to you and that all your data for these participants are complete as of this date. You must report any adverse events or reactions to the IRB. When the study is complete, you must notify the IRB office and submit a Project Completion Report (these and other forms are available on the campus web site at http://www.argosydc.net/forms/index.php).

Please contact our office with any questions. All future correspondence must include the IRB protocol number and the title of the study.

Sincerely,

Edward N. Shearin, Ph.D.
Chair, Institutional Review Board

cc: Dr. Judi Sutter