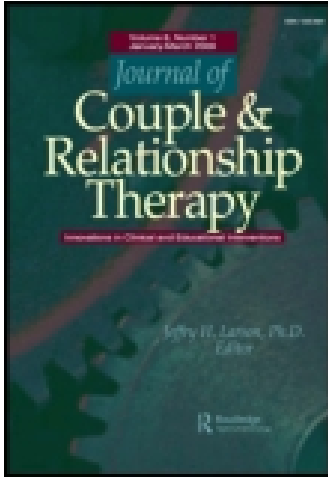


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# **Emotionally Focused Therapy as Treatment for Couples With Generalized Anxiety Disorder and Relationship Distress**

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*Research has demonstrated a link between romantic relationship distress and generalized anxiety disorder (GAD); however, few have explored treating GAD with couple therapy. People with GAD often report insecure attachment and constantly search for safety. Emotionally focused therapy for couples (EFT), with its roots in attachment theory, may be an effective way to treat couples with relationship distress and where one partner has GAD. Overviews of GAD and EFT are provided, and then a case example is given demonstrating how the stages and steps of EFT can be adapted to alleviate the anxiety, constant worry, and relationship distress often associated with GAD.*

**KEYWORDS** *generalized anxiety disorder, emotionally focused couple therapy, relationship distress, anxiety, couples therapy*

## INTRODUCTION

Research suggests a link between generalized anxiety disorder (GAD) and marital distress (Whisman, 2007; Whisman, Sheldon, & Goering, 2000). People with GAD report greater marital conflict and lower levels of marital satisfaction (McLeod, 1994; Whisman, 2007), yet little is written on treating GAD with couple therapy (Whisman, 2007). People with GAD often report insecure attachment (Cassidy, 1995; Eng & Heimberg, 2006), they consistently search for safety from perceived threats (Rachman, 2004; Woody & Rachman, 1994), and they report greater marital distress than people with other psychiatric diagnoses (Wittchen, Zhao, Kessler, & Eaton, 1994). Moreover, Becker, Goodwin, Holting, Hoyer, and Margraf (2003) found that 68.9% of women with GAD worry about family relationships and view this

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aspect of worry as less controllable than worries about work, finances, health, or daily hassles. These findings suggest that emotionally focused therapy for couples (EFT; Greenberg & Johnson, 1988) may be particularly useful in treating couples where both GAD and relationship distress are present.

The purpose of this report is to describe how EFT was used to treat a couple where the wife had GAD and her anxiety was focused on the viability of the relationship due to the couple's frequent conflict. To accomplish this, overviews of GAD and EFT are provided and then an EFT lens is used to demonstrate how negative couple interactions may contribute to the development or exacerbation of GAD symptoms. This is followed by the application of the stages of EFT to help improve the couple relationship, change patterns of interactions that may maintain worry, and thereby reduce symptoms of GAD. The case example of the couple is given, and then the conceptualization and treatment of GAD with EFT is discussed as a framework for guiding future research for couples with relationship distress and GAD.

### Generalized Anxiety Disorder

GAD affects 3.1% of adults each year, including twice as many women as men (National Institute of Mental Health, 2010). Symptoms of GAD are at least 6 months of excessive worry and anxiety about many activities or events, and this worry may lead to an inability to regain control, cope, or relax. These symptoms are accompanied by restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or sleep disturbance (APA, 2000). Though cognitive-behavioral therapy (CBT) is considered by some as the "gold standard" for GAD treatment (van Boeijen et al., 2005), a large percentage of people remain symptomatic after treatment with CBT (Arntz, 2003; Waters & Craske, 2005). Thus, improved therapeutic treatments applying new models of psychotherapy to GAD are needed.

Symptoms of anxiety disorders are believed to result from an imbalance of activity in the brain's emotional center, the limbic system (Martin, Ressler, Binder, & Nemeroff, 2009). The limbic system contains three structures: the limbic cortex, the hippocampus, and the amygdala. Of these, the amygdala plays the largest role in GAD symptoms. It is responsible for processing emotionally salient stimuli and initiating proper responses. Fear, aggression, defense behaviors, and formation and retrieval of fear-related emotional memories are all processed in the amygdala (Martin et al.). People with GAD often show more amygdala activation when processing negative emotions (Anand & Shekhar, 2003) and when viewing angry faces (Whalen et al., 2008).

People with overactivity in the amygdala may be more vulnerable to anxiety. Anxiety vulnerability is the basis of Rachman's (2004) model of anxiety. This model suggests that when people are in potentially intimidating situations, they become highly vigilant. Elevated vigilance prompts a person

to scan broadly for potential threats, then to focus narrowly on the perceived threat. This narrow focus can lead to enhanced perceptual sensitivity and, in some cases, distortion. Detection of a threat leads to the inhibition of ongoing behavior and heightened arousal. If the threat is interpreted as safe, the person can return to the previous state of functioning. If it is harmful, anxiety arises and the person will initiate coping, escape, or avoidance behavior. People vary in their vulnerability to anxiety, and those who are highly anxious may be constantly vigilant and scanning for potential threats, which may lead them to misinterpret events or exaggerate their seriousness (Newman & Erickson, 2010; Rachman, 2004; Roemer, Orsillo, & Barlow, 2002).

For people with GAD, scanning focuses on threatening signals and safety signals (Lohr, Olatunji, Sawchuk, 2007; Woody & Rachman, 1994). People with GAD engage in persistent, sometimes frantic searches for safety to help them deal with anticipated threats. Affected people may engage in repeated checking, pursue and recommend cautious behavior, or go to great lengths to avoid risks. Searches for safety seldom provide relief, and some people with GAD repeatedly seek assurance from family or authority figures (Newman & Erickson, 2010; Rachman, 2004; Roemer et al., 2002). A loss or an anticipated loss of safety leads a person with GAD to intensify safety-seeking behavior, which may include escape or avoidance behaviors. However, if a person with GAD can create established safety signals, the need for vigilance is reduced and the person can rest (Lohr et al., 2007; Rachman; Woody & Rachman).

### Association of GAD and Interpersonal Problems

People with GAD report interpersonal problems, including insecure attachments in relationships (Cassidy, 1995; Eng & Heimberg, 2006). Some report enmeshment and role reversal with caregivers, and a belief that they are responsible for their parents (Cassidy). Bilfulco et al. (2006) found that in a group of women in a high-risk community, reports of insecure attachments to caregivers while growing up—particularly an angry-dismissive style—was associated with a new episode of GAD at follow-up.

Marital discord is another interpersonal problem associated with GAD. People with GAD are more likely to divorce (Hunt, Issakidis, & Andrews, 2002) and to report high conflict and low relationship quality with their partners, compared with those with other psychiatric diagnoses (Wittchen, Zhao, Kessler, & Eaton, 1994). The association between GAD and marital discord is stronger than the association between marital discord and any other anxiety disorder (Whisman, 2007). In a study of the daily processes of couples where wives were diagnosed with anxiety, wives perceived that their husbands played a role in aggravating or ameliorating their anxiety. Furthermore, the husband's report of distress during the day was significantly associated with wife's level of anxiety on the same day, and on days where wives

reported increased anxiety, husbands reported fewer positive qualities about the relationship (Zaider, Heimberg, & Iida, 2010). These results suggested that when wives experience anxiety, husbands perceive diminished support and availability from their spouse, and that many couples manage anxiety through avoidance, which may maintain or exacerbate marital distress and anxiety (Zaider et al.).

The marital quality of couples also predicts response to anxiety treatment. Marital discord predicts negative response to cognitive behavioral therapy, higher treatment dropout rates, and lower likelihood of anxiety symptom remission (Durham, Allan, & Hackett, 1997). Zinbarg, Lee and Yoon (2007) found that a significant portion of the variance (41%) in the end state functioning following individual cognitive-behavioral therapy for people with GAD was explained by the negative interactions between those with GAD and their partners. The relationship between marital quality and response to treatment suggests that couple therapy may help improve treatment outcomes for those with anxiety disorders (Zinbarg et al., 2007).

### EFT for Couples

EFT is an integration of systemic (e.g., Fisch, Weakland, & Segal, 1983) and experiential (e.g., Perls, Hefferline, & Goodman, 1951; Rogers, 1951) approaches to therapy that focuses on intrapsychic processes (how people process their emotional experiences) and interpersonal processes (how people organize their interactions with others into patterns and cycles) (Greenburg & Johnson, 1998; Johnson & Greenman, 2006). It is “an affective systemic approach in which the emphasis is on changing interactional cycles and changing each person’s intrapsychic experience, which maintains, and is maintained by, the cycle” (Greenburg & Johnson, p. 29).

EFT is rooted in attachment theory (Bowlby, 1999; Hazan & Shaver, 1987). Attachment theory posits that safe emotional connections with loved ones are a fundamental survival need. These connections start in childhood, with caregivers, and are later established with romantic partners. Through an EFT lens, adults form romantic relationships to meet attachment needs. Relationship distress, therefore, can be understood as attachment distress.

To alleviate attachment distress, EFT uses three stages: cycle deescalation, restructuring interactional positions, and consolidation/integration (Johnson, 2004; Johnson & Greenman, 2006). In the first stage, cycle deescalation, the therapist aims to create an alliance with the couple and gain insight into the core issues of conflict. The therapist identifies the interaction cycle that maintains attachment insecurities, and then helps the couple access the unacknowledged emotions that underlie the cycle. The therapist reframes the problem in terms of the cycle, the attachment needs, and the emotions (Johnson, 2008; Johnson & Greenberg, 1988; Johnson & Greenman). In the second stage, restructuring interactional positions, the therapist helps

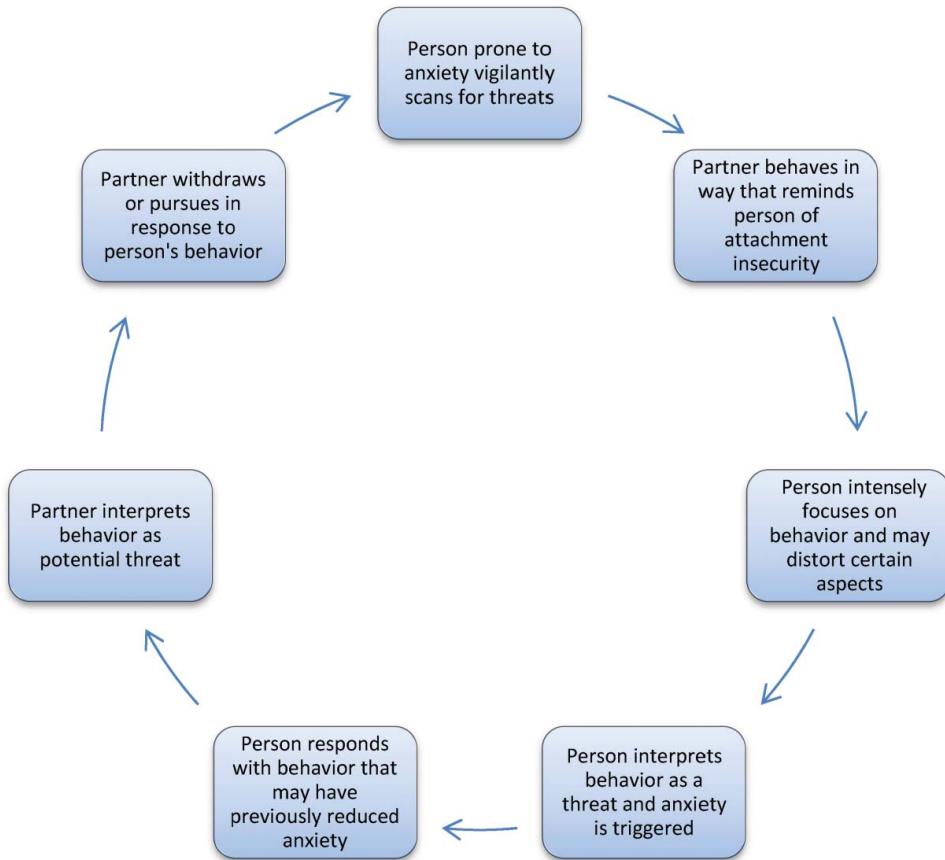
the couple identify disowned needs and aspects of self and to understand how these are integrated into relationship interactions. The therapist promotes acceptance of each partner's new construction of the relationship and his or her new interactional behavior. This is done in order to facilitate the expression of specific needs and wants, thereby creating emotional engagement. Key events in this stage include re-engagement of the withdrawn partner and softening of the pursuer (Johnson, 2008; Johnson & Greenberg; Johnson & Greenman). The final stage, consolidation/integration, focuses on emergence of new solutions to old relationship problems. New positions are consolidated and new cycles of attachment behavior are created (Johnson, 2008; Johnson & Greenberg; Johnson & Greenman).

In EFT, individual symptomatology is considered a function of person's position in the relationship system. As Greenburg and Johnson (1988) suggest, "Symptoms are viewed . . . as both system maintained and system maintaining. Individual symptoms can function in such a way as to balance power or regulate closeness and distance in a relationship; thus they enable the couple to maintain the bond between them" (pp. 189–190). From this perspective, individual symptoms remit when the relationship becomes more open and supportive, thereby creating new interactions that redefine the person's position within the relationship (Johnson, 2004). This assumption has been supported by research examining EFT as treatment for symptoms of major depressive disorder (Denton, Whittenborn, & Golden, 2012; Dessaulles, Johnson, & Denton, 2003).

### GAD Conceptualization Through an EFT Lens

Within an EFT framework, a typical pattern of couple interaction is that of pursue-withdraw (Johnson, 2008). Other common patterns, such as mutual withdraw or mutual blaming, often result from attempts to resolve a pursue-withdraw cycle (Greenburg & Johnson, 1988). When a couple seeks treatment, and both GAD and relationship distress are present, it may be that a pursue-withdraw pattern creates, maintains, or exacerbates GAD symptoms. The following paragraphs demonstrate a possible pursue-withdraw pattern in couples with relationship discord and GAD (Figure 1). It should be noted that this conceptualization relies on assumptions that are not present for all people with GAD. It assumes the presence of a romantic relationship, that this relationship is distressed, and that a main source of worry is the viability of this relationship. It also assumes that the couple's interaction fosters the onset of GAD in a partner who is vulnerable to anxiety.

When a person enters into a romantic relationship and has a history of insecure attachment, that person may be prone to anxiety. This history and vulnerability may lead this person to constantly scan for potential threats (Rachman, 2004). If a behavior from the partner is seen as a potential threat, this person may narrowly focus on that behavior. This intense focus may lead



**FIGURE 1** Pursue–withdraw pattern for couples with GAD. (Color figure available online).

this person to distort certain aspects of this behavior and interpret the behavior through this distorted lens. If the partner's behavior triggers previous attachment insecurities (Johnson, 2008), the behavior may be interpreted as dangerous and trigger anxiety. As anxiety increases, the need to alleviate the anxiety also increases (Rachman, 2004). What this person does to alleviate the anxiety depends upon previous experiences of anxiety reduction and the success or failure of those experiences. If withdrawing has previously worked to reduce anxiety, it is likely this person will withdraw. If pursuing has worked previously, it is likely this person will pursue (Greenburg & Johnson, 1988; Johnson, 2008).

For people vulnerable to anxiety, pursue behavior may include what could be described as nagging, constant checking, or searching for reassurance. It may also include “tests” of the partner to make sure the partner is not planning on leaving the relationship. Pursuer behavior for this person may also include verbal attacks that attempt to force the partner to reengage

if the partner is withdrawn (Greenberg & Johnson, 1988). When people who are vulnerable to anxiety withdraw, behaviors may include shutting down, cutting off, or not wanting or being able to discuss threatening issues. Withdraw behavior may also include saying everything is fine even when anxiety and worry are readily apparent (Greenberg & Johnson, 1998).

As this person performs either pursue or withdraw behavior, how the partner responds may either alleviate the anxiety or increase it. If a partner is sensitively tuned to the person's needs, he or she can recognize how the behavior made the person anxious and respond in a way that addresses the person's need for safety (Johnson, 2008). The anxiety of the person will lessen, and the need to scan for potential threats will be reduced. However, if the partner does not sense this need, or interprets the behavior as a potential threat, the partner is likely to respond with the intent to quell his or her own anxiety. If this person pursues, the partner may withdraw; if the person withdraws, the partner may pursue (Greenberg & Johnson, 1988).

In this scenario, because the partner's response did not quell the person's anxiety, this person now has more reason to vigilantly search for threats (Rachman, 2004). As the insecurity of the attachment to the partner grows through repeating this cycle, the person begins to interpret heretofore benign behavior as a potential threat. As more threats are interpreted as dangerous, this person may develop the symptoms of GAD. These symptoms may simultaneously be maintained by the cycle and serve to maintain the cycle.

For example, Eric and Whitney (names have been changed) developed this type of pursue-withdraw pattern. After the death of her father and birth of her daughter, Whitney became depressed. She felt isolated and alienated from Eric. Noticing the symptoms of her depression, she got a prescription from her doctor. When she began taking the medication, her feelings of sadness were lessened, but she still had a lingering sense of worry and anxiety about whether Eric wanted to stay in the relationship. During this same time, Eric was also experiencing large amounts of stress. Along with the new child and the recent death in the family, he was trying to start a new business. This meant many early mornings and late nights. When he would come home, he was often tired and stressed and he was often critical of Whitney.

These types of interactions led Whitney to scan for any signs that Eric may want to leave to leave the relationship and to question whether she wanted to stay. Her scanning behavior included asking questions as bids for safety. The questions would seem simple on the surface, but for Whitney they had often been replayed in her head many times, and when they were asked, they were laden with anxiety. Eric could sense the anxiety in these questions, which often made him defensive. This defensiveness meant his responses were critical or sarcastic. For Whitney, these responses meant Eric was tired of the relationship and wanted to leave, and these interpretations

increase her anxiety even more. To repress the anxiety, Whitney repeatedly began to pursue Eric's reassurance even more. She asked Eric if he was okay or mad, or if he needed her help with something. Eric, getting more irritated by the frequency of these questions, responded by withdrawing emotionally and would tell Whitney that she should just stop worrying. This response furthered Whitney's anxiety, escalating her need to be reassured. Her anxiety became anger, and as she expressed her worry with anger, Eric withdrew even more.

### Treatment of GAD With EFT

When couples seek treatment for relationship distress and GAD, EFT may be an effective way to change the pursuer-withdrawer cycle, reduce relationship distress, and thereby lessen symptoms of GAD. Tailoring each stage of EFT to focus on and change the anxiety cycle can increase a couple's sense of safety and help the couple recognize and meet each others' needs. Moreover, it can lessen the need of the anxiety-prone partner to vigilantly scan for threats and distort particular behaviors. As the relationship system becomes more open and supportive, creating new interactions that redefine the person's position within the relationship (Johnson, 2004), the symptoms of GAD begin to remit. The following paragraphs describe how to tailor the stages of EFT to treat couples with relationship distress and GAD (Table 1).

The first stage of EFT is cycle deescalation. The first task in this stage is to create an environment of safety (Johnson, 2008). Coming to therapy may provoke anxiety, so providing a safe atmosphere is necessary for the continued participation of the person with GAD. The therapist must also establish an alliance with the partner that recognizes the how anxiety can lead to the partner's disengagement. To develop this alliance, the therapist must recognize that the distortions caused by anxiety seem very real to the person suffering them (Rachman, 2004). Also, the therapist must acknowledge that the constant anxiety within a system can lead to the partner feeling frustrated or withdrawn. Acknowledging these realities and giving each person the chance to share these realities lessen the anxiety about coming to therapy and improve the likelihood of continued participation.

Another measure taken to create an environment of safety is to thoroughly assess the couple for psychopathology, domestic violence, and substance use. GAD is often comorbid with many other psychiatric disorders (Kessler et al., 2003) and substance use (Conway, Compton, Stinson, & Grant, 2006). If the assessment reveals additional psychiatric disorders, current domestic violence, or excessive substance use in one or both members of the couple, treatment with EFT is not recommended until these issues have been addressed (Johnson, 2008).

The second task in the first stage is to identify the interaction cycle (Johnson, 2008). To accomplish this, the therapist may want to discuss

**TABLE 1** Stages and Step of Treating Generalized Anxiety Disorder With Emotionally Focused Therapy for Couples

Stages of EFT	Steps in Treating GAD			
	1	2	3	4
Cycle Deescalation	<p>Creating alliance for person with GAD to increase feelings of safety</p> <p>Creating alliance with partner in order to help re-engage</p>	<p>Identify interactional cycle by discussing GAD and symptoms of hypervigilance, distortion of behavior, and reactive behaviors based in anxiety</p>	<p>Accessing unacknowledged emotions that underlie anxiety that leads to pursue or withdraw behavior for each partner</p>	<p>Reframing feelings of worry and anxiety in terms of the cycle and attachment needs</p>
Restructuring Interactional Positions	<p>5 Help each person identify the disowned needs and discuss how anxiety is often triggered in response to fear that those needs might not be fulfilled</p>	<p>6 Promote acceptance of each partner's new construction of the relationship, and help partners respond in ways that reduce anxiety</p>	<p>7 Softening of the pursuer and the re-engagement of the withdrawer. Partners become sensitively attuned to each other's needs, recognize behaviors that may provoke anxiety, and respond in ways that address each person's need for safety</p>	
Consolidation/Integration	<p>8 Anxiety is viewed as an emotion triggered in response to a fear of not getting needs met</p>	<p>9 Instead of reacting to anxiety, the person with GAD is able to express to the partner what makes them feel unsafe. The partner is able to listen to these feelings without reacting</p>		

generalized anxiety and its symptoms. This gives the therapist the opportunity to discuss the heightened vigilance and constant scanning for safety that accompanies anxiety, and how anxiety leads people to narrowly focus on behavior, often distorting the interpretation of the behavior. With this in mind, the therapist can discuss each step of the cycle with the couple. The therapist may begin by asking the person with GAD to talk about times when he or she feels unsafe and searches for reassurance or what types of behaviors tend to trigger anxiety. The therapist may then ask the partner how he or she responds. As this process develops, the therapist asks about what types of unacknowledged emotions accompany the behaviors and responses, and how anxiety may distort the interpretations and emotions of the behaviors. The therapist then reframes the anxiety in terms of the cycle, as well as the emotions and attachment needs manifest in the cycle. When the couple understands the cycle that maintains the anxiety and the emotions that accompany the cycle, treatment moves to the second stage (Greenburg & Johnson, 1988).

In the second stage, restructuring interactional positions, the therapist helps each person identify their disowned needs and discuss how anxiety is often triggered in response to fear that those needs might not be fulfilled (Johnson, 2008). As the therapist and the couple talk about these disowned needs, the therapist promotes acceptance of each partner's new construction of the relationship. The therapist may highlight how people with GAD often experience chronic hypervigilance, but that as the partners recognize their own and each other's needs, they can learn to ask for what they need and respond to their partner in ways that reduce anxiety. The reduced anxiety in the system leads to lower levels of distortion, which in turn reduces the need to scan for threats. The pursuer is then softened to the emotional experience of the withdrawer, and the withdrawer feels re-engaged in the relationship. As the partners re-engage and are no longer locked in a destructive cycle, they become sensitively tuned to each others' needs, recognize behaviors that may provoke anxiety, and respond in ways that address each person's need for safety (Greenburg & Johnson, 1988). When this is accomplished, treatment can move to the final stage.

In the final stage, consolidation/integration, the couple has a new understanding of the meaning and purpose of anxiety (Johnson, 2008). Anxiety is viewed as an emotion triggered in response to a fear of not having needs met. The person with GAD is able to recognize that when anxiety is triggered, it means he or she is feeling unsafe. Instead of reacting to temporarily repress the anxiety, the person with GAD is able to express to his or her partner what makes them feel unsafe. The partner is able to listen to these feelings without reacting, and also to share feelings and emotions. This helps create new cycles of attachment behavior in which both partners feel safe (Greenburg & Johnson, 1988; Johnson & Greenman, 2006).

## Treatment of GAD With EFT: A Case Example

Whitney and Eric decided to come to therapy after a year of feeling trapped in their pursue-withdraw pattern. When they came to therapy, Whitney reported constant worry about the relationship and was visibly fatigued. Eric had cut off emotionally from Whitney and from his own emotional response. As treatment began, the first goal was to establish an alliance with both partners and help them feel safe enough to share their emotions. As the therapist, I tried to create such an environment by showing sincere concern for both partners. Both Eric and Whitney were allowed time to share their current experience of the relationship, and this experience was validated. An assessment was also conducted to screen for additional psychiatric disorders, domestic violence, and substance use. Neither partner reported current or past domestic violence, nor did they report excessive substance use. Whitney reported that she began taking an SSRI shortly after their daughter's birth and meeting with her primary care doctor regularly to monitor her symptoms. She that since that time her feelings of sadness and hopelessness had decreased; however, she reported that her thoughts were often racing, and that she was constantly worried about many things, but that her interactions with Eric made the relationship her main source of worry. She reported difficulty concentrating and sleeping, and that she was often fatigued and irritable. Her symptoms had been occurring for more than a year. Though Eric reported anxiety and stress, they did not meet clinical levels.

### Stage 1: Cycle Deescalation

As they began to soften and feel safe in therapy, I identified the interaction cycle that was based in anxiety. We discussed the hypervigilance and scanning that often accompanies anxiety. Whitney identified with this process and reported that she constantly felt the need to scan for safety, and that this scanning often focused on Eric's behavior. She reported that Eric engaged in many behaviors that made her feel unsafe, and that when she began to feel unsafe she also began to pursue. Her pursue behavior often took the form of asking questions that tested whether Eric needed her. As mentioned above, asking simple questions was her way of testing Eric and determining if she was safe in the relationship. Eric reported being frustrated with this type of behavior and said that he felt compelled to answer no, because he felt his independence was threatened. As Eric withdrew, Whitney's need to scan increased and she asked more questions aimed at discovering Eric's intent to stay in the relationship. She often started arguments in order to re-engage Eric in the relationship. The more Whitney pursued Eric, the more he withdrew. When she argued with him, he patronized her for being anxious, said he felt fine in the relationship, and told her that the issues they

were having resulted from her worry. This type of response only increased Whitney's vigilance, her scanning behaviors, and her worry.

As the cycle was identified, I tied the attachment emotions to the behaviors in the cycle. After discussing the symptoms of anxiety, Whitney understood her anxiety in terms of needing safety in the relationship. She expressed to Eric how his behavior made her feel scared, alone, and like she was the weak person in the relationship. When Eric first heard this, he acknowledged her emotions but remained emotionally unavailable to Whitney. However, he eventually softened and expressed his fear of abandonment and a sense of being overwhelmed by Whitney's constant worry and anxiety. He expressed to Whitney that because he felt helpless to change her anxiety, he withdrew. These feelings were then reframed in terms of the cycle and the attachment needs of both partners. The discussion of cycle in terms of attachment needs reduced Whitney's need to scan and lessened Eric's desire to withdraw.

### Stage 2: Restructuring Interactional Positions

As the anxiety in the system lessened, both partners were able to discuss their disowned needs. As Eric softened, he expressed to Whitney that he too felt unsafe in the relationship, and that he withdrew because he did not want to face the reality of their relationship, because that reality frightened him. He reported that he needed and wanted to feel connected to her, but that he felt her anger and anxiety trigger his own fears. Whitney expressed that she needed Eric's reassurance and comfort when she felt anxious. She told him that her tests and checks were ways she looked for safety and connection. As the couple talked openly about their needs, they began to interpret each other's behavior differently. Eric saw that his wife's tests were her way of expressing her need for a safe connection. As he understood this, he was able to reach out instead of recoil when she seemed to be testing him. Whitney saw that Eric sometimes cut off emotionally because he was afraid, and that he too felt anxious and fearful about being isolated. She understood his behavior as a way to manage his own anxiety, and realized that if she could control her own reactions and fears she was able to find the connection she needed.

### Stage 3: Consolidation/Integration

As the new construction of the relationship emerged, the couple's behavior patterns changed. Instead of reacting when she felt Eric cut off, Whitney soothed her anxiety and gave Eric the space he needed, which eventually led to him coming to her and sharing his emotions. When Whitney became anxious, instead of retreating Eric would reach out to her and listen. For example, during a session when Whitney was very anxious, Eric sensed

this anxiety and reached out and took her hand. As he reached out to her, her anxiety dissipated and Whitney shared the emotions tied to her worry without reacting. She talked about some of her insecurities as Eric listened intently. When she was finished, Eric validated those emotions and expressed his feelings. As Whitney listened to Eric express his emotions, she felt more connected to him. Instead of getting stuck in their pursue-withdraw pattern, they were able to use the anxiety to recognize the need to help each other feel safe.

As treatment progressed, both Eric and Whitney reported that the level of anxiety at home had been reduced. They reported more positive interactions and a greater awareness of the influence of anxiety in their relationship. Conversations that in the past would have led to pursue-withdraw behavior were now handled differently so that both felt understood and connected. Whitney reported worrying much less, that she was able to concentrate, and that her sleep had improved. As the relationship between the couple improved, so did Whitney's GAD symptoms.

#### LIMITATIONS AND FUTURE DIRECTIONS

Though the case example above demonstrates how EFT may be conceptualized to treat symptoms of GAD, this conceptualization is based on two assumptions that limits its applicability to all people with GAD. First, it assumes the that the person with GAD is in a romantic relationship and that this person's worry is centered on the viability of that relationship. Not all people with GAD are in romantic relationships and though people with GAD often worry about interpersonal relationships, they also worry about many other issues (Becker et al., 2003). EFT may not be useful in relieving symptoms of GAD when the worry is focused on something other than the romantic relationship. Moreover, by focusing on improving a couple's relationship when it is not a source of worry, a person with GAD could begin to worry about that relationship, which could worsen symptoms. Second, this conceptualization assumes that the presence of romantic relationship distress foster GAD symptoms. Though GAD has been linked to relationship distress (e.g., Whisman, 2007), not all people with GAD are in distressed romantic relationships. Therefore, romantic relationship distress and is just one factor that may contribute to GAD symptoms. Other stressful life events or other distressed relationships may play a larger role in GAD symptoms than distressed romantic relationships. When neither member of the couple reports distress, using EFT may be ineffective at reducing GAD symptoms. Until further research is conducted to test these assumptions, the effectiveness of EFT as treatment for couples with relationship distress and GAD remains unknown.

It should also be noted, that the outcomes of this case example may stem from other factors. It could be that client variables, the use of medication for

treating Whitney's depression, or an interaction of these factors contributed to the reduction of anxiety and relationship discord seen in the example. Moreover, it may be that the changes here are not model specific but are due to common factors of couples therapy (Sprenkle, Davis, & Lebow, 2009). Research is needed to explore these factors to determine whether these changes are specific to EFT or if other factors play a more important role.

Future research of EFT as treatment for GAD and relationship distress could focus on two areas. First, randomized clinical trials comparing EFT to wait-list controls, medication, and other forms of therapy could establish the efficacy of EFT in treating GAD and relationship distress. Establishing EFT as an accepted treatment of GAD would increase the options available to those seeking treatment. Further, some have found current accepted treatments of GAD to be effective for only 50 percent of people (Arntz, 2003). It may be that adding EFT to current accepted treatments could increase symptom remission and lower treatment dropout rates. Second, research could evaluate the GAD pursue-withdraw pattern presented in this report. This pattern is based on Rachman's (2002) model of anxiety, the pursue-withdraw patterns of EFT (Greenburg & Johnson, 1988; Johnson & Greenman, 2006), and clinical observation. It may be that there are other cycles and processes that those with GAD and their partners experience. Process research studying the pursue-withdraw behavior of those with GAD may help tailor treatment, which could lead to more positive outcomes.

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