

THERAPIST PRESENCE IN EMOTIONALLY FOCUSED COUPLE THERAPY BLAMER SOFTENING EVENTS: PROMOTING CHANGE THROUGH EMOTIONAL EXPERIENCE

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The blamer softening event has been associated with successful treatment outcomes in emotionally focused couple therapy. Previous research has highlighted the critical role of softening events and heightened emotional experience in best sessions of emotionally focused couple therapy (EFT). This study examined the effects of a therapist's emotional presence in predicting heightened levels of client emotional experience in blamer softening events. Findings from a detailed analysis of successful and unsuccessful EFT softening attempts demonstrated that a therapist's emotional presence and corresponding evocative vocal quality were more likely to predict heightened levels of client emotional experience in successful softening attempts. Implications of these findings are reviewed in light of EFT research and practice.

Blamer softening is one of three primary change events in emotionally focused couple therapy (EFT; Johnson & Greenberg, 1988; Johnson, 2004). It is considered a “watershed event” in which:

A previously hostile/critical partner asks, from position of vulnerability and with a high level of emotion experiencing, for reassurance, comfort, or for an attachment need to be met. In turn, the other partner accepts the new and emerging relationship position of the softened blamer. (Bradley & Furrow, p. 234)

Successful blamer softening events have been associated with increased levels of trust and emotional contact between partners, and an increased likelihood of recovery from relationship distress (Johnson & Greenberg, 1988; Johnson & Makinen, 2006). Following a task analysis (Bradley & Johnson, 2005; Greenberg, 1984) methodology with successful blamer softening events, Bradley and Furrow (2004) proposed a softening “mini-theory” composed of six primary therapist themes and corresponding EFT interventions. These researchers found that therapists were more likely to use evocative interventions in facilitating higher levels of emotional experiencing. Furthermore, the accessing and processing of these more intense experiences led to interactions among partners that included further emotional disclosure, validation,

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and a corrective emotional experience (Bradley & Furrow, 2004; Johnson, 2009; Johnson & Greenberg, 1988).

Yet, blamer softening events are recognized as perhaps the most challenging therapeutic tasks in EFT. A therapist's struggle with this change event can contribute to a therapeutic impasse (Johnson, 1996; Johnson & Talitman, 1997). Bradley and Furrow (2007) argued that softening attempts often go awry when a therapist fails to effectively access a couple's attachment-related fears. Specifically, they suggested that therapists err by failing to access and deepen the more-blaming partner's fears of reaching to their partner for comfort and reassurance as this partner confronts the risk of taking a new position of vulnerability in the relationship. The purpose of this study is to explore the relationship of a therapist presence in facilitating couples' deep emotional experience in softening events. The process of restructuring a partner's pursuing position in EFT requires deepening and distilling of fears based in partner's views of self and other. These fears block couples from making bids for attachment (Bowlby, 1988; Bradley & Furrow, 2004, 2007; Johnson, 2004). This study also provides an extension to Bradley and Furrow's process research study by comparing four successful softening events with one unsuccessful attempt.

EMOTIONAL ENGAGEMENT IN BLAMER SOFTENING

For Johnson (2009), blamer softening involves two key therapeutic moves. First, the therapist focuses on helping partners access and reprocess deeply felt attachment-related affect (e.g., fears, shame). This includes linking these experiences to attachment needs. Through this process, partners are able to connect with nuances of their experience that have seldom been delineated. Second, the therapist guides the couple in making new, intense, and intimate contact with each other. This may include intensifying the couple's experience by having couples look directly into their partner's eyes, for example, or holding hands. In effect, the therapist facilitates a developing secure attachment bond in which attachment signals become clear and fears of reaching for support, comfort, and reassurance are faced and are overcome. In this study, we focus specifically on therapist's ability to deepen and distill the attachment-related fears, informed by views of self and other, which is critical in facilitating a softening reach.

In the blamer softening event, a therapist prompts the more-blaming partner's fears of reaching through seeding attachment bids and needs and inviting the blamer to imagine reaching for their partner to meet their attachment needs (Bradley & Furrow, 2004, 2007; Johnson, 2004). Consistent with Bowlby's (1988) observation that anxious fears result from failed attempts of proximity seeking, a blaming partner's fears "make sense" in light of past attempts to unsuccessfully reach their partner in times of attachment fear and genuine need. This fear in turn blocks future attempts of seeking reassurance and comfort from their partner in times of distress. In the initial steps of the blamer softening event, the therapist heightens these attachment fears and makes them explicit by raising the possibility of reaching to their partner from a core place of intense vulnerability.

Adult attachment researchers Mikulincer, Shaver, and Pereg (2003) have argued that a therapist's primary focus must include the development of goal-based strategies of affect regulation. In the case of blamer softening, this implies that a therapist should focus more on a critical partner's feelings of helplessness and fear of being alone or rejected. But to access these core affective states, therapists must contend with a blaming partner's hyperactivated attachment system. This system includes intense emotional responses, often vacillating between a desperate need for their partner, ruminating fears of possible abandonment, and negative views of self and/or other (Mikulincer & Shaver, 2005). Consequently, a partner's disappointment or negative action may prompt a blaming partner to respond with a range of undifferentiated emotions including harsh criticism toward their partner mixed with shame and self-loathing. For other blaming partners, particularly those having a history of traumatic attachments, a fearful avoidant attachment strategy better describes the mix of avoidant and anxious responses typical in close relationships (Johnson, 2002). Bradley and Furrow (2004) found that in successful softening events, therapists helped the more blaming partners distinguish their fears specific to a negative view of their partner (e.g., I don't know that I can trust you.) and those related

to a negative view of self (e.g., I don't know that I am even loveable). Therapist processing of these core fears required a focus on deeper levels of attachment affect engagement and ensuing clarification of attachment needs and longings.

The EFT therapist's accessible and responsive stance provides a more secure interaction where the more blaming partner begins to face obstacles and overcome threatening experience of risking vulnerability. When couples have their emotions validated, accepted, and acknowledged partners are able to "down-regulate" distressful experience and together begin to risk new ways of facing their attachment-specific fears (Mikulincer et al., 2003). The therapist's intentional emotional engagement forms a type of co-regulation for each partner's attachment-related distress, which most often drives the blaming partner's critical pursuit. The therapist's emotional attunement and engagement provides a critical first step in helping partners begin to deeply experience their relationship as one of increasing felt security.

THERAPIST PRESENCE AND EMOTIONAL ENGAGEMENT

The EFT therapist's ability to provide a "felt sense" of safety is essential for creating a secure base for which to engage and explore fears confronted in blamer softening. Bradley and Furrow (2004) found that successful softening events were typified by therapist use of evocative interventions (e.g., heightening, empathic conjecture, evocative responding). In these sessions, the therapist concentrated on the blaming partner's fears of reaching to their partner within vulnerability by exploring and heightening fears in relationship to a negative view of self or significant other. Bowlby (1988) regarded the process of reworking and reviewing one's view of self and other in psychotherapy as a process requiring emotional communication. Other attachment-informed therapies (e.g., Fosha, 2000) have emphasized the important role of attunement and affect co-regulation as being pivotal in promoting change for individuals and families. For the EFT therapist, accessing and deepening emotional experience in session provides the primary source of emerging new meaning about attachment fears and needs and motivation for seeking new positions in the relationship. In attachment terms, the therapist must provide a presence that is a secure base/safe haven for the more blaming partner to risk new steps of vulnerability in their relationship. Johnson (2004) described this presence in terms of a therapist's empathic attunement and responsiveness through which partners are able to order and deepen their unique experience.

Process experiential models similar to EFT have emphasized the essential role of therapist presence in productive outcomes. Greenberg, Rice, and Elliott (1994) concluded that therapist's manner and style are essential elements in conducting experiential interventions. They described a therapist's "experiential presence" in terms of vocal quality, paralinguistic expression, and form of expression. An assessment of vocal tone and engagement provides an immediate indication of level of a therapist's engagement and attitude in session (Rice & Kerr, 1986). This presence is not simply an empathic stance; it is a reflection of the therapist's *own experience* of what is unfolding in the moment in session (Greenberg, et al. 1994). Johnson (2004) described the importance of a therapist's access to their own immediate emotional experience as a critical source of empathy and a reference point in promoting high levels of empathic engagement, like those described in a blamer softening event.

Studies of EFT softening events have commonly used the Experiencing Scale (ES; Klein, Mathieu, Gendlin, & Kiesler, 1969) as a measure of intrapsychic change processes associated with change. Specifically, the ES provided an assessment of individual level of emotional involvement and focus on internal referents or aspects of self. In a study of best sessions of EFT, Johnson and Greenberg (1988) found that for couples with successful outcomes, 46.5% of their in-session responses met criteria indicating a heightened level of emotional experiencing. This was significantly higher than similar responses for unsuccessful couples (16.1%). Greenberg, Ford, Alden, and Johnson (1993) demonstrated that highly productive EFT sessions were characterized by high levels of emotional experiencing (i.e., client focusing on internal emotional experience). In Johnson and Makinen's (2006) study of attachment injury resolution, couples who resolved attachment injuries were significantly more likely to have responses of high emotional experiencing in session, regardless of whether they were the injured or offending partner. Taken together, these studies provide compelling support for the use of high levels of

client emotional experiencing as an indicator of effective EFT sessions and common to blamer softening events.

Past EFT research studies have focused on the process and impact of EFT treatment on client/couple experience and outcomes. Fewer studies have examined the role of the therapist's actions important in facilitating common change events in EFT. Bradley and Furrow's (2004) process research study is one exception. These researchers examined therapist themes and interventions in successful softening events. This study extends Bradley and Furrow's previous analysis of successful softening events in two important areas. First, this study builds upon previous comparisons of client experiencing in EFT sessions by comparing successful and unsuccessful softening events and levels of client experiencing. Second, a softening event *presumes* that a therapist is working at high levels of emotional experiencing. This study, however, actually tracks and gauges a therapist presence as a predictor of high levels of client emotional experiencing.

METHOD

Cases

This study was based on a secondary analysis of data collected in the initial task analysis study of blamer softening (Bradley & Furrow, 2004). Data in this sample included audio- and videotaped examples of blamer softening events solicited from Susan Johnson, co-developer of EFT. Dr Johnson provided nine taped examples of possible blamer softening events recruited from EFT-trained therapists. Informed consent was secured through couples' signatures on client consent forms, which included a release of clinical materials for research purposes. All tapes were examined for the presence of a softening event marker and event resolution (Bradley & Johnson, 2005; Greenberg, 1984). Therapist initiation of the softening reach was used as the event marker. The event resolution was indicated by the accepting response of a non-blaming partner. This occurred when the non-blaming partner acknowledged and received the softened reach of the more critical partner.

Tapes were examined to confirm both the event marker and the softening resolution. Five tapes included an event marker, and of these tapes, four also included an event resolution. The four tapes including both marker and resolution were deemed successful softening events, and the one taped session without a resolution was used as an example of an unsuccessful softening event attempt. The four remaining tapes were removed from the study. All tapes were transcribed from a point 10 min prior to the event marker to allow for analysis of therapist behaviors leading up to softening event and 3 min following the event marker to include the event resolution. Each of the four successful softening events was conducted by Dr Johnson. The unsuccessful event was conducted by an experienced EFT therapist previously trained by Dr Johnson.

Measures

Transcripts and corresponding audio or videotapes of softening sessions were coded using protocols that assessed client and therapist emotional experiencing and vocal quality. Transcripts were coded using the ESs (Klein et al., 1969) to assess therapist and client levels of emotional experiencing in the five softening event attempts. Client and Therapist Vocal Quality (TVQ) Systems (Rice & Kerr, 1986; Rice, Koke, Greenberg, & Wagstaff, 1979) were used to identify changes in the vocal quality and style of participation of clients and therapists in the therapeutic process.

Experiencing scales. The Client (C-ES) and Therapist (T-ES) scales are used to code client and therapist level of emotional involvement in sessions. The C-ES is a 7-point rating scale developed to measure the extent to which a client describes a level of emotional experiencing through the therapeutic process. A low level (1) on the C-ES is given to superficial and general responses lacking reference to personal experience. Ratings at the middle of the scale are indicative of an intensifying level of emotional experience having increasingly internal referents. At the highest levels of the scale, client responses evidence the emergence of new experiences, self-awareness, and understanding. Ratings are assigned based on the manifest verbal content

including the examination of grammatical, expressive, paralinguistic vocal patterns (Klein et al., 1969). Greenberg and Pinsof (1986) summarized the reliabilities of client C-ES ratings for psychotherapy session data, indicating that that reliability estimates fell between .80 and .90 in 12 of the 15 studies examined. Construct validity of the C-ES has been demonstrated by its association with successful therapy, individual expressive capacity, and general health. The C-ES has also shown the ability to predict clinical outcome (Orlinsky & Howard, 1986).

The T-ES was used to assess the extent of therapist awareness and responsiveness to emotional content. The T-ES is based on two scales that assess a therapist's experiential involvement with the client (manner) and focus on a client's in-session experience (referent). Ratings are given on a 7-point scale in which lower levels are consistent with minimal engagement of emotional content and responses. Midrange ratings increasingly indicate therapist attention to emotional responses. High scores are given when a therapist's focus is on increasing the depth of empathic involvement. Peak individual therapist referent and manner ratings were assigned for each talk-turn. The T-ES has been found to be associated with various therapeutic elements, including therapist helpfulness, positive state, and nonverbal expressiveness (Elliott, Klein, & Mathieu-Coughlan, 1983). The Therapist EXP scale has been used in several other studies as a predictor of client levels of emotional experiencing (Wiseman & Rice, 1989).

Vocal quality scales. The client vocal quality (CVQ) and the TVQ were used to code therapist and client responses by vocal patterns. The CVQ identifies a client's style of participation in the therapy process using four distinct, mutually exclusive categories: Focused, Externalizing, Limited, and Emotional. Ratings are based on six vocal patterns: Production of Accents, Accentuation, Regularity of Pace, Presence of Terminal Contours, Perceived Energy, and Disruption of Normal Speech Pattern. Wexler (1974) demonstrated the construct validity of the Focused voice as indicative of focusing one's attention on tracking one's inner experience and generating new inner experience. Focused and emotional vocal qualities on the CVQ scale have been associated with a client's productive engagement in therapeutic work (Greenberg et al., 1994). Similarly, the TVQ is used to assess therapist style of interaction with the client, while categorical ratings are given to identify different levels of engagement. TVQ ratings include seven mutually exclusive categories: Softened, Irregular, Natural, Definite, Restricted, Patterned, and Limited. Discriminations between each of the categories and ratings for thought units were determined based on the same six vocal patterns used for the CVQ. Rice and Kerr (1986) found that the Irregular TVQ was significantly related to positive ratings given by client, therapist, and objective raters. The Restricted voice was found to be strongly and significantly associated with negative ratings from the same three rating groups. The categories hypothesized to predict positive therapy outcomes are the Softened, Irregular, and Natural patterns. Furthermore, the Irregular TVQ has been found to be associated with shifts from unproductive to productive CVQ as clients engage higher levels of experiencing.

Procedure

All five of the transcripts and audio/videotapes were coded by two rating teams. Each team included two graduate students as raters. Coders were blinded to whether transcripts were from successful or unsuccessful softening events. One team rated the client measures, the C-ES and CVQ, and the second team rated the therapist measures, the T-ES and TVQ. All coders were trained using training manuals and taped exercises for the ES and CVQ (Klein et al., 1969; Rice et al., 1979). The client rating systems demonstrated acceptable inter-rater reliability across the transcripts: CEXP $\kappa = .83$ and CVQ $\kappa = .78$. Inter-rater agreement for therapist variables was tested on three transcripts, and levels of agreement were acceptable to excellent: T-ES (manner) $\kappa = .83$, T-ES (referent) $\kappa = .63$, and TVQ $\kappa = 1.0$. Final ratings were determined by consensus agreement of the raters.

RESULTS

The five blamer softening events were compared using measures of therapist and client experiencing, and therapist and CVQ. There were a total of 160 talk-turns across all five

segments. Each talk-turn included a response from both the therapist and the client. Peak ratings were assigned in talk-turns where multiple ratings were given for experiencing or vocal quality.

Ratings of Vocal Quality and Experiencing

Overall, of the 160 talk-turns, 69.4% of these talk-turns received CVQ ratings compared to 92% receiving TVQ ratings. Unrated talk-turns resulted from responses that lacked sufficient information for coding based on the coding criteria (Rice et al., 1979). For example, some talk-turns included moments of silence and minor utterances or were simply inaudible. Client vocal ratings for Focused and Externalizing were most common among client responses. Therapist vocal ratings included more use of Soft and Natural vocal qualities (see Table 1).

More talk-turns included a rating for therapist experiencing (89%) compared to client experiencing (70%). These unrated client responses often included responses with short utterances such as “yes” or “uh-huh” that did not provide sufficient detail to support rating the talk-turn. Mean ratings for client and therapist experiencing are reported by transcript (see Table 2). Overall, transcripts with higher levels of client experiencing were also rated higher for therapist experiencing. Means, standard deviations, and correlations for the study variables are presented in Table 3.

Comparison between Successful and Unsuccessful Softening Attempts

Comparisons were conducted with client and therapist process variables for successful and unsuccessful softening attempts. Following previous research on EFT change events (e.g., Johnson & Greenberg, 1988; Johnson & Makinen, 2006), C-ES scores were dichotomized to indicate high levels of emotional experiencing (C-ES rating > 3). A χ^2 statistic was used to test differences between successful and unsuccessful attempts. A majority of client responses in successful softening events were at a high level of emotional experiencing compared to client responses in the unsuccessful attempt, $\chi^2(1, 105) = 52.13, p < .001$. Similar differences were identified for Focused, $\chi^2(1, 105) = 7.96, p < .01$, and External CVQ, $\chi^2(1, 105) = 15.18, p < .01$ (see Table 4). These differences were in the expected direction where successful events included significantly higher ratings of client emotional experience, greater incidence of focused CVQ, and lower ratings of external CVQ.

Ratings of therapist experiencing and TVQ were also compared. Independent sample t-tests were used for therapist experiencing measures, and a χ^2 statistic was used to test differences between successful and unsuccessful event attempts on ratings of TVQ. Results indicated higher ratings of therapist manner ($t = 14.93, (1, 103), p < .01$) for successful attempts ($M = 4.90$,

Table 1
Percentages of Client Vocal Quality (CVQ) and Therapist Vocal Quality (TVQ) Ratings

Transcript	CVQ				TVQ						
	F	E	X	L	S	I	N	D	R	P	L
1	14.3	21.4	32.1	7.1	33.3	7.1	21.4	10.7	0.0	25.0	0.0
2	46.2	7.7	7.5	0.0	30.8	0.0	30.8	19.2	0.0	11.5	0.0
3	40.6	12.5	12.5	0.0	50.0	6.3	18.8	9.4	0.0	9.4	3.1
4	55.9	5.9	14.7	0.0	26.5	0.0	32.4	29.4	0.0	2.9	0.0
5	14.3	2.9	48.6	0.0	16.2	2.7	56.8	15.9	0.0	0.0	0.0
<i>M</i>	34.3	10.1	23.1	1.4	31.36	3.2	32.0	16.9	0.0	9.8	0.6

Note. CVQ ($N = 160$) talk-turns. F = Focused; X = Externalizing; L = Limited; E = Emotional; TVQ ($N = 157$) talk-turns. S = Soft; I = Irregular; N = Natural; D = Definite; R = Restricted; P = Patterned.

Table 2
Means and Standard Deviations of Client and Therapist Experiencing Scale (EXP) Ratings by Transcript

Transcript	Client experiencing		Therapist experiencing			
			Referent		Manner	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1	3.91	0.90	3.90	1.44	4.25	1.75
2	4.94	0.57	5.24	0.94	5.33	0.86
3	4.76	0.89	5.73	1.20	5.64	0.79
4	4.46	1.17	4.12	1.21	4.42	1.07
5	2.65	0.69	2.64	0.89	2.48	1.22

Note. *N* = 160 talk-turns. Ratings of 4 or above are considered high levels of emotional experiencing.

Table 3
Correlations, Means, and Standard Deviations of Client and Therapist Experiencing Scale (EXP) Ratings

Levels	1.	2.	3.	4.	5.	6.
1. Therapist manner	—					
2. Therapist referent	.93**	—				
3 TVQ softened voice	.26**	.27*	—			
4. TVQ irregular voice	.19*	.21*	.08	—		
5. TVQ natural voice	-.40**	-.36**	-.47**	-.13	—	
6. Client experiencing	.58**	.56**	.17	.01	-.13	—
<i>M</i>	4.25	4.16	.31	.03	.33	4.05
<i>SD</i>	1.48	1.58	.46	.18	.47	1.21

Note. **p* < .05. ***p* < .01. TVQ, therapist vocal quality.

Table 4
Generalized Estimating Equations Logistic Regression Analysis of Therapist Presence Variables Associated with Client Levels of Emotional Experiencing

Variable	High levels of client levels of emotional experience				Productive vocal quality			
	<i>B</i>	<i>SE</i>	Wald	EXP(B)	<i>B</i>	<i>SE</i>	Wald	EXP(B)
Therapist manner	.973	0.19	27.12**	2.65	.72	0.09	20.00**	2.05
Therapist softened voice	.791	0.35	4.72*	2.21	1.18	0.74	3.04	3.05
Therapist irregular voice	.229	1.52	.02	1.26	.89	1.06	.53	3.06
Therapist natural voice	.454	0.19	2.46	1.58	.88	0.70	1.56	2.41

Note. Goodness of fit: QIC = 88.45/QICC = 88.68. QIC = 98.70/QICC = 100.53
p* < .05. *p* < .01.

$SD = 1.14$) compared to the unsuccessful attempt ($M = 2.48, SD = 0.62$). A similar pattern was found among ratings of therapist referent ($t = 9.77, (1, 88), p < .01$), where therapists in successful attempts had high ratings of therapist referent ($M = 4.73, SD = 1.39$) compared to the unsuccessful attempt ($M = 2.64, SD = 0.90$). Ratings that equaled or exceeded four indicated that the therapist approach emphasized a significantly greater empathic focus and manner. Similar patterns were found in a χ^2 analysis of TVQ ratings. Successful softening events included higher ratings of Softened ($\chi^2(1, 156) = 4.82, p = .03$) and Patterned ($\chi^2(1, 157) = 4.74, p = .03$) vocal qualities. Ratings of Natural vocal quality were more characteristic of TVQ in an unsuccessful softening attempt ($\chi^2(1, 157) = 12.21, p < .01$).

A therapist's Patterned vocal quality was not expected to be associated with successful softening attempts. This type of speech indicates a more demanding or lecturing style. A review of the therapist interventions showed that ratings of pressured speech were more common when a therapist was using an empathic conjecture or heightening intervention combined with speaking in first -person as if they were the client. It appeared in these cases that the therapist was using an exaggerated tone of voice to intensify emotional experience. This vocal pattern was also indicated when a therapist was making a direct request to the blaming partner to reach to their partner as a part of the softening reach.

Predicting Client Experiencing by Therapist Experiencing and Vocal Quality

A generalized estimating equations (GEE) binominal logistic regression model was used to examine the effect of therapist presence on high levels of client experiencing and productive vocal quality in blamer softening events. GEE provides a statistical approach that estimates consistent standard errors with data where there is possible cluster correlation (e.g., codes with the same transcript). Following the GEE-independent method, ratings for therapist manner and TVQ (Softened, Irregular, and Natural) were tested as predictors of high emotional experiencing (C-ES > 3). These three therapist vocal qualities were expected to predict higher levels of client emotional experience (Rice & Kerr, 1986). Therapist manner was used as a sole predictor of T-ES because of the exceptionally high correlation between therapist manner and therapist referent ($r = .93$).

The logistic regression analysis showed that softening events, where therapist manner was more emotionally responsive, were 2.7 times more likely to be associated with a heightened level of client emotional experiencing (see Table 4). Similarly, therapist use of softened voice was associated with a 2.2 times greater likelihood of a client's heightened level of emotional experience. Following a similar procedure, therapist manner and vocal quality were used to predict productive vocal qualities (Focused, Emotional). Findings showed that therapist manner was 2.1 times more likely to be associated with a client's productive vocal quality. A therapist Softened vocal quality approached significance (Wald = 3.04, $p = .08$) as a predictor of a clients productive vocal quality.

DISCUSSION

This study quantitatively demonstrates the crucial role of accessing and heightening emotional experience in blamer softening—a critical change event in EFT. Findings from this study delineated crucial differences in therapist use of the heightened level of client emotional experience and vocal quality to promote successful softening events. Results from these analyses document clear links between therapist emotional presence (e.g., manner of emotional responsiveness and softened vocal quality) to the increased likelihood of heightened and productive client experiencing. Bradley and Furrow (2004) demonstrated the pivotal role of evocative interventions including heightening, empathic conjecture, and evocative responding based on their descriptive analysis of successful softening events. This study highlighted the important role of therapist emotional presence in promoting heightened levels of client emotional experiencing in session, a definitive marker of both successful softening events and best sessions of EFT (Johnson & Greenberg, 1988).

Client emotional experience has been a critical process indicator in emotionally focused approaches (Greenberg & Johnson, 1988; Greenberg et al., 1994; Johnson, 2004). The use of

emotion to promote change is a hallmark of these models, and an emphasis that has distinguished these approaches from other models relying primarily on containing emotional responses (Johnson & Greenberg, 1996). Heightened emotional experience is at the heart of the blamer softening event. Bradley and Furrow (2004) found that the process of restructuring interactional positions in successful blamer softening drew upon a blamer's views of self and other. From an attachment perspective, the process of reviewing these working models required a heightened level of emotional communication because these models are informed and shaped by emotional experience (Davila, Karney, & Bradbury, 1999). The EFT therapist must intentionally work to deepen and reprocess attachment affect to connect these felt experiences to underlying attachment needs. This study illustrated the important differences in the level of heightened emotional experience found in successful versus unsuccessful softening attempts. These differences likely illustrate the level of emotional engagement necessary to facilitate a corrective emotional experience in EFT (Johnson, 2009).

Results from this study underscored the significant influence of therapist manner in fostering client heightened emotional experience in session. The influence of therapist manner on client outcomes requires more than a therapist's use of alliance or empathy. In a recent study demonstrating the effective treatment of depression with emotion-focused therapy, Goldman, Greenberg, and Angus (2006) demonstrated that therapist ability to deepen emotional experience exceeded therapist use of empathy in the effective treatment of depression. In this study, therapist manner proved a robust predictor of heightened levels of client experiencing and productive vocal quality. This suggests that therapist emotional presence facilitates these deepened emotional responses deemed critical to therapeutic change. When the therapist gave explicit attention to a client's current experience and feelings, the therapist's manner was rarely—if ever—flat, casual, or distant. Rather, as would be expected, the therapist's manner matched their content. Thus, when therapists were focused on client emotions and current experience, their manner was often warm and supportive and conveyed a sense of personal presence with the client.

In this study, the EFT therapist's softened vocal quality was associated with more intense client emotional experiencing and successful softening events. The therapist in the successful softening segments used the Softened vocal qualities more frequently than the therapist in the unsuccessful segment. This finding is supported by Rice and Kerr's (1986) prediction that the Softened voice would accompany good therapy. In this study, it also proved particularly important in the heightening of client emotional experiencing. As is suggested by Rice and Kerr, it is likely that the Softened therapist voice has a relationship component conveying a sense of safety to the client, and indicating that the therapist can be trusted and that the client is valued. This emotional presence on the therapist's behalf conveys that the therapist shares in the client's current experience. It creates a safe atmosphere for the client to risk being vulnerable and to step out of their blaming pattern and reach vulnerably toward their partner.

In contrast to the Soft therapist voice, the Natural and Irregular voices represent the "working factor" of the therapeutic process, helping the client to work through and understand their current experience (Rice & Kerr, 1986). Therapist use of Natural voice was significant in the unsuccessful softening attempt, although reasonably present in successful softening events as well (18–32%). It appears that the absence of Softened voice in the unsuccessful attempt proved more consequential than the use of Natural voice in facilitating successful softening events. Regarding Irregular voice, raters noticed the occurrence of the Irregular voice in several of the successful softening segments, but not with high frequency. This may suggest that the role of the Irregular voice in successful softening is not related to its frequency, but rather to its novel impact to which the current analysis lacked sensitivity to discriminate.

The results from this study warrant consideration in light of a number of important limitations. The study is based on a secondary analysis of data gathered for Bradley and Furrow's (2004) process research study. The four successful softening transcripts were conducted by Dr Susan Johnson, a principal proponent of EFT, and the one unsuccessful softening attempt was submitted by a protégé selected by Dr Johnson. As a result, the findings of this study may also represent an expert/non-expert comparison, which pose questions of the generalizability of the study's conclusions to the average EFT therapist. Similarly, the study's findings are based

on the work of two therapists and as a result may have constricted the variation in vocal quality and experiencing that would be more likely among a broader representation of therapists.

Further, the comparison of one unsuccessful event may underrepresent prototypical differences observed among typical trained EFT therapists struggling with this challenging change event. The inclusion of one unsuccessful attempt appears an obvious limitation, yet this must be considered in light of the eight other tapes nominated as softening sessions making up the initial sample. Although considered a softening event by the therapists themselves, none of these tapes included a clear softening reach. The limitation of one event should be balanced against the example it provides as a discrete softening event attempt, albeit unsuccessful. Also, more variation in ratings of therapist experiencing and vocal quality may be found with a broader representation of therapists performing successful softening events.

The study's focus on 13-min segments limited the scope of the researchers' ability to examine therapist emotional presence across the session or in adjacent sessions. One might expect therapist emotional presence to be the most crucial immediately before the softening reach; however, it is possible that therapist emotional presence in prior interactions with the client created a foundation that is crucial to heightening the client's emotional experience and successful softening. Examinations of these specific segments limit exploration of therapist and client experience to a very specific event in therapy, removing it from the larger context of the therapeutic process. It is possible that the larger context of the therapeutic process is a crucial component in understanding successful blamer softening events.

Despite these limitations, this study provides new insight into a therapist's role in facilitating a blamer softening event, a critical change event in EFT. Findings from this study support Bradley and Furrow's (2007) contention that the inability of a therapist to actively engage attachment-related affect including processing the fears of reaching to their partner in vulnerability is likely to distinguish whether a softening event will be successful. As blamer softening requires the processing of attachment-related fears and review of the blamer's working model (view of self and other), deeper levels of emotional processing are necessary. While a therapist's use of evocative interventions is necessary in promoting a deeper level of client experiencing, this study suggests that without a therapist's emotional presence, these interventions will be ineffective or simply insufficient to promote this change event. In light of these findings, training in EFT should include greater attention to the therapist ability to access, heighten, and process deeply felt attachment-related affect. Further, the EFT therapist is likely to be more effective when conceptualizing the blamer softening processing in terms of affect regulation. The therapist's active attunement and facilitation of a felt sense of security enables the blaming partner to co-regulate his or her core affective state first with the therapist and then through the process of reaching and sharing with his or her partner. The process of change in blamer softening is guided by emotion, requires deepening of experience, and leads to partners connecting through their shared emotional experience. A therapist's emotional presence provides an essential base for the emotional communication needed to facilitate a blamer softening event.

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