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17.

EMOTIONALLY FOCUSED COUPLE THERAPY

Empiricism and Art

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Introduction

Emotionally focused couple therapy (EFT) (Johnson, 2004) is a brief, integrative approach that focuses on helping partners in close relationships create secure attachment bonds. In practice, EFT integrates an experiential humanistic perspective that values emotion as an agent of change combined with a systems view of reciprocally reinforcing patterns of interaction, all grounded in an attachment orientation to intimate adult relationships. The EFT therapist is a process consultant, helping partners expand constricted and constricting inner emotional realities and interactional responses, thereby shifting rigid interactions into responses that foster resiliency and secure connection (Lebow, Chambers, Christensen, & Johnson, 2012).

The EFT model, first tested in the early 1980s (Johnson & Greenberg, 1985), has many strengths which have been validated and are being expanded upon as we have moved into the 21st century. They may be listed as the following:

- The EFT model fits very well with research on the nature of couple distress and satisfaction, which focuses on the quality of emotional engagement, the power of negative interaction patterns, and the need for soothing responsiveness in close relationships. At the end of the last century, EFT was found to achieve the most positive outcomes of any approach to couple therapy, in terms of both helping clients reach recovery from distress and maintaining these results over time (Johnson, Hunsley, Greenberg, & Schindler, 1999; Lebow et al., 2012). No other empirically validated approach has yet exceeded its effect size of 1.3 and been found to be stable over time (Clothier, Manion, Gordon-Walker, & Johnson, 2002; Halchuk, Makinen, & Johnson, 2010). Added to this is the encouraging finding that couples treated with EFT have shown increased improvement after therapy ends (Johnson & Talitman, 1997).
- EFT is based on a clear and empirically validated theory of adult love relationships in the form of attachment theory (Johnson & Whiffen, 2003). There is nothing so practical as a good theory. Attachment theory which has, in the last two decades, generated a plethora of creative research (Mikulincer & Shaver, 2007; Cassidy & Shaver, 2008; Simpson & Rholes, 2015) guides the EFT therapist moment to moment in the choice of interventions and the creation of change events. New attachment neuroscience (Coan, 2008) provides support for the emotion regulating function of secure attachment bonds in adult relationships that EFT interventions foster.

- EFT has taken a lead in addressing a concern identified by Lebow (Lebow et al., 2012): the undeveloped area of couple therapy process research that studies *how* change is created. EFT has a substantial body of process research (Greenman & Johnson, 2013), a detailed examination of therapist and client in-session actions and responses that leads to continual refinement of the model. These studies, which examine client change processes and therapist interventions that shape successful change events provide an empirical basis to the belief that EFT interventions are "on target" and also aid the therapist in the construction of key change events (Bradley & Furrow, 2004; Zuccarini, Johnson, Dalgleish, & Makinen, 2013). This is described in more detail in the section below on research on EFT.
- EFT has expanded to community and psychoeducational settings. The book *Hold me Tight* (Johnson, 2008b), now available in over twenty languages, has made attachment theory and the Steps of EFT available to the general public, many of whom may never step foot inside a therapist's office. Community-based education and enrichment programs have been developed for the public (Johnson, 2010) and specifically for military post-deployment couples (Johnson & Rheem, 2006). EFT is increasingly embraced around the globe, suggesting that its foundation in attachment theory has relevance and is effective across cultures.
- EFT has expanded considerably in the last decade in its application to many specific treatment populations and different clinical issues. Consonant with important recent developments in the field of couple and family therapy (Lebow et al., 2012), EFT is expanding its validation as an effective treatment for many previously identified individual disorders (Furrow, Johnson, & Bradley, 2011). It has been found to be particularly applicable to couples where partners suffer from depression and post-traumatic stress disorder. EFT has addressed the areas of sexuality (Johnson & Zuccarini, 2010, 2011) and cultural diversity and differences (Greenman, Young, & Johnson, 2009). Additionally in clinical practice, EFT is routinely used with same-sex couples, in family therapy (EFFT; Johnson, Maddeaux, & Blouin, 1998) and in work with blended families (Furrow & Palmer, 2011).
- EFT is integrative, combining an experiential focus on self with a systemic focus on interaction. It is an integration of empiricism and art: following the path laid out in empirical research on the elements that constitute emotional experience, the over-riding power of attachment, and the imperatives of separation distress, EFT also relies upon the art of the therapist's imagination and creativity to empathize, attune, and resonate with each individual client and with the distressingly painful attachment drama in which the couple is caught. It is collaborative and respectful of clients, as are all humanistic interventions, focusing as they do on growth, rather than on pathology, and with its grounding in attachment theory is congruous with feminist approaches.

Historical Development of EFT

Much has happened in the field of couples' therapy since the early 1980s, when EFT was first formulated. At that time, behavioral interventions, based on social exchange theory—a focus on profit and loss in close relationships—offered the only clearly structured and tested treatment for relationship distress. Emotion was seen as part of the problem of distress, rather than as part of the solution. Interventions tended to focus on skill acquisition, negotiated behavior change, or, in more psychodynamic models, insight into past relationships. The application of attachment theory was limited to the relationship between parent and child, and emotion, if discussed at all, was seen mostly in terms of ventilation and catharsis and was generally avoided in couple therapy sessions (Mahoney, 1991). Unless the therapist adopted a behavioral perspective, there was very little specific guidance in the literature on how to conduct couples' therapy. Even though clinicians such as Satir (Satir & Baldwin, 1983) had formulated a number of interventions, there was no articulated model of couple therapy that combined a focus on inner realities and outer

systemic interaction patterns. The detailed observation and tracking of numerous couples as they struggled to repair their relationships in therapy lead to the first EFT manual and the first outcome study (Johnson & Greenberg, 1985). This observation, however, was guided by a particular theoretical framework.

The guiding perspective was the humanistic experiential approach put forward by Carl Rogers and Fritz Perls (Cain & Seeman, 2002), which focuses on the proactive processing of experience as it occurs and on how meaning is constructed (Neimeyer, 1993). Rogers, in particular, modeled active empathic collaboration with the client in the processing of experience and emphasized the power of emotion to organize meaning making and behavior (Rogers, 1951). However, as Bateson pointed out (1972, p. 493), "When you separate mind from the structure in which it is immanent, such as human relationships . . . you embark on a fundamental error," so to this general experiential perspective, it was necessary to add a systemic orientation, epitomized by Minuchin and other structural family therapists (Minuchin & Fishman, 1981). In both systems theory and experiential approaches problems are seen in terms of process, rather than being inherent in the person; that is, it is how the inner processing of experience or how key interactions in key relationships are organized that triggers and maintains dysfunction or distress.

It was also not very long before clinical observation began to evoke Bowlby's attachment theory as a natural explanatory framework for how relationships became troubled and how *they could* be repaired (Johnson, 1986). Partners spoke of disconnection and isolation as traumatizing, and the power of safe emotional engagement became obvious as partners repaired their relationship. Attachment theory which has been extensively applied to adult relationships in the last twenty-five years offers the EFT couple and family therapist a clearly articulated theory of adult love and close relationships to guide goal setting and intervention (Johnson, 2008a). It is important to note that attachment theory integrates a focus on self and system and views individuals' construction of self in the context of their closest relationships. It is then easily integrated with systems perspectives (Johnson & Best, 2002).

Since the 1980s, there has also been an appreciation of the role emotion plays in individual mental and physical health (Coan, 2008; Robles & Kiecolt-Glaser, 2003) and relationship functioning. As Zajonc notes (1980, p. 152), "Affect dominates social interaction and it is the major currency in which social interaction is transacted." The role of emotion in creating change in therapy has gradually become more explicit and refined (Fosha, Siegel, & Solomon, 2009). Core emotions identified as present across all cultures are anger, fear, sadness/agony, disgust, contempt, surprise, and joy, and emotion is defined as an *active process* beginning with a rapid limbic appraisal to an environmental cue, moving to physiological, behavioral, and meaning-making cognitive components (Ekman, 2003/2007). Therapists have also identified different kinds of emotion, such as secondary reactive emotion and more primary emotion that is often avoided or left unarticulated, but that can be used to create change in therapy. This literature focuses on how emotion, which comes from the Latin word "to move," can move people toward change, and how emotional communication defines the nature of relationships (Johnson & Greenberg, 1994). As a new technology of working with emotion emerges, systemic therapists are incorporating a focus on emotion in their work (Johnson, 2009; Schwartz & Johnson, 2000).

The Theoretical Perspective of EFT on Relationship Distress and Adult Intimacy

The theoretical perspective of EFT combines the research on the nature of relationship distress with the research on the attachment perspective of adult love and relatedness. Attachment theory, as will be shown below, makes the findings on relationship distress more pertinent and practical for the couple therapist. The later section "Interventions in EFT" illustrates further how attachment theory guides the EFT clinician's moment-to-moment choice of interventions and creation of key transformative change events toward alleviating the factors identified in the relationship distress research. The study of emotion and the growing body of research

on affective neuroscience (Cozolino, 2006; Coan, 2008) are both endemic to and expansive of EFT's theoretical underpinnings. The most recent research shows that EFT outcomes extend beyond increasing relationship satisfaction into the realm of altering capacities to regulate emotion, reducing anxiety and avoidance, and creating more secure attachment bonds (Burgess Moser et al., in press). This is the first time that a couple intervention has been shown to significantly impact the quality of an attachment bond, identified in the extensively studied and rich explanatory theory of adult love as the core feature of love relationships.

What Is the Essential Nature of Couple Distress?

The primary issue in couple distress are repeating and escalating negative cycles that maintain disconnection and limit responding to needs for comfort and support. The EFT perspective focuses on the power of absorbing states of negative affect and negative interaction patterns, such as criticize/demand followed by defend/distance, and how they generate and maintain each other. Negative affect, in this model, is potentiated by the fact that this affect is attachment related and is thus associated with primal needs for comfort and closeness in the face of threat, danger, and uncertainty. This focus on the power of negative affect and interaction patterns echoes empirical findings on the nature of relationship distress and satisfaction (Gottman, Coan, Carrere, & Swanson, 1998; Huston, Caughlin, Houts, Smith, & George, 2001). Researchers such as Gottman view EFT as consonant with these findings. Some of the specific commonalities between these findings and the EFT approach can be summarized as follows:

- Both emphasize the power of negative affect, as expressed in facial expression, for example, to predict relational distress and dissatisfaction.
- Both focus on the importance of emotional engagement and how partners communicate, rather than on the content or the frequency of arguments.
- Both view cycles such as demand-withdraw as potentially fatal for close relationships.
- Both look beyond conflict resolution or the use of communication skills to the necessity for soothing, comforting interactional cycles and stress the importance of such soothing in relationship satisfaction and stability.
- Both stress the power of positive affect to define relationships, whether this is called, as in the behavioral literature, positive sentiment override or, as in the EFT literature, secure attachment.

There is, however, also a key difference between the EFT perspective and the research noted previously. Theory is the explanation of pattern, and the EFT therapist places the data on distress in an attachment framework. Four examples of how the attachment frame refines and elucidates such findings follow. First, there is some controversy (Stanley, Bradbury, & Markman, 2000) as to how to label the response of husbands in satisfying relationships to their wives' complaints. Gottman (1994) reports that wives in happier relationships start their complaints in a softer, less confrontational manner and husbands "accept their influence." Others have questioned this interpretation and suggest that a more accurate description is that these husbands are able to tolerate their spouses' negative emotion and stay engaged. An attachment view of such data would support this latter conclusion and would refine the meaning of this behavior, seeing this as an example of a more securely attached husband remaining accessible and responsive to the attachment "protest" behavior of his spouse and perceiving the implicit bid for contact in such behavior.

Second, attachment theory also offers an explanation of how the "stonewalling" response has been found to be so corrosive in close relationships. In attachment relationships such a response, much like the still face experiments (Tronick, 1989) where mothers show no response to children's attempts at connection, shatters assumptions of responsiveness and induces overwhelming distress. Third, the research data on distress found that to have a satisfying relationship, it is necessary to have five times more positive than negative affect. As a clinician, it

is difficult to grasp the meaning of this kind of ratio. Attachment theory suggests, more specifically, that when one partner fails to respond at times when the other partner's attachment needs become urgent, these events will have a momentous and disproportional negative impact on the affective tone of the relationship and its level of satisfaction (Simpson & Rholes, 1994). Conversely, when partners are able to respond at such times, this will potentiate the connection between them. Fourth, the previously mentioned research findings also tend to view couple relationships as friendships, which does not seem to account for the intensity of affect and the impact of distressed couple relationships in people's lives. From the EFT viewpoint, then, the attachment perspective on adult love can elucidate and refine the research findings on couple distress, thus making them more pertinent for the clinician.

What Is the Essential Nature of Adult Love?

Attachment theory, based on the work of John Bowlby (1969/1982, 1973, 1980, 1988), has become "one of the broadest, more profound, and most creative lines of research in 20th (and now 21st century) psychology" (Cassidy & Shaver, 2008, p. xi). This theory offers the couple therapist a coherent conceptualization of adult love and relatedness to specify treatment goals and guide intervention. The main principles of attachment theory, examined below, form the foundation for the EFT position that emotion is both a target and an agent of change (Johnson, 2009):

1. Dependency is de-pathologized. The need for a predictable emotional connection or a tie with a few significant others is an innate, primary motivating principle in human beings. More specifically, this connection is our "primary protection against helplessness and meaninglessness" (McFarlane & van der Kolk, 1996, p. 24). "Felt security" with a loved one offers us a safe haven in a dangerous world. The need for this emotional connection with one's attachment figures, and for most adults their key attachment figure is their spouse, is compelling and becomes particularly poignant during times of transition, stress, uncertainty, or danger.
2. A sense of "felt security," that we can turn to and depend on another, fosters autonomy (Feeney, 2007) and self-confidence. A secure interdependence in an adult relationship allows partners to be separate and different without anxiety and encourages them to explore their world. In contrast to the pathologization of dependency that has been common in Western cultures, this perspective views a secure emotional tie as offering a secure base that provides people with the optimal environment in which to learn and grow. Sensitive caring connections with others enable autonomy. There is no such thing as self-sufficiency or over-dependence; there is only effective or ineffective dependency.
3. Emotion is central to attachment and to relationship distress (Bowlby, 1979). Cassidy and Shaver (2008) note the salience of emotion in the titles of Bowlby's second and third volumes on attachment: *Separation: Anxiety and Anger* (1973) and *Loss: Sadness and Depression* (1980). Emotional accessibility and responsiveness are the essential ingredients that define the security of a bond and predict the quality of a couple relationship. Emotional engagement with a loved one is a primary source of emotion regulation (Mikulincer & Shaver, 2008). Recent studies confirm that partners serve as "hidden regulators" of one another's emotional and physiological reactions (Coan, Schaefer, & Davidson, 2006). From this perspective any response, even an angry one, is better than none. If there is no emotional engagement, the message is read as, "Your signals do not impact me. They do not matter and there is no connection between us." The frustration of this innate need for accessibility and responsiveness sparks and maintains significant conflict in an attachment relationship.
4. Adult attachment integrates caregiving (which is associated with parenting in adult-child attachment), attachment needs, and sexuality. Elements of sexuality, such as

touching, emotional connection, and soothing, rather than sexual release, are highlighted here (Gillath & Schachner, 2006). Erotic pleasure is heightened when the emotional openness, responsiveness, and trust of a secure bond combine with tender touch. Adult attachment, in contrast to parent–child attachment, is mutual and reciprocal. It is worth noting that relationships characterized by mutuality, intimacy, reciprocity, and interdependence are similar to the kinds of relationships promoted by gender-sensitive therapists (Haddock, Schindler-Zimmerman, & MacPhee, 2000). This attachment is also representational, so that adults do not always need the concrete presence of an attachment figure. It is part of secure attachment that we experience attachment figures as keeping and holding us in their minds (Fonagy, Gergely, & Target, 2008).

5. If an attachment figure is not perceived as accessible and responsive, then a predictable drama of separation distress ensues. This involves angry protest, clinging and seeking, depression and despair, and finally detachment. Bowlby distinguishes between the anger of hope and the anger of despair. It is the latter that most often leads to the destructive coercive patterns that couple therapists are only too familiar with. Bowlby saw emotion as conveying to the self and to others crucial information about the motives and needs of the individual. In separation distress, intense emotions such as fear, anger, and sadness will arise and take control over all other cues (Tronick, 1989). Emotion may be considered the music of the attachment dance.
6. An attachment bond involves a set of behaviors that elicits contact with the loved one. In secure attachment these involve the sending of clear, congruent messages that pull the loved one closer. Secure attachment is associated with the ability to self-disclose, with assertiveness and with openness (Kobak, Ruckdeschel, & Hazan, 1994; Kobak & Madsen, 2008). In less secure relationships, people rely on forms of engagement with their partner that tend to maintain or exacerbate the lack of safe emotional connection. That is, they send the message that the partner is unreliable or that he or she is inaccessible and unresponsive, or any combination of these. There appear to be two basic strategies for dealing with lack of safe emotional engagement. The first strategy involves an over-activation of the attachment system and is characterized by clinging, anxious pursuits and even aggressive attempts to get a loved one to respond (Bartholomew & Allison, 2006). Attachment needs are focused on and their expression maximized. People are fearful of losing their loved ones and are vigilant for any sign of distance. The second strategy involves a de-activation of the attachment system. People are inhibited emotionally and are avoidant. In this way, attachment needs are minimized. Engagement is limited, especially when vulnerability is expressed by the other partner, and there is a strong focus on activities and tasks, avoiding the stress of engaging emotionally with the partner (Mikuliner & Shaver, 2008). Secure adults can better acknowledge their needs, can give and ask for support, and are less likely to be verbally aggressive or withdrawn during problem solving (Simpson, Rholes, & Phillips, 1996). These patterns were first formulated from observing mothers and children in separation and reunion events (Ainsworth, Blehar, Waters, & Wall, 1978). In the child literature, different habitual forms of engagement have often been viewed as styles that characterize the individual and may be brought forward into adulthood. In the adult attachment literature, however, individual differences are viewed more as strategies or habitual forms of engagement that can be described in terms of two main dimensions: anxiety and avoidance. These habitual forms of engagement characterize a particular relationship, and are formed in response to and confirmed by the partner's response to the basic question, "Can I count on you when I need you?" They are

seen as more fluid and transactional (Kobak & Madsen, 2008). The insecure strategies mentioned previously are not problematic in themselves. They become so when they become so habitual and self-reinforcing that they are difficult to modify, refine, or update in response to new situations. Such inflexibility constrains interactions in close relationships.

7. Attachment theory is systemic in its understanding of how constrained patterns of interaction tend to narrow down the construction of inner realities (Johnson & Best, 2002). Bowlby believed that working models of self and other were constructed by interactions with key attachment figures (Mikulincer & Shaver, 2008; Bretherton & Munholland, 2008). This is consonant with recent perspectives on the relational construction of the self (Fishbane, 2001). Specifically, Bowlby stressed that models concerning the dependability of others and the worthiness of the self are formed and maintained in the emotional communication with attachment figures. More secure attachment has been found to be associated with a sense of self-efficacy and a more coherent and positive sense of self. These working models may change in new relationships and to be useful they must be open to revision and adjustment in different contexts (Mikulincer & Shaver, 2007).

Without such a theory, how do we know which differences or changes will really make a difference in adult love relationships? Individual therapists need a model of individual personality and growth, and couple therapists need a model or map to the territory of love and close relationships (Roberts, 1992). There is now a large and growing body of literature addressing adult love from an attachment perspective (Bartholomew & Perlman, 1994; Cassidy & Shaver, 2008; Mikuliner & Shaver, 2007; Simpson & Rholes, 2015), and information on this perspective is beginning to reach the general public (Johnson 2008b, 2013). Secure attachment has been found to be associated with effective affect regulation, information processing, communication, relationship satisfaction (Johnson & Whiffen, 1999; Mikulincer & Shaver, 2008) and attenuating neural response to threat (Coan et al., 2006). Based on these empirical and theoretical viewpoints, the goals of EFT are to help couples restructure both their emotional experience and their interactions in the direction of increased attachment security.

Treatment Protocol: The Practice of EFT

If we were able to take a snapshot of EFT, what would we see the therapist doing? At any given moment we might see the therapist reflecting the pattern of interactions occurring between the partners in a couple, then systematically unfolding one partner's key emotional response and helping this partner access marginalized emotion or piece his or her experience together in a new or more complete way. The therapist would then help the partner to express and enact this newly formulated experience and support the other partner to hear and respond, thus creating a new level and kind of dialogue. The goals of the EFT therapist are to restructure the key attachment emotions that organize interactions and thereby shift and restructure interactional cycles. This shift is specifically toward key prototypical bonding interactions that are a natural antidote to the negative patterns that characterize couple distress.

EFT is a relatively brief intervention that is implemented in three phases. These phases are the de-escalation of negative interaction patterns, the structuring of new interactions that shape attachment security, and, finally, integration and consolidation. The creation and maintenance of a positive alliance with the therapist, to offer a safe haven and a secure base for exploration, is considered essential. Characterological aggression or violence on the part of one or both partners is a contraindication for EFT, however, in cases with low levels of intimidation, remorse from an offending partner and a lack of significant fear on the part of the victimized partner, EFT is feasible. The process of change, outlined in nine steps, which are delineated in the manual for EFT (Johnson, 2004) and EFT workbook (Johnson et al., 2005) are described below.

Stage One: Cycle De-Escalation

Step 1: Assessment. Creating an alliance and clarifying the core issues in the couple's conflict using an attachment perspective.

Step 2: Identifying the problematic interactional cycle that maintains attachment insecurity and relationship distress.

Step 3: Accessing the unacknowledged emotions underlying interactional positions.

Step 4: Reframing the problem in terms of the cycle, the underlying emotions, and attachment needs.

The goal, by the end of Step 4, is for the partners to have a meta-perspective on their interactions. De-escalation, the first change event, is complete when partners recognize how they are unwittingly creating, but also being victimized by, the narrow patterns of interaction that characterize their relationship. They recognize their automatic pattern of self-protection: unexpressed attachment fears and needs trigger one partner to behave in ways that trigger the other partner's fears and reactive behaviors, which in turn trigger the first partner's reactive moves in a self-reinforcing cycle. At this point, partners have achieved level one change in that responses tend to be less reactive and more flexible, but the organization of the dance between them has not changed and their core underlying vulnerabilities have not shifted. As a client remarked, "We are nicer to each other and things are easier, but nothing has really changed. I still chase and he still dodges me." If therapy stops here, the couple will likely relapse.

De-escalation marks level one change, and a clear sense of hope that it will be possible to take control of the relationship back from the negative cycle. From there it is possible to move forward into the level two change events of Stage Two: restructuring the attachment bond into a safe haven and secure base.

Stage Two: Restructuring Interactional Positions/Patterns

Step 5: Promoting identification with disowned attachment needs and fears (such as the need for reassurance and comfort) and aspects of the self (such as a sense of shame and unworthiness) and expressing them to the other partner.

Step 6: Promoting acceptance in the observing partner of the actively exploring partner's construction of experience and new emotional expressions.

Step 7: Facilitating the expression of specific needs and wants and creating emotional engagement between partners.

Steps 5 to 7 are done twice: once for each partner.

Partners usually move through the steps of Stage One together. Stage Two is more intense, and, unless the couple is experiencing relatively low distress, the therapist invites one spouse to precede the other. Because a more critical distressed spouse will not take risks with a partner who remains withdrawn, the more withdrawn partner is invited to navigate Steps 5–7 before the more blaming, critical spouse actively engages in Step 5. The goal here is to have withdrawn partners first engage with their newly accessed emotional experience and attachment fears, and then to reengage in the relationship and actively state the terms of this reengagement. For example, a spouse might initially acknowledge and explore how lonely and painful it is to tip-toe gingerly in fear that he is not important to his partner, and how he needs to sense that she actually wants and needs him. He may expand on his needs and state, "I am opening up. I can do that. But I want some respect from you. You don't have to be so sharp. You are all edges sometimes. I want to learn to be close and I want you to make it a little easier for me to get there." Once this partner is more accessible and responsive, the goal is then to have the more blaming partner complete Steps 5–7 and "soften," that is, to ask from a position of vulnerability for his or her attachment needs to be met. A position of vulnerability pulls for responsiveness from the partner. This latter event has been found to be associated with recovery from relationship distress in EFT, and linked to strengthening the attachment bond (Bradley & Furrow, 2004; Burgess Moser, Johnson, Dalgleish, Tasca, & Wiebe, 2014). When both partners have completed Step 7, a new form of safe emotional engagement is possible and prototypical bonding events of reciprocal confiding, connection, and comforting can occur. These events are carefully

shaped by the therapist in the session, but also occur at home. Transcripts of both key change events, withdrawer reengagement and blamer softening, can be found in texts and other chapters on EFT (Johnson, 1998a, 1998b, 2000, 2002, 2004, 2009; Furrow et al., 2011), and snapshots of the process can be found later in this chapter.

Stage Three: Integration and Consolidation

Step 8: Integrating the new cycle with the old problems. Facilitating the emergence of new solutions to old problematic relationship issues.

Step 9: Consolidating new more responsive positions and cycles of attachment behavior. Enacting new stories of problems and repair.

The therapist supports the couple to solve concrete problems that have been destructive to the relationship. This is now relatively easy because dialogues about these problems are no longer infused with overwhelming negative affect and issues of relationship definition. The discussions are no longer implicit fights about attachment fears and needs ("Can I count on you?" "Do you really want me?"). The partners are supported to actively plan how to retain the connection that they have forged in therapy. The goal here is to consolidate new responses and cycles of interaction by, for example, reviewing the accomplishments of the partners in therapy, helping the couple to create bonding rituals and a coherent narrative of their journey into and out of distress. This narrative, called "Creating a Resiliency Story" in *Hold me Tight* (Johnson, 2008b), is an example of how EFT interventions have evolved through observation, through input from narrative models of therapy, and from the influence of attachment theory, which stresses the association of the ability to form coherent attachment narratives and secure attachment (Slade, 2008).

Interventions in EFT

The new science of love and attachment is generating a revolution in the field of couple therapy (Johnson, 2003b, 2013), offering a map of the normative needs, emotions, and ideal processes of adult love relationships and of the specific interventions that can transform relationship distress into secure attachment bonds. EFT interventions have been tested and found to be related to positive outcome (discussed in more detail in the Research section). They are described in detail in the literature (Johnson, 2004, 2015) and delineated operationally in the EFT Therapist Fidelity Scale (Denton, Johnson, & Burleson, 2009) developed to measure therapist adherence to the EFT interventions.

The unique contributions of attachment theory and the theory of emotion as the organizing element in couple interactions mark a significant departure from the traditions of couple and family therapy. There are distinct differences between EFT and other approaches to couple therapy that remain unacknowledged in the common factors literature (Sprenkle, Davis, & Lebow, 2009). For example, EFT has explicit empirically validated interventions that heighten emotional experiencing and create in-session corrective emotional experiences (Johnson, 2015) that are not a part of other couple therapies. EFT has interventions to access disowned vulnerable emotions as the pathway to previously unexpressed needs and to structure and intentionally process enactments where partners risk sharing previously unexpressed fears and needs in a way that moves the loved one to respond. The interventions create corrective emotional bonding experiences that foster lasting change. Tilley and Palmer (2012) explicate how these choreographed interactions in EFT are different than enactments in other approaches.

The therapist moves recursively between three tasks: monitoring and actively fostering a positive alliance, expanding and restructuring key emotional experiences, and structuring enactments that either clarify present patterns of interaction or, step by step, shape new, more positive patterns. EFT interventions are identified as follows. The EFT therapist is always *tracking* and *reflecting* the process by which both inner emotional realities and interactions are created. The therapist also *validates* each partner's realities and habitual responses so that partners feel safe

to explore and own these. Internal experience is expanded by *evocative questions* that develop the outline of such experience into a sharply focused and detailed portrait. *Heightening of emotion* may be done with images or repetition, or the therapist may go one step beyond how clients construct their experience with an *empathic conjecture* by adding an element, such as asking if someone is not, as they say, only "uncomfortable" but even a little anxious. The therapist also *reframes* interactional responses in terms of underlying emotions and attachment needs and fears and *choreographs enactments.*

The level of client emotional engagement during enactments is significant and at the heart of the change process in EFT (Burgess Moser et al., in press). The therapist finely tunes levels of enactment by moving to the level a client can tolerate at any given moment. That is, if a client cannot turn and state an emotional response, clarified in the dialogue with the therapist, to his or her spouse, the therapist will ask the client to express how hard it is to share this and explore this reluctance to engage the partner. If this is not possible, the therapist will help the clients share their blocks and even their refusal to share. The EFT therapist, however, even when caught up in the multileveled drama of a distressed relationship, always returns to the core attachment emotions of fear, anger, sadness, and shame, the attachment meanings partners are making, and the structuring of new enactments with the partner. The focus of EFT is always on the couple's habitual ways of regulating and expressing affect and how these constitute habitual forms of engagement with attachment figures.

In the task of expanding how key relational experiences are processed when attachment insecurity and defensiveness constrict such processing, the therapist moves between all the interventions mentioned previously in a manner that fosters the unfolding of key emotional experiences and defining relational moments. The developmental concept of scaffolding is useful here. A scaffold is an external structure that allows children to acquire abilities just beyond their reach (Wood, Bruner, & Ross, 1976), in their zone of "proximal development" (Vygotsky, 1978). The therapist then goes to the edge of a client's formulated experience and focuses on "bottom up" details to give this experience shape, form, and color, integrating all the interventions listed previously. For example, a therapist might say the following:

So, what happened when he turned away from you in that moment, in the moment before you ran from the house, before, as you put it, you "shut down for good"? (Reflection, evocative responding focused on a key moment, image of relational stance)

So, you felt sick?—"Nauseated," as you put it—and said to yourself, "I am invisible to him, he isn't there for me"— is that it? It was like you didn't matter, your pain didn't matter to him? And that moved you into "I must protect myself? I must shut down—not let myself need?" Is that it? (Evocative responding, heightening, inference of meaning of incident for attachment security)

How do you feel as you talk about this now? (Evocative question). You say you are angry, but I notice that you also weep. There is grief as well? You felt like you lost him that day—your trust—your sense of being able to count on him? (Heightening, conjecture, reflection).

Can you tell him right now—"In that moment I lost my faith in you—in us—so I shut down-shut you out"? (Structuring of enactment)

The number of evocative questions here is significant, in that the unfolding of this experience is done in partnership with the client, who constantly corrects and refines the therapist's empathic construction of a response, an event, and its interactional consequences. The therapist acts as a surrogate processor of experience and structures engagement tasks for the couple. In change events, such as blamer softenings, EFT therapists particularly use evocative questions, heightening, and reframing in terms of attachment significance (Bradley & Furrow, 2004). This research, however, also found interventions that were not formally written up in the initial EFT manual (Johnson, 1996). In successful softenings, therapists offered images of "just out of reach" attachment responses that would constitute a step toward more secure attachment for a partner. The therapist might say:

So you could never turn to him and say, "How could you stay so cool and separate, when I needed you? And now, I am so far away—I can't listen to my longings—can't ask you to comfort me." You could never say "I need your reassurance—your closeness, to know you see me and that I am not invisible to you"?

This, then, offers the client a model of what a disclosing interaction that makes a bid for responsiveness from the partner might look like, invites the client to struggle with this possibility, and addresses blocks to this kind of risk taking. This intervention that became known as "seeding attachment" is an example of how empirical research that allows us to know what we do and when it works spurs on innovation and the refinement of the art of therapy.

The person of the therapist and how the interventions above are operationalized and shaped to meet client needs are crucial. Thus, EFT therapists need to seek professional and personal growth throughout their lives (Palmer & Johnson, 2002; Palmer-Olsen, Gold, & Woolley, 2011). EFT requires that the therapist be, as Rogers articulated, genuine and transparent. Sometimes this involves being willing to be confused and lost and actively learning with one's clients how a relationship drama or an inner dilemma evolves. EFT therapists need to be comfortable with experiencing powerful emotions—within themselves and others—in order to offer a fully engaged emotional presence to their clients (Furrow, Edwards, Choi & Bradley, 2012). This is a prerequisite to effectively helping clients to deepen their emotional experience and to remain emotionally engaged while sharing with their partner. Emotions come into focus when the therapist is using a low evocative voice, when images are used to capture the experience and when the pace of dialogue is slow and somewhat repetitious. (Emotion takes more time to process.) There is empirical evidence that imagery elicits physiological responses that abstract words do not (Borkovec, Roemer, & Kinyon, 1995). In addition to using imagery and repetition to facilitate emotional engagement, the EFT therapist has a simple mantra: "Stay slow, simple, soft, specific, vivid, explicit and in the present moment."

Snapshots of Client's Change Process in EFT

The case of "Now you see me-now you don't."

If we were to take snapshots of key moments in change events of de-escalation, a withdrawer's reengagement and a blamer's softening, what would they look like? Mark and Cora, a successful professional couple with two children who had been married for twenty years, had come to the end of the line. Cora's whole body radiated rage. She described the relationship as a "charade." She was critical but from a detached standpoint. She had already given up pursuing Mark, stating that she had "no hope" and that "It was too late to save this marriage." Mark was on the defensive. "She explodes, she blames," he said. "So what can I do? I try to stay calm and use logic."

Cora described Mark as a loving father and as doing chores in the house but as offering no closeness. However, they were not a typical extremely distressed couple, in that they described brief periods of close connection and sexuality all through their marriage. This had now become part of the problem, however. Cora described Mark as "Jekyll and Hyde," by which she meant close and available and then gone for weeks. As she stated it, "He can pick me up and then put me down—so now I don't initiate. I'd rather be alone than this now you see me, now you don't."

Stage One: Key Statements Made in Mark and Cora's De-escalation

Mark and Cora identified that they were rigidly stuck in a negative dance of Cora demanding and raging and Mark defending and ducking the line of fire, and how this dance had gradually taken control of the relationship, until Cora gave up and filed for divorce.

Mark: "The more she comes at me the more I go away."

Cora: "The more he went away, the more I used to go after him, but now I've just given up the entire chase!"

In identifying this negative dance, they also described the attachment meanings they had automatically created to make sense out of their

partner's behaviors. Cora said in response to Mark's distancing, "You hide from me and obviously don't care." "I don't matter. I am unlovable."

Mark in turn shrugged, "What's the point in trying anymore! You think I am a bad dad, bad husband. That plays like a chainsaw in my mind all the time: 'bad dad, bad husband.' I am a just one big disappointment to you!" (These attachment meanings convey the working models of self and other in their negative cycle and are segues into the vulnerable underlying attachment emotions and unmet needs). In Step 3 the therapist worked with them to discover the previously unacknowledged emotions and attachment meanings underlying their positions of pursuing and distancing.

Cora accessed feelings of loneliness and fears of abandonment, while Mark said he felt empty. The emptiness, with the therapist's reflection and validation, expanded to sadness and shame about failing to be the dad and husband he wanted to be and fearing total rejection from Cora. Cora's detached attitude voiced as "I don't even care anymore!" began to shift into the old rage at the distance she felt between them and her desperate need to have him on her team.

They began to notice times outside therapy when, "We get sucked into the old dance." Cora noticed that the more she complained, demanded or wept in despair, the more Mark seemed to feel he was failing her, and would disappear or defend himself. Mark experienced that the more he defended himself with logic and explanations or withdrew and worked harder to please her, the more she sensed she was not important, and blew up in rage at his distance. The couple experienced relief at being able to frame their problem as a negative cycle or dance. Together the therapist helped them frame the real enemy as repetitive moves in a dance to the music of these very real fears, loneliness, sadness, and shame. Once this couple's cycle had been clarified and the partners began to see the cycle, rather than each other, as the enemy, they began to spend more time together. Cora became less enraged and acknowledged that she and Mark were "friends," and Mark began to describe his "guilt" about failing as a husband and how he froze in the face of Cora's rage and "unpredictability."

De-escalation, the first change event in EFT was complete when Mark and Cora were able to see that the real problem was the negative automatic cycle they got pulled into when they did not see or share their vulnerable underlying fears and needs. New parts of self and the underlying core emotions were recognized as pulling them into their negative cycle. Greater compassion and an expanded view of the partner was accessed: Cora felt relief to see Mark was not indifferent or uncaring, but was hiding to protect himself from the enormity of her complaints and unhappiness; Mark began to see that Cora's complaints and anger were not "failure messages" of being a bad dad and a bad husband, but desperate attempts to pull him close—that she very much wants him and is making a desperate response to his position of hiding and silence.

Let us now look at snapshots of this couple's journey thorough Stage Two of EFT. These comments, distilled from the ongoing dialogue and heightened by the therapist, would also be used to create enactments (where a partner discloses directly to the other partner) to generate new forms of engagement between Mark and Cora.

Stage Two: Key Statements in Mark's Journey to Reengagement

> I am a mathematician—I like logic. When she gets hysterical, I am so lost—so I withdraw. I stay out of the way. I feel so helpless—totally out of my depth. It's not safe enough to initiate any connection.
>
> I get terrified—I was alone in my family—she is the only one I have ever felt connected to—if she disappears—I'd be lost! So I just go oblivious—frozen in despair.
>
> To Cora: "I get overwhelmed—the message that I disappoint you stops me dead. I can't meet your expectations. I want more safety—maybe then I can show you my emotions. I do need you—I do want to be close."
>
> I disappear when her rage gets too much.
>
> [To Cora:] I want you to stop the bombardment—then I can come out of the

foxhole—no more name calling. You go too far. No more defining me.

[To Cora:] I do long for closeness—I think of it every day, but then—it's like pressure—I've done my repertoire—nothing to give then—can't please you—can't pass the test. But I don't want to go paralyzed any more. I want your reassurance—no more "on test" stuff.

[To Cora:] I can tell you now when I go paralyzed. Can I ask to be comforted? It feels strange. I think we can make it. Put your armor away now. I want you to hope with me. Risk it.

Stage Two: Key Statements in Cora's Journey to Softening and Bonding

We make love—get close—and then—the big disconnect. I can't rely on the closeness—so I wait and hope he will come back. I feel this deep disappointment—better to be alone. I get so absorbed in my feelings. I can't even see him.

I guess I am more sad than anything—hurt that he can just put me down. Can't bear the uncertainty—even when we are close—I can't count on it. It hurts too much to need this.

I see him risking—but. What do I want? Too scared to count on him—I'll risk it and then suddenly be alone—betrayed. So I rebuff him—even now when he does risk.

[To Mark:] I have a huge barrier—a wall. I won't let you hurt—abandon me anymore.

I am too scared to respond—see you reaching—and I go on guard. I make you walk through fire—keep my armor on. Don't know how to let you in. It's too hard.

[To Mark:] Do I really matter so much to you? Maybe . . . It's scary to let those barriers down. I think I need to cry for a long time—but you can help me take them down—will you hold me now?

The bonding interactions that occur at this point in EFT redefine the nature of the relationship and create new patterns of safe emotional engagement.

Research Evidence Supporting EFT

Since having met the gold standard for being an empirically validated model for reducing relationship distress (Johnson et al., 1999), EFT research has continued to grow, to include sixteen outcome studies, and nine process research studies that validate *how* change is created in this model. In addition the empirical bases of EFT are substantial and are continuing to grow: 1) research on attachment as a model of intimate relationships is expanding (Cassidy and Shaver, 2008; Simpson and Rholes, 2015); and 2) research on emotion is expanding the empirical base for placing emotion in the forefront as both target and agent of change. The powerful physiological and emotional impact that attachment figures have on each other is supported by studies in affective neuroscience (Coan, 2008; Coan et al., 2006).

There have been several new dimensions of EFT research in the past decade: numerous exploratory studies validate the generalizability of EFT across different kinds of clients and couples facing co-morbidities. Process research continues to delineate more specifically how the moment-to-moment interventions in therapy impact the change process. Beyond being an evidence-based treatment for creating relationship satisfaction, recent research (Burgess Moser et al., in press; Burgess Moser et al., 2014) is demonstrating that EFT also increases relationship-specific attachment security—a clear contributor to mental and physical health.

The newest development in EFT research is a study on the effects of EFT with an fMRI component. The study examined the effectiveness of EFT to create secure attachment bonds, looking at how these bonds function to modify the perception of threat, thereby creating a safe haven and secure base for partners. It focused on how partners use their bond to regulate affect and to carry out tasks of attachment relationships such as reaching to the other when in distress. Self-report and fMRI images were used to study the impact of contact with a loved one when under threat of electric shock (Johnson

et al., 2013). The study found that prior to therapy holding a partner's hand did nothing to ameliorate the encoding of threat, but after therapy this contact seemed to have an antidote effect. It was associated with non-activation of the threatened partner's brain, even in the pre-frontal cortex area that is responsible for affect regulation, and with the reduction of reported pain from shock. Attachment theory postulates that a more secure bond mediates the encoding of threat and indeed this appeared to be the case in this study.

Completed and ongoing EFT research consistently supports the efficacy of the model. The outcome research and meta-analyses of rigorous clinical trials (Johnson et al., 1999; Wood, Crane, Schaalje, & Law, 2005) have shown EFT to be effective when tested against control groups and alternate treatments. The introduction highlighted the meta-analysis of the four most rigorous outcome studies, conducted before 2000, which showed a larger effect size than any other couple intervention has achieved to date. The impressive effect size of 1.3 translates into a 70 to 73% recovery rate from relationship distress and 86% reported significant improvement over controls. This is significant compared to Dunn & Schwebel's (1995) average effect size of 0.9 for behavioral interventions in couple therapy. EFT has systematically met all the standards set by bodies such as the APA for optimal models of psychotherapy research. Studies consistently show excellent follow-up results even with couples at high risk for relapse (Clothier et al., 2002) and often significant progress continues after therapy ended (Johnson & Talitman, 1997). Results of a randomized clinical trial (Dandeneau & Johnson, 1994) showed higher levels of empathy and self-disclosure at post-test, higher self-reported intimacy at follow-up, and greater stability of results than the cognitive marital therapy group whose treatment results receded at follow-up. This may reflect the power of the bonding interactions that constitute change events in EFT and continue after termination. A three-year follow-up study on the Attachment Injury Resolution Model (Halchuk et al., 2010) found that improvements in trust, forgiveness and in relationship adjustment were stable over time. All EFT outcome studies have included treatment integrity checks and have shown a very low attrition rate, except for one study where extremely novice therapists were used (Denton, Burleson, Clark, Roderiguez, & Hobbs, 2000).

A process study examining predictors of success in EFT (Johnson & Talitman, 1997) found that while in BMT the initial distress level was found to account for 46% of the variance in outcome, this factor was found to account for only 4% of the outcome variance in couples treated with EFT. This finding is consonant with clinical experience, in that EFT therapists report that it is client engagement in the therapy process in sessions that seems to determine clinical outcome. The theory of EFT suggests that, if key bonding events that constitute corrective emotional experiences can occur in therapy sessions, these events have the power to create significant shifts even in exceedingly distressed relationships. Also, in this study, EFT was found to work better with partners over thirty-five and with husbands described as "inexpressive" by their spouses. Traditionality (male orientation toward independence and female orientation toward affiliation) did not seem to affect outcome. Denton et al. (2000) also found EFT to be particularly effective with low socioeconomic status partners. The most powerful predictors of outcome were, first, a particular aspect of the therapeutic alliance that reflects how relevant partners found the tasks of therapy, and by implication, their level of engagement in them and, second, the faith of the female partner—that is, her level of trust that her spouse still cared for her. Presumably, once this faith has been lost, the emotional investment necessary for change is difficult to come by. These results appear to fit with the general conclusion that "the quality of the client's participation in therapy stands out as the most important determinant of outcome" (Orlinsky, Grawe, & Parks, 1994).

Process research studies have validated that the key ingredients of change in EFT are the depth of emotional experiencing and the shaping of interactions in-session where partners are able to clearly express fears and needs and be moved to respond congruently to each other's needs (Bradley & Johnson, 2005; Greenman & Johnson, 2013). The bottom-up, discovery-oriented

direction of process research, known as task analysis, carefully examines the actual change processes in therapy, thereby making EFT accessible for therapists to learn and relevant to daily clinical practice. EFT has been described as an "example par excellence of an empirically validated model that has a large impact on day-to-day office practice" (Sprenkle, 2012, p.18). The large amount of process research done with EFT is one of the ways this model of couple therapy has significantly contributed to narrowing the research-practice gap, addressed as an ongoing concern in the field of couple and family therapy (Sprenkle, 2003).

Process of change research which began with the Blamer Softening change event (Bradley & Furrow, 2004) has also been done with the Attachment Injury Resolution Model (Zuccarini et al., 2013). Process of change research offers clinicians very specific guidance through the specific moves of the change event processes (Bradley & Johnson, 2005; Zuccarini et al., 2013) explicating both the client processes and the therapist interventions used most effectively moment to moment in-session. Greenman and Johnson (2013) outline the nine studies of the process of change in EFT, all of which find consistent results: two key elements which predict positive change and are associated with the change events of Stage Two are deepening emotional experience and turning affiliatively toward one's partner to disclose attachment fears and needs.

These studies have validated that change does indeed happen as theorized. The EFT interventions and steps of specific change events of EFT have been validated (Johnson, 2003a). Therapist interventions of emotionally evocative questioning, heightening awareness of process patterns and emotions, structuring enactments and facilitating the expression of soft, primary emotions are associated with change (Greenman & Johnson, 2013; Lebow et al., 2012; Zuccarini et al., 2013). Two client change events fostered in Stage Two of EFT are the reengagement of the more withdrawn partner and the "softening" of the more critical or pursuing partner. The latter event has been empirically linked to increases in relationship satisfaction and more recently to enhancing the security of the attachment bond (Burgess Moser et al., 2014).

Generalizability Across Different Clinical Populations and Clinical Issues

In the last decade, research of the application of EFT to various clinical contexts and to couple distress co-occurring with other physical and psychological problems has grown tremendously. EFT has been validated as an effective treatment for a variety of conditions co-occurring with couple distress, including relationships impacted by traumatic stress, depression, infidelity, and other relationship injuries, all of which will be reviewed below. Client populations receiving increased attention in terms of the applicability of EFT include families, couples with sexual difficulties, culturally diverse couples, and gay and lesbian couples.

Traumatic Stress

Building on the salience in EFT of affect regulation and the fostering of resilience through creating secure connection, four studies have focused on couples dealing with trauma. Given the high prevalence of relationship distress in couples where female partners have a history of childhood abuse, there is a need for couple-based treatment models that target co-morbid relationship distress and trauma symptoms. Dalton, Greenman, Classen, and Johnson, (2013) conducted a randomized controlled trial to examine the efficacy of treating couples with EFT where the female partners were survivors of childhood abuse. Twenty-four couples experiencing marital distress and in which the women had childhood abuse histories were randomly assigned either to twenty sessions of EFT or to a waitlist control group. In the treatment group, 70% of the couples scored as non-distressed on the DAS (Dyadic Adjustment Scale: Spanier, 1976) at the end of treatment and the women reported a reduction in trauma symptoms, such as phobic avoidance, interpersonal sensitivity and dissociation. As predicted, a clinically and statistically significant reduction in relationship distress was found in couples in the treatment group.

A second study (MacIntosh & Johnson, 2008) examined the effectiveness of nineteen sessions of EFT for couples with a small group (N=10) of couples where one partner was a survivor of severe chronic childhood sexual abuse. Survivor partners reached criteria for complex PTSD and some couples presented with dual trauma. Levels of distress were high and emotional flooding and numbing and the difficulty of risking relying on others stood out in a thematic analysis of treatment issues. Typical of such survivors is a fearful/avoidant style of attachment which is particularly detrimental to the creation of trust and satisfaction in close relationships (Simpson & Rholes, 1998). Half of the couples in this study showed clinically significant improvements on the DAS (Spanier, 1976) and significant reduction in trauma symptoms (measured by the Trauma Symptom Inventory; Briere, Elliott, Harris, & Cotman, 1995) and a structured interview, the CAPS (Blake et al., 1990). Given the very high level of symptomatology and relationship distress, these results are considered very encouraging and basically support the specific adaptations to the EFT model offered in the literature to promote positive change with traumatized clients (Johnson, 2002).

Critical illness of a spouse or a child is also traumatic. A third study of EFT's effectiveness in treating trauma was a small study (N=12), conducted with maritally distressed breast cancer survivors. Approximately 40% of breast cancer survivors experience anxiety and depression of PTSD proportions (Kissane, Clarke, & Ikin, 1998). A multiple baseline design was used so that clients acted as their own controls. Couples were randomly assigned to twenty sessions of psychoeducation (three) or to EFT (nine couples) and tested at pre-treatment intervals, mid-treatment, termination, and follow-up (Naaman, Radwan, & Johnson, 2009). Fifty per cent of the couples who received EFT showed significant improvement on the DAS measure of marital adjustment, quality of life, mood disturbance, and trauma symptoms. Marital adjustment and quality of life continued to improve at follow-up with no evidence of relapse. The educational group reported no improvements on any variables. A fourth trauma study examined the effects of EFT treatment for couple distress where couples were raising chronically ill children (Gordon-Walker, Johnson, Manion, & Cloutier, 1996). They found considerable stress reduction in the group treated with EFT compared to a control group and a two-year follow-up study showed an improvement in treatment results (Clothier et al, 2002). Finally, a trauma study at the Baltimore VA showed statistically significant reductions of PTSD symptoms in war veterans after participating in an average of thirty sessions of EFT therapy with their wives (Weissman et al., 2011; see also Greenman & Johnson, 2012).

Depression

It has been established that EFT is appropriate and effective for treating couples in relational discord where one or both partners are suffering from depression. The focus on strengthening the attachment bond, which is the core of EFT, explicitly addresses issues associated with depression, namely a sense of isolation, of not being valued, and of impending abandonment and rejection (Denton & Coffey, 2011). A 1994 study of the impact of EFT upon depression in distressed partners showed that EFT reduced distress and increased intimacy (Dandeneau & Johnson, 1994). More recently two randomized clinical trials were conducted to examine the impact of EFT on the treatment of couples where the woman was diagnosed with major affective disorder. In the first study (Dessaulles, Johnson, & Denton 2003), couples were randomly assigned to either treatment with EFT alone or to antidepressant medication for the depressed partner. In the second (Denton, Wittenborn, & Golden, 2012), couples were randomly assigned to treatment of medication alone or to antidepressant medication in combination with EFT. The first study found that after sixteen weeks of treatment both groups showed a decrease in depressive symptoms. EFT was as effective as antidepressant medication alone. The group treated with EFT alone, however, had significant improvement in depressive symptoms in the post-therapy period at six months follow-up. The benefits of EFT treatment continued to expand after therapy ended! In the second study, both groups again made significant reductions in depressive

symptoms, however, women receiving EFT experienced a significantly greater improvement in relationship quality. Given that relationship distress and depression are frequently linked, this could indicate EFT's usefulness for relapse prevention.

Infidelity and Relationship Injuries

EFT research explored an impasse in the change process where a past injury arose that blocked the creation of trust and connection in Stage Two of EFT (Johnson, Makinen, & Millikin, 2001). An Attachment Injury Resolution Model (AIRM) has been developed to successfully address such impasses. These injuries, conceptualized as abandonments and betrayals at key moments of need, trigger attachment panic and general insecurity. Steps in the process of forgiving these injuries were outlined and one outcome study (Makinen & Johnson, 2006) found that in a brief EFT intervention 63% of all distressed injured couples moved out of distress and were able to forgive the injury and complete key bonding events that predict success in EFT. A three-year follow-up (Halchuk et al., 2010) found results were stable. It appears that once a couple can resolve the relationship injury or betrayal and have mutual accessibility and responsiveness, the attachment bond becomes increasingly secure. The couples who found the intervention less effective reported that the thirteen-session treatment was too brief. These couples also had multiple injuries and lower levels of initial trust. The recent process study (Zuccarini et al., 2013) validated the EFT model of forgiveness, finding that steps as outlined were indeed reflected by scores on process measures such as the Depth of Experiencing Scale (ES; Klein, Mathieu-Coughlan, & Kiesler, 1986) and Levels of Client Perceptual Processing (Toukmanian & Gordon, 2004) and indeed differed for resolved and non-resolved couples. This study of the process of change found that most frequent therapist interventions in key sessions with resolving partners who reached high levels of forgiveness were evocative questioning, heightening emotional engagement, and shaping enactments. Client responses noted in partners who were able to resolve their injury and move out of distress were that of processing their primary attachment emotions in a clear, reflective, and integrated manner and becoming more responsive to and trusting of their partner.

EFT for Sexual Issues

Bowlby (1969/1982) stated that there are three aspects to adult love: attachment, sexuality, and caregiving, with attachment being the core element that in turn shapes sexuality and caregiving. While the effect of EFT on sexuality has only begun to be studied (MacPhee, Johnson, & van der Veer, 1995), the literature on attachment and sexuality is expanding (Johnson & Zuccarini, 2010). EFT offers a compelling alternative to the individually oriented and problem-focused interventions that pervade the sex therapy field. The EFT solution to sexual difficulties turns away from sexual techniques and novelty and toward de-escalating negative cycles of anxious critical pursuits for closeness and avoidant emotional distancing that focuses on sensation and performance. After de-escalating these negative cycles, the EFT therapist structures moments of secure bonding. The nine steps of EFT in treating sexual problems of arousal, desire, and orgasm have been delineated (Johnson & Zuccarini, 2011). Snapshots of key EFT moments of creating secure attachment bonds with couples facing sexual problems can be seen in the literature, and illustrate helping partners co-construct bonds that meet their attachment, caregiving, and sexual needs (Johnson & Zuccarini, 2010, 2011). More and more studies are showing the significant impact of attachment security on sexual engagement and satisfaction (Johnson & Zuccarini, 2010). Secure loving bonds foster engaged sexual satisfaction and engagement whereas high levels of anxiety and avoidance are associated with lower sexual satisfaction. Different strategies for regulating emotion play a key role in levels of desire, arousal, and sexual satisfaction. Hence creating emotional safety and attunement is the essence of the EFT approach to restoring sexual satisfaction and intimacy.

Training in EFT

Finally, research on how to train therapists to learn EFT is expanding (Palmer-Olsen et al., 2000; Montagno, Svatovic, & Levenson, 2011; Sandberg, Knestel, & Schade, 2013). Recent studies are

expanding our knowledge of the application of EFT for different populations and therapists (Johnson & Wittenborn, 2012). Two studies, focused on the person of the therapist (Furrow et al., 2012; Wittenborn, 2012), underscore the impact of the therapist's own emotional experiencing and attachment states of mind to the effective delivery of EFT. The research-based EFT supervision model (Palmer-Olsen et al., 2011) supports the implications of these findings, by giving prominence to enhancing the therapist's capacity to be emotionally present to emotional experiencing and attachment processes within self and the clients.

Implementation of the Model in Community Practice Settings

EFT has an admirable record for meeting the challenge of transporting an empirically based model beyond academic and research-controlled contexts into community and private practice settings. Sprenkle (2012) underscores three ways this has occurred:

> It's developers (a) [have] made training manuals, workbooks and other training materials very accessible, (b) offer frequently geographically dispersed workshops that most clinicians can qualify to attend, and (c) provide an online support community and many opportunities for continuing education.
>
> *(p. 11)*

Specific illustrations of these activities follow.

- Accessible EFT training materials include over ten training DVDs and a triad of written references for clinicians: *The Practice of Emotionally Focused Couple Therapy: Creating Connection* (Johnson, 2004) together with *Becoming an Emotionally Focused Couple Therapist: The Workbook* (Johnson et al., 2005) and the most recent resource, *The Emotionally Focused Casebook: New Directions in Treating Couples* (Furrow et al., 2011). The basic treatment manual (Johnson, 2004), is currently available in eleven languages. The casebook illustrates the applicability of EFT to a variety of clinical issues and populations, including couples living with depression, aphasia, chronic medical illness such as breast cancer, trauma, infidelity, and sexual issues as well as specific populations, including remarried couples and blended families, culturally diverse couples, same sex couples, and couples who value spiritual practices or religious beliefs.
- Training opportunities around the globe have made it possible for therapists from over forty countries to be trained in EFT. There are 39 communities and centers formed worldwide of trainers, supervisors, and EFT-certified therapists committed to supporting one another in developing excellence in the model and providing their communities with the most effective couple and family therapy available.
- The International Centre for Excellence in EFT (ICEEFT) continues to expand its commitment to excellence, integrity and inclusivity in service to its over 4,000 members and to couples and families. Online support is provided for professional development with a quarterly newsletter, an active listserv, and various online training opportunities. The website www.iceeft.com/ provides a breadth of accessible resources.
- Beyond this, EFT has expanded to community-based psycho-educational settings and enrichment programs (Johnson, 2010; Johnson & Rheem, 2006). The self-help books *Hold Me Tight* (Johnson, 2008b), now translated into over twenty languages, and *Love Sense: The Revolutionary New Science of Love Relationships* (Johnson, 2013) are making the science and logic of love relationships accessible to the general public. Expansion in professional memberships of ICEEFT, international translations of training materials, and ongoing research combine to contribute to growing relevance and implementation of EFT in community settings worldwide.

Conclusion

EFT research has, in three decades, successfully responded to the critical goals identified for the

field of couple therapy (Sprenkle, 2003; Johnson & Lebow, 2000). These are, first, that the field become more empirically based; second, that research into the process of change increase and so be used to bridge the gap between research and practice and refine the art of intervention; and third, that we strive toward conceptual coherence, where there are clear links between models of adult love and relatedness and pragmatic "if this . . . then that" interventions.

First, the empirical base of the field of couple therapy has been significantly strengthened by EFT. EFT meets the criteria of the APA Division 43 Task Force's highest level of validation for an empirically validated intervention. EFT's thirty-year research program has systematically covered all the factors set out in optimal models of psychotherapy research. We know EFT is an effective approach for repairing distressed couple relationships, enhancing relationship satisfaction and fostering secure bonds, and we know the therapist and client processes that make it possible. Second, EFT has moved beyond validating that the approach is effective, into the relatively unexplored arena (Halford & Snyder, 2012) of knowing *how* a couple therapy approach works. EFT has and continues to use process research to refine interventions and, as an experiential model, to return to and learn from the clinical reality of sessions where partners fight to define their relationships and themselves. Lastly, EFT has created conceptual coherence in the field of couple therapy. It is the only couple intervention based on the most articulated, comprehensive, and extremely well-researched understanding of adult love as the clear target for the end point of therapy: a secure and lasting emotional bond. This coherence offers a map of the terrain of distress that can help the couple therapist to chart what is universal and common in distressed couples and in their change process and also to recognize and respect what is unique and particular to each individual couple.

Many years ago, a study of health in families (Lewis, Beavers, Gossett, & Phillips, 1976) suggested that couple relationships are the primary context for individual health and well-being and the basis of healthy families. Intervention with couples then offered the therapist a uniquely powerful way into self and system that could maximize therapeutic impact and promote health on many different levels and in many different ways. Beyond being an evidence-based treatment for creating relationship satisfaction, recent research (Burgess Moser et al., in press) is demonstrating that EFT also increases relationship-specific attachment security—a clear contributor to mental and physical health (Zeifman & Hazan, 2008). The initial version of this chapter concluded with a hope that EFT would continue to contribute to the growth of the couple therapy field and that EFT therapists will continue to learn from the moment-to-moment magic that is the redefinition and growth of that most precious of gifts, an intimate partnership. With its expansion in the past twelve years this growth has and is continuing to exceed those dreams.

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