

Process Research on Emotionally Focused Therapy (EFT) for Couples: Linking Theory to Practice

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The focus of this article is on the link among theory, process, and outcome in the practice of Emotionally Focused Therapy (EFT) for couples. We describe the EFT model of change and the EFT perspective on adult love as the reflection of underlying attachment processes. We outline the manner in which theory and research inform EFT interventions. This leads into a detailed review of the literature on the processes of change in EFT. We highlight the client responses and therapist operations that have emerged from process research and their relation to treatment outcomes. We discuss the implications of this body of research for clinical practice and training.

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Awareness and understanding of the complex interpersonal processes germane to the practice of psychotherapy are essential tools to help clinicians maximize the effectiveness of their interventions. It is imperative that therapists know what to do with particular clients, when to do it, and how. Couple therapists especially are in need of a detailed guide for their work to make meaningful differences in the lives of the people they serve, because they have to manage the feelings and reactions of two individuals whose behaviors, thoughts, and emotional experiences are in constant interplay (Gottman, 2011; Gottman & Levenson, 2002). It is also important for couple therapists to take note of their clients' reactions to and confidence in the interventions that they use during the course of treatment, because these are related to outcomes (Johnson & Talitman, 1997).

Unfortunately, knowledge of the process of psychotherapy is lacking, which can be particularly troubling to the therapist attempting to navigate the landscape of couple and family dynamics (Bradley & Johnson, 2005; Johnson & Bradley, 2009). As Bradley and Johnson (2005) have pointed out, "Mountains of research support and charismatic presenters matter little when clinicians are unable to translate application into the moment-to-moment process of a key session... the abstract 'map' given in clinical handbooks and described and tested in research studies is often not detailed enough to guide a therapist through the actual in-session terrain" (pp. 254–255). This is problematic in light of repeated findings over the past 30 years which suggest that between 25% and 30% of couples who receive therapy do not demonstrate significant improvement and that there are substantial rates of relapse (close to 40%) among those who do (Halford & Snyder, 2012; Halford et al., 2012). Despite claims of the relevance of process research for the day-to-day practice of couple therapy (e.g., Gurman, 2011) and calls for more practice-focused research with an emphasis on "specific mechanisms of change" (Sexton et al., 2011, p. 379), there is nonetheless scant

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information linking the process of therapy (i.e., what therapists actually do in session and how their clients respond to their interventions) to successful outcomes (Halford, Sanders, & Behrens, 1993; Halford & Snyder, 2012).

One of the few exceptions to this is Emotionally Focused Therapy (EFT) (Johnson, 2004; Johnson & Greenberg, 1985), an approach to couple therapy with substantial empirical support, evidence of lasting treatment effects (Cloutier, Manion, Gordon Walker, & Johnson, 2002; Halchuk, Makinen, & Johnson, 2010), and a growing body of process research (e.g., Bradley & Furrow, 2004; Couture-Lalande, Greenman, Naaman, & Johnson, 2007; Johnson & Greenberg, 1988) that illustrates some of the behaviors and responses of both clients and therapists that appear to be related to positive treatment outcomes. In light of the pressing need for a compass to help orient couple therapists, the primary aim of this paper is to elucidate the therapeutic processes involved in the successful implementation of EFT for couples. We will demonstrate the manner in which specific theories of psychotherapeutic change, scientific research on the nature of adult love, and attachment theory combine to provide a map for EFT practitioners. This will lead into a review of the process research that has already been conducted on EFT and a discussion of the implications of our current knowledge of EFT processes for therapists, researchers, and trainees. We conclude with reflections on potential directions for future process research into this approach, in a continuing effort to improve its efficacy and applicability to as wide a range of populations as possible.

EMOTIONALLY FOCUSED THERAPY FOR COUPLES: A THEORETICALLY GROUNDED, RESEARCH-BASED APPROACH

Emotionally Focused Therapy (Johnson, 2004; Johnson & Greenberg, 1985) for couples is an experiential-humanistic, systemic intervention. It is an empirically supported treatment for couple distress (Johnson, Hunsley, Greenberg, & Schindler, 1999; Snyder, Castellani, & Whisman, 2006) whose effects appear to be stable over time (Cloutier et al., 2002; Halchuk et al., 2010). EFT consists of three stages divided into nine steps; each stage has its own specific set of therapeutic goals. The steps and stages of EFT as it is taught and practiced today are the result of research into the process of change in couple therapy (e.g., Greenberg, Ford, Alden, & Johnson, 1993; Johnson & Greenberg, 1988). This section contains a brief overview of the basic components of EFT. For a detailed description of the therapist operations and client end states at each step and stage of EFT, please consult the treatment manual (Johnson, 2004).

Therapists work during Stage I toward what is known as *cycle de-escalation*. This involves helping partners identify problematic interaction patterns as the root cause of difficulty in their relationship. They sensitize couples to the myriad emotional experiences that drive their negative interaction pattern, but that remain out of awareness during conflict. These include sadness, loneliness, and fear, all borne out of a desire to feel emotionally close and connected to their partner (Johnson, 2004, 2008).

Stage II of EFT involves re-structuring the couple's interactions to achieve a secure attachment bond. *Withdrawer re-engagement* and *blamer softening* (Bradley & Furrow, 2004; Johnson, 2004) are the major therapeutic objectives of this stage. In general, couples in distress often display an interactional pattern in which one partner tends to criticize, complain, or make numerous unsuccessful attempts to engage the other during conflict, while the other partner tends to become defensive and to withdraw emotionally from the problem situation (Gottman & Silver, 1994). Expressions of contempt, anger, and heightened physiological arousal (particularly in men) typify this "pursue-withdraw" cycle (Gottman, 2011; Gottman & Silver, 1994). At the end of successful Stage II work, previously withdrawn clients are more at ease acknowledging and expressing their hurts and fears

and asking to be comforted (withdrawer re-engagement), and previously critical partners do the same (blamer softening). This pattern of recognizing one's own fundamental needs for security; asking in a coherent, inviting way for them to be met; receiving positive, soothing responses from one's partner; and remaining open and responsive to manifestations of emotional need is typical of secure attachment interactions (Mikulincer & Shaver, 2007).

Finally, the focus in Stage III of EFT for couples is on consolidation and integration of therapeutic gains (Johnson, 2004; Johnson & Greenman, 2006). At this stage, therapists redirect clients' attention to longstanding conflicts or problems, and they reflect the couple's new way of interacting with each other as they discuss the former triggers of their problem cycle. The therapist acts here as a facilitator of effective problem-solving and as a process consultant.

CONSTRUCTING THE MAP: THEORETICAL AND EMPIRICAL UNDERPINNINGS OF EFT

One of the strengths of EFT is its grounding in specific theories of intrapsychic experience and interpersonal change, and in extensive empirical research into the nature of adult love. These theoretical orientations and research findings guide therapists at each step and stage of EFT. What the therapist does, how he or she does it, and what he or she can expect to see from clients is *all* informed by theory and research. For this reason, EFT therapists possess a unique map for their work.

Experiential Theories of Psychotherapeutic Change

Carl Rogers and client-centered therapy

As an experiential-humanistic approach, the influence of the work of Carl Rogers (1942) is ubiquitous in EFT. Practitioners of EFT strive at all times to remain open and empathic, to connect to their clients' suffering, and to communicate in direct language their support and understanding. EFT therapists learn that the interactional cycles they observe in couples, no matter how destructive to emotional closeness they may seem, generally represent people's sincere and best efforts to achieve the safety and satisfaction in their relationships that we all long for. This unconditionally accepting and prizing attitude is the foundation upon which all other EFT interventions rest; without it change is not possible (Johnson, 2004).

Gestalt theory and emotion research

Other experiential-humanistic components of EFT include the emphasis placed in this approach on the power of *emotional experience* to initiate and maintain behavioral and interpersonal change. Rogers and his contemporaries who practiced Gestalt therapy (e.g., Perls, Hefferline, & Goodman, 1951/1971; Polster & Polster, 1973) worked to help clients recognize, talk about, accept, and use their emotional experiences as sources of information to guide their behavior. Similarly, EFT clinicians help clients recognize, expand, feel, and express their emotions by intensifying and reflecting them in-session (e.g., "That sounds so lonely. You're trying so hard to reach him but it feels like he's not there. So sad."). The prominence of client emotional experience in EFT for couples also has roots in research on the cognitive processes involved in emotional appraisal (e.g., Arnold, 1960), and in scientific investigations of the links between particular emotions and specific behaviors in human beings (e.g., seeking comfort when sad, running away when afraid, etc.) (Frijda, 1986).

Systems theory

In EFT, clinicians understand the couple as a system: What one person does or says has an impact on what the other feels, does, or says, and so on in a circular fashion. This is the

notion of circular causality (Bertalanffy, 1968), which is at the heart of the EFT conceptualization that couples' difficulties are primarily the result of self-reinforcing interaction patterns (Tilley & Palmer, 2012). Enactments are one of the techniques utilized in EFT that reflect its grounding in systems theory (Tilley & Palmer, 2012).

Integration of theories of psychotherapeutic change into EFT for couples

The logic behind all of this is that if clients can expand their emotional repertoire by fully experiencing those affective states that are present but beneath awareness during their problem interactions, they will send clear, unequivocal messages to their partners that will then help them achieve the comfort and connection that they seek. Instead of becoming hostile and withdrawing, an injured partner might speak of his hurt, confusion, or fear of losing the relationship that is incredibly important to him and ask for comfort. As previously mentioned, EFT therapists actively choreograph bonding events such as these using "enactments," a technique that involves asking one partner to turn toward the other to express core affect directly and to ask for emotional needs to be met (Tilley & Palmer, 2012).

Research on Couple Dynamics

In addition to reliance on experiential and systemic theories of psychotherapeutic change, EFT practitioners also integrate results from empirical research on couple dynamics, most notably those of John Gottman and colleagues (e.g., Gottman, 2011; Gottman & Levenson, 2002; Gottman & Silver, 1994, 1999). According to Gottman, persistent marital strife is related to the escalation of intense negative affect during conflict; "criticism, defensiveness, contempt, and stonewalling" (Gottman, 2011, p. 17) are apparent, along with heightened physiological arousal in both partners. Couples in difficulty tend to turn away from each other during these moments of strife, their attempts to repair connections generally fail because the other partner appears to be irritated or disinterested, and chronic negative feelings predominate (Gottman, 2011; Gottman & Silver, 1994).

Integration of research on couple dynamics into EFT for couples

Given these findings, EFT practitioners constantly frame couples' problems as the result of their falling victim to their problem cycle (Johnson, 2004). They work toward helping partners recognize the emotional impact of their looks, tones of voice, and even bodily posture on each other, particularly when discussing affect-laden topics. EFT therapists encourage partners to turn toward each other on a regular basis and to disclose soft emotions to each other, which are attempts to repair attachment bonds (see below). In sum, a major goal in EFT is to help couples replace criticism and defensiveness with open, heartfelt discussions of underlying feelings that are, from an EFT perspective, borne out of a primordial need to feel safe, close, and connected to significant others (Johnson & Greenman, 2006). EFT therapists thus draw actively upon the work of Gottman when forming their case conceptualizations and structuring their interventions.

The Attachment Perspective on Adult Love

Attachment theory (Bowlby, 1969) is another highly informative framework for EFT with couples. It suggests that human beings have innate needs for proximity to and comfort from significant others. Attachment theory also postulates that any threat to an attachment bond would create intense, profound distress in the individual (Bowlby, 1969). Since the late 1980s a vast literature has developed on the conceptualization of adult love in attachment terms, based on the results of Hazan and Shaver's (1987) seminal experiments that uncovered romantic attachment orientations in young adults (see Fraley &

Shaver, 2000, and Mikulincer & Shaver, 2007, for reviews). In essence, romantic partners are construed from this perspective as primary attachment figures in adulthood. As such, threats or perceived threats to the attachment bond produce a series of predictable responses, including anger or protest, clinging behavior, despair, and ultimately, detachment (Johnson, 2004).

Integration of the attachment perspective on adult love into EFT for couples

With this in mind, EFT practitioners surmise that, as Bowlby (1969) suggested for young children, feelings of fear, loss, sadness, and abandonment lurk not far beneath the surface of similar manifestations of protest and withdrawal in adults. It is the therapist's job to help clients recognize, label, and act appropriately on the feelings that they experience during chronically distressing interactions with their partners. During Stage I and particularly Stage II of EFT for couples, therapists use reflections, reframes, evocative questions, empathic restatements, enactments, and empathic interpretations to help people contact and express their attachment-laden soft emotions, which on a systemic level are more likely to pull for loving, empathic responses from their partners and aid in the establishment of a secure attachment bond (Johnson, 2004).

The Map for Therapists Practicing EFT for Couples

To summarize, then, EFT is humanistic in its emphasis on unconditional positive regard for clients and the primacy of emotion as an instrument of change, and systemic in its emphasis on the emotional, behavioral, and psychological impact that partners have on each other. Therapists use their knowledge of research on the correlates of relationship distress and satisfaction and their knowledge of attachment theory to conceptualize couples' problems as the result of an insecure attachment bond within the relationship, with the gamut of typical emotional and behavioral responses that accompany it. Therapy, then, involves creating safety in the relationship by supporting relationship partners (1) to recognize their needs for comfort and emotional closeness, (2) to become aware of their avoidance of or unsuccessful attempts to fill those needs, (3) to understand the effects of their behavior on their partner, (4) to ask directly for their attachment needs to be met and to do so from a position of vulnerability, and (5) to engage in effective problem-solving once the relationship has become a safe haven for both of them. Reflection, heightening, and provocation of emotional responses are the instruments of change. When therapy is successful, couples not only report greater relationship satisfaction but they are more emotionally engaged with each other.

These assertions beg certain questions, however. It is good to have a specific theory of relationship functioning and of the processes necessary to effect change, but is there a link between implementation of the treatment based on such theory and client outcomes? Do clients who resolve their difficulties follow the course of deepening emotional engagement and increasingly positive interactions, as the steps and stages of EFT would suggest? What are therapists doing, specifically, to bring about the changes related to successful outcomes? Now that we have delineated the map that EFT therapists use in their work, the following sections will provide some answers to these questions.

EFT PROCESS RESEARCH

There have been nine process studies of EFT for couples to date. Most of these feature the task-analytic method of hypothesizing and testing models of psychotherapy processes (Greenberg & Foerster, 1996). When conducting a task analysis, the investigator first hypothesizes a set of therapist or client operations (i.e., "tasks") thought to lead to the successful

resolution of a specific problem, such as relationship distress. Examples of tasks in EFT for couples would include facilitating the expression of soft, primary emotions (therapist task) or the blamer-softening change event (client task). Researchers then test their assumptions about the processes they will observe in clients and therapists using the verbatim recordings of actual therapy sessions. They compare what distinguishes clients who successfully resolve the problem at hand from those who do not. In this way, it is possible to specify the therapist and client variables that are related to particular psychotherapy outcomes.

The research that has been conducted to date has focused primarily on certain key assumptions of EFT, namely, that deep emotional experiencing in both partners is related to positive outcomes (i.e., greater relationship satisfaction and a preponderance of empathic interactions); that blamer softening is an essential component of relationship improvement; that intimate self-disclosure will provoke positive, affiliative responses in relationship partners; and that the resolution of attachment injuries is related to an increase in relationship satisfaction.

Studies of the Depth of Client Experiencing and the Quality of Their Interactions

Most of the studies conducted on the process of EFT for couples involve detailed observations of the measurable changes that clients undergo during therapy. However, there are two studies related to the depth of client experiencing and the quality of their interactions that take the impact of specific therapist operations into account.

Findings of studies focused on client variables

The first published study of the relation between process and outcome in EFT for couples (Johnson & Greenberg, 1988) was an analysis of a sample of six couples who had participated in an earlier EFT efficacy study (Johnson & Greenberg, 1985). Three of them demonstrated an enormous amount of pre- and posttreatment change in their relationship satisfaction, as indicated by average posttreatment increases in excess of 2.5 standard deviations on the *Dyadic Adjustment Scale* (DAS) (Spanier, 1976). The other three couples did not exhibit significant improvement on the DAS; their scores rose only an average of 2 points from pre- to posttreatment. The same six couples demonstrated a similar pattern of improvement or lack thereof on the *Personal Assessment of Intimacy in Relationships* (PAIR) scale (Schaefer & Olson, 1981).

Results of the study revealed that couples for whom EFT appeared to have beneficial effects displayed significantly higher levels of emotional experiencing as measured by the *Experiencing Scale* (Klein, Mathieu, Keisler, & Gendlin, 1969) and a significantly larger number of affiliative statements (i.e., statements that involve self-disclosure, sharing, or understanding) as coded by the *Structural Analysis of Social Behavior* (SASB; Benjamin, 1974) than did couples for whom EFT did not appear to have any effect (Johnson & Greenberg, 1988). These differences were all statistically significant and based on the coding of all verbal statements made by clients during the latter half of the session identified as the most productive by both therapists and clients themselves.

Interestingly, Johnson and Greenberg (1988) also found in their study that all three couples who improved by the end of therapy demonstrated softening events, which they defined operationally as three sequential responses by each partner with scores of four or higher on the *Experiencing Scale* that also fell within the “autonomous-affiliative” cluster of the SASB (Johnson & Greenberg, 1988). Couples who did not improve did not exhibit any softening events, even in best sessions.

Some years later, Couture-Lalande and colleagues replicated these findings in a task analysis of EFT for couples in which the female partner had survived breast cancer (Couture-Lalande et al., 2007). Once again, the *Experiencing Scale* and the SASB served

as measures of client experiencing and the quality of their in-session interactions. The authors compared the verbatim transcripts of the fourth, seventh, twelfth, and sixteenth sessions of one couple who resolved their differences and whose relationship satisfaction improved to the verbatim transcripts of the same sessions of another couple who did not demonstrate appreciable improvement. As expected, the couple who resolved demonstrated greater emotional experiencing and increasingly more numerous affiliative interactions. An interesting aspect of this study is the finding that the ingredients of success suggested in other studies of the EFT process with healthy couples (i.e., the intensity of emotional experiencing and the presence of empathic, affiliative behaviors over time) are practically the same for couples facing chronic illness (in this case breast cancer), despite the unique challenges and stressors that chronic illnesses entail.

Similarly, Greenberg and colleagues found in another investigation of in-session changes in EFT for couples that those who completed 8–10 sessions of EFT made significantly more affiliative statements (as measured by the SASB) after seven sessions than did couples in a waitlist control group, and that there were statistically significant differences pre- and posttherapy in the number of affiliative statements that couples who received EFT made (Greenberg et al., 1993). Another important finding in this study was that spouses were significantly more likely to engage in affiliative interactions when their therapist successfully facilitated intimate self-disclosure (as measured by the *Self-Disclosure Coding System* [SDCS; Waring & Chelune, 1983], as predicted by the EFT model [Greenberg et al., 1993]).

Finally, a recent study of the best sessions as rated by therapists and 32 participating couples (all of whom completed at least 10 sessions of EFT) revealed significant increases in relationship satisfaction as measured by the DAS immediately following sessions during which there was a blamer-softening event (Burgess Moser, Johnson, Dalglish, Tasca, & Wiebe, 2012). Couples who underwent softening events ($n = 16$) demonstrated significant increases in relationship satisfaction and significant decreases in relationship avoidance once the softening event took place in therapy. Couples in this study also demonstrated significantly less attachment anxiety over time (as measured by the *Experiences in Close Relationships* (ECR) scale; Brennan, Clark, & Shaver, 1998) after sessions that included blamer-softening events. This study featured the use of hierarchical linear models to test change over time.

In sum, studies that have focused on client variables confirm many of the postulates of the EFT model. More intense emotional experiencing in clients appears to be related to more frequent self-disclosure, understanding, and intimate sharing (“affiliative responses”) in session and to significant increases in relationship satisfaction. There is also evidence that blamer-softening events are crucial components of successful EFT, and that when therapists facilitate intimate self-disclosure, the number of affiliative responses also increases.

Critique

Although they provide useful information and their conclusions are based on sound research methods, there are some limitations to these studies. One is their singular emphasis on the blamer-softening event. Although the EFT model stipulates that blamer softening is crucial for the couple to establish a secure attachment bond, withdrawer re-engagement is a necessary precursor to blamer softening according to the EFT treatment manual (Johnson, 2004). Withdrawer re-engagement entails an increase in the experience and expression of fundamental needs, fears, and vulnerabilities on the part of the withdrawn partner in a pursue-withdraw pattern. The EFT model stipulates that such expressions of vulnerability help provoke more empathic, softened responses from the blaming partner. Unfortunately, the findings of the studies reviewed above do not shed

light on the processes involved in withdrawer re-engagement, even though it is hypothesized to be a necessary component of the re-establishment of a secure attachment bond in distressed couples. It will be important to address this in future studies.

It would also be useful to have more information about what clinicians do, at which specific points during the therapeutic process, to facilitate the heightened emotional experiencing and the affiliative behaviors observed in these studies. There have been attempts to shed some light on therapist operations in EFT for couples (see Bradley & Furrow, 2004; Greenberg et al., 1993; and Zuccarini, Johnson, Dalglish, & Makinen, 2012), but much more information about the manner and timing of therapist interventions is necessary.

Sample size is another problem, particularly with the studies conducted by Johnson and Greenberg (1988; 3 couples) and Couture-Lalande and colleagues (2007; 2 couples). On the one hand, the task-analytic method traditionally involves small sample sizes due to the detailed, intensive analyses of moment-by-moment experiences and expressions that it entails (Greenberg et al., 1993). For practical reasons, this often precludes the inclusion of large numbers of participants. On the other hand, small samples limit the generalizability of results. The larger samples examined in the studies conducted by Greenberg et al. (1993) (22 couples) and Burgess Moser and colleagues (32 couples) are an improvement, but more replication is necessary to ensure the widespread applicability of their findings.

Studies focused on therapist variables

Although there is mention in one of the aforementioned studies of therapists' efforts to encourage intimate self-disclosure (Greenberg et al., 1993), their primary focus was on delineating the client processes related to positive EFT treatment outcomes. However, there is one study of blamer-softening events with an emphasis on specific therapist behaviors (Bradley & Furrow, 2004). In this study, the researchers conducted a task analysis of therapists' interventions and their link to blamer softening in nine sessions "in which softening events were believed by the therapist conducting the session to have occurred" (Bradley & Furrow, 2004, p. 235), and that they later confirmed in an analysis of the criteria for an event marker and resolution that had been established in a previous study (Greenberg, 1984). They found, using a coding measure designed for their study, that in addition to traditional EFT interventions (i.e., evocative responding, heightening present and changing relationship positions, validation of client responses, empathic conjectures, and reframes), there were also specific thematic shifts facilitated by the therapist during blamer-softening sessions. These included "processing possible blamer reaching" (i.e., giving clients a clear picture of what secure attachment in their relationship would look like), "processing fears of reaching," "promoting actual blamer reaching," "supporting softening blamer," "processing with engaged withdrawer," and "promoting engaged withdrawer reaching back with support" (Bradley & Furrow, 2004, p. 240). Interestingly, the authors were also able to map specific EFT interventions onto the different thematic shifts that the therapist in their study brought about. These results provide important insight into the therapist operations that are involved in blamer-softening events, which are related to positive treatment outcomes.

Critique

More studies of the specific interventions that contribute to blamer softening and to other key change events in EFT for couples are necessary to solidify the link between therapist operations and treatment outcomes, a point to which we return later. At present, Bradley and Furrow's (2004) study of the therapeutic processes involved in the blamer-softening event is the only one of which we are aware. Although it makes an important contribution to the clinical literature, it does have shortcomings that future studies might

overcome. First, the authors do not indicate exactly how many different couples consented to the use of recordings of their therapy sessions. This raises questions about the generalizability of the results similar to the ones that we posed earlier. Another limitation is the fact that the same therapist, Dr. Susan Johnson (who is an EFT expert), conducted all of the therapy sessions that met criteria for blamer-softening events. Generalizability is therefore again an issue. For this reason, the authors call for replication of their findings “with therapists other than the author of the approach” (Bradley & Furrow, 2004, p. 244).

Studies of the Resolution of Attachment Injuries

Although blamer-softening events are integral components of recovery from couple distress according to available data, impasses can occur during the course of therapy, often at the moment when the more critical partner begins to feel vulnerable and to open up emotionally (Johnson, Makinen, & Millikin, 2001). Johnson, Makinen, and colleagues have conceptualized such impasses as “attachment injuries,” which they define as “a clinically recurring theme...characterized by an abandonment or by a betrayal of trust during a critical moment of need. The injurious incident defines the relationship as insecure and maintains relationship distress...” (Johnson et al., 2001, p. 145). Attachment injuries can range from extramarital affairs to emotional or physical withdrawal at a time of intense emotional need such as the diagnosis of a serious illness. They are distinct, relational events that can either induce or exacerbate underlying uncertainties about a partner’s emotional availability in times of need. Through task analysis, specific steps have emerged for therapists to help clients through attachment injuries. These include identifying the injury and its attachment significance, helping the other partner recognize and understand the incident from an attachment perspective, and re-creating a sense of safety and engagement so that therapy can move forward (see Johnson, 2004; Johnson et al., 2001; Naaman, Pappas, Makinen, Zuccarini, & Johnson-Douglas, 2005; and Zuccarini et al., 2012, for details of the stages of attachment injury resolution).

Studies focused on client variables

As elsewhere in the EFT literature, there has been considerable focus on client variables in studies of the process of recovery from attachment injuries. The first published report that linked the hypothesized attachment injury resolution model (AIRM; the series of phases through which clients pass to work through attachment injuries and the concomitant therapist operations) to outcome appeared in 2005 (Naaman et al., 2005). It was an in-depth case study whose authors employed the task-analytic method to compare a couple who had successfully resolved their attachment injury during EFT to a couple who had not. As predicted, they found that the couple who had resolved went through the stages of the AIRM in the expected order, with increasing depth of emotional experience in both partners and increasingly more affiliative responses to each other. The couple who did not resolve deviated significantly from the expected sequence. The authors interpreted these results as evidence of the AIRM’s validity (Naaman et al., 2005), but they also noted the importance of replication with a larger sample.

In a more recent study of 24 couples identified as having an attachment injury using the *Attachment Injury Measure* (AIM; Millikin, 2000), Makinen and Johnson (2006) confirmed that clients who resolved their attachment injuries ($n = 15$) did indeed display deeper emotional experiencing (as measured by the ES) and make a significantly larger number of affiliative responses in their interactions (as measured by the SASB) during best sessions than did couples who did not resolve their attachment injuries ($n = 9$). Quite importantly, they also detected a link between the process of attachment injury resolution and the outcome of therapy: Couples who resolved had significantly higher DAS scores

and injured partners engaged in higher levels of forgiveness at the end of treatment than did couples who did not resolve (Makinen & Johnson, 2006). These results suggest that to move through impasses in EFT, it is important to be alert to potential attachment injuries and to provide adequate support to clients as they divulge and respond to perceived relationship betrayals. Makinen and Johnson's (2006) findings were corroborated some years later by Meneses and Greenberg (2011), who found in a study of eight couples in which the female partner had experienced a betrayal (four who forgave, four who did not forgive) that the process of forgiveness followed a similar series of steps that involved the expression and acceptance of heartfelt remorse and empathic responding. Findings on attachment injuries also support the notion that the resolution of attachment injuries might increase relationship satisfaction (Makinen & Johnson, 2006).

Critique

The limitations of these studies are, once again, primarily related to generalizability. In the first study (Naaman et al., 2005), there were only two participating couples. There were substantially more in Makinen and Johnson's (2006) study, but the authors point out that the couples in their sample had responded to a media advertisement for couple therapy and may not have been representative of the larger population of distressed couples. They call for a focus in future research on complex attachment injuries to be sure that the same steps toward resolution apply to more distressed relationships than the ones in their sample. They also point out one of the important limitations of the task-analytic method: the inability to make causal links among process, task resolution, and treatment outcome (Makinen & Johnson, 2006). Without large, randomized control studies, it is not possible to rule out the possibility that other factors beside treatment might affect observed outcomes.

Studies focused on therapist variables

In a new study published in 2012, the focus was on both the client and therapist variables involved in the successful resolution of attachment injuries. In addition to replicating previous findings indicative of heightened emotional experiencing and a preponderance of affiliative interactions as clients progressed through the steps of the AIRM, Zuccarini and colleagues also linked the resolution of attachment injuries to four specific steps in the AIRM: (1) the processing of the injured partner's primary attachment-related emotional experience and expression of these to the "offending" partner, (2) the labeling and processing of the offending partner's primary affect related to the incident (e.g., sadness, remorse, empathy), (3) the encouragement of responsiveness and accessibility on the part of the injured partner, and (4) the promotion of the offending partner's responsiveness to the injured partner's expressions of need and vulnerability (Zuccarini et al., 2012). These are the final four steps in the AIRM; the first four involve preparing the terrain for more explicit processing of the emotional injury and were found to be present in both resolving and nonresolving couples (Zuccarini et al., 2012).

Another important contribution of this study is the analysis of specific therapist interventions at each point in the model. For instance, at Step 5 of the AIRM, therapists were found to favor EFT interventions such as empathic reflection, evocative responding, and heightening of primary affect (Zuccarini et al., 2012). Although they made some use of enactments to restructure interactions at Step 5, these were more predominant at later stages of the model, once the responses of clients became more affiliative and they were attuned to their own and to their partners' feelings and sensitivities. Empathic validation of both partners and a focus on the attachment significance of emotional responses were present throughout, although again to a greater or lesser degree depending on the particular stage of the AIRM. Such information makes for an excellent tool, both for thera-

pists who practice EFT and for training. The results of this study make clear links between the client responses known to lead to positive therapeutic outcomes and the therapist interventions that encourage them.

Critique

This study replicates and expands on the findings of previous process research that revealed the importance of deep emotional experiencing and affiliative responding by clients. It also provides much-needed information about the therapist behaviors that are related to the resolution of attachment injuries. However, the authors caution that since their analyses yielded frequencies of various interventions (e.g., empathic validation, enactments), it remains unclear which specific interventions led to the resolution of attachment injuries; they note the possibility that interventions employed less frequently might also be important to the AIRM. For this reason, it is not possible to make direct, causal links between specific interventions and client outcomes at this time. On the other hand, this study does succeed in establishing important associations between therapist behaviors that are likely to, as the authors suggest, “facilitate a particular manner of processing that promotes the resolution of the task at hand” (Zuccarini et al., 2012, p. 13). As with other process studies of EFT, more replication with larger samples would help identify, with even greater precision, which techniques therapists need to apply at particular moments in therapy to expedite the resolution of attachment injuries.

SUGGESTIONS FOR FUTURE RESEARCH

Although there is a solid foundation, there is still work to be done to improve the map that EFT practitioners now use to navigate the long and winding road of work with couples. This section outlines some of the gaps in the literature on the process of EFT for couples and contains suggestions for future research.

A Focus on Stage I of EFT and Withdrawer Re-Engagement at Stage II

As we have seen, much of the research conducted on EFT processes to date has focused on key change events that occur at Stage II of EFT, particularly blamer softening and the resolution of attachment injuries that impede or inhibit blamer softening. This makes sense given the pivotal importance of the softening event for the outcome of therapy (Johnson & Greenberg, 1988). But it would be good to know more about the client and therapist processes involved in Stage I of EFT (cycle de-escalation). The EFT manual (Johnson, 2004) suggests that the first four steps of EFT for couples will lead to unity against the problem cycle, but there is not yet any substantial empirical evidence of the specific therapist operations and client responses that lead to cycle de-escalation, the way that there is for the processes involved in blamer softening.

Similarly, the EFT manual also suggests that withdrawer re-engagement is a necessary precursor to blamer softening. However, as previously mentioned, there are at present no systematic observations of the processes that facilitate withdrawer re-engagement. It will therefore be important in future research to analyze more thoroughly the client experiences and behaviors and the therapist operations that make withdrawer re-engagement possible at Stage II.

Therapist Operations

Another gap in the process literature on EFT that has only recently begun to be filled is a more complete understanding of what *therapists* do to create the change events that seem to lead to positive outcomes. Bradley and Furrow's (2004) mini-theory of blamer

softening and Zuccarini and colleagues' (2012) discovery of the predominance of different interventions at different stages of the AIRM represent an excellent start, but we need to know more from empirical observation about precisely *how* therapists at *all* steps and stages of EFT deepen client affect and encourage more affiliative responses in their interactions. It is not yet clear, for example, what percentage of the time therapists engage in validation versus evocative responding in their efforts to help couples understand their cycle and its attachment significance during Stage I. Such information would be of great help to therapists and trainees learning EFT.

Cultural Considerations

The process and outcome research on EFT for couples to date has been conducted almost exclusively on White, middle-class, heterosexual couples. This is problematic because therapists, particularly in large urban centers, work with increasingly diverse client populations whose dynamics and needs may or may not mirror those of the couples who have participated in EFT process and outcome studies. Clinical experience and anecdotal evidence have led to the establishment of preliminary guidelines for conducting EFT with intercultural couples (Greenman, Young, & Johnson, 2009), but there have not yet been any process studies of EFT with members of diverse populations. It is essential to examine client and therapist processes carefully to ensure that the assumptions of EFT and the findings of the process studies that do exist (e.g., importance of attachment and emotional experiencing, therapist facilitation of affiliative interactions) do indeed apply to people from a wide range of ethnic and cultural backgrounds.

EFT and the Treatment of Mental and Physical Health Problems

From a theoretical perspective, the use of EFT for couples to treat problems that often coincide with relationship dysfunction (e.g., depression, anxiety) makes sense. According to attachment theory, when their relationship is functioning well and both partners feel emotionally close to each other, people will be less likely to experience psychological distress. There has been some outcome research into the use of EFT for couples to treat major depression (Dessaulles, Johnson, & Denton, 2003) and post-traumatic stress disorder (PTSD; see Greenman & Johnson, 2012), but this research is in its beginning stages. There have not yet been any process studies of whether or how client experiences and therapist operations with couples in which one or both partners suffer from depression, PTSD, or any other mental health problem might resemble or differ from those uncovered in studies of otherwise healthy individuals.

The same holds true for the integration of EFT for couples into treatment regimens for people suffering from a variety of physical illnesses. Although there has been some preliminary outcome (Naaman, 2008) and process (Couture-Lalande et al., 2007) research on the effects of EFT for couples in which the female partner had survived breast cancer, this line of inquiry is in its infancy. Preliminary testing of the effects of EFT on the relationships and the health of patients with cardiac disease (Morin-Turmel & Greenman, 2012) and diabetes (Greenman et al., 2012) is underway. The goals of this new program of research are to begin to determine (1) whether EFT for couples is as effective with adults facing chronic illness as it is for healthy couples, and, if so, (2) how the EFT process with this population resembles or differs from the EFT process with healthy individuals. This knowledge will help hone and refine EFT interventions to help ensure maximum benefit for those who receive it.

The Nature of Bonding and Emotion Regulation

Finally, another frontier for research into the process of EFT involves the ever-evolving scientific literature on the nature of bonding in relationships and its link to emotion regulation. There is now preliminary functional magnetic resonance imaging (fMRI) research showing that participation in EFT for couples is related to the modification of neural responses to threat (Johnson et al., 2012). In a recently completed study, insecure female partners in distressed relationships at pretest did not benefit from handholding contact with their partner to counter their reactive response to anticipated electric shock or to dampen their perception of pain. At posttest, upon completion of EFT for couples, they were less sensitive to threat cues when they held their husbands' hand, compared to handholding contact with a stranger or when they were alone. The essence of an attachment-oriented therapy is that it affects the regulation of emotion, and while engagement with deeper emotions has been shown to play a key part in change in EFT, it will be interesting in the future to look at shifts in the processing of emotion in more detail to understand exactly how to foster the development of this type of neurological calming mechanism in therapy.

Zuccarini and colleagues have begun this type of work. In their studies of the AIRM, they analyzed the content of EFT therapy sessions using the *Levels of Client Perceptual Processing System* (LCPP; Toukmanian, 1986), which measures the type and depth of processing that clients display in therapy. They found that, similar to their levels of intensity of emotional experiencing, clients demonstrated increasingly differentiated emotional processing as they progressed through the steps of the AIRM. It will now be important to map these client processes and the therapist operations uncovered in Johnson, Coan, and colleagues' (2012) study and in others onto particular neurological changes.

IMPLICATIONS FOR CLINICAL PRACTICE AND TRAINING

Despite these gaps, there is a great deal that we do know, which has a number of positive implications for clinical practice and clinical training. We know that EFT therapists draw upon experiential and systemic theories of change and that they understand adult love through the lens of attachment theory. We know from empirical observation that the type of emotional responding that the experiential interventions used in EFT tend to bring about is related to increases in the quality of couples' interactions and in relationship satisfaction. We know that improvement in EFT for couples hinges on the successful completion of blamer softening and, in many cases, the resolution of attachment injuries. And we know that there are clearly delineated steps for therapists and clients for both blamer softening and attachment injury resolution.

All of this is good news for clinicians who practice or who are learning EFT. Once they are familiar with the literature on the link between attachment and adult love and comfortable with basic experiential interventions, they can follow the steps and stages of EFT to make an often-profound difference in the lives of their clients. EFT supervisors can also make use of the knowledge generated by process research to make sure that their trainees are adept at facilitating greater client experiencing and more empathic dyadic interactions, and that they employ the interventions that have been shown to be related to successful blamer softening and attachment injury resolution.

CONCLUSION

The emphasis in psychotherapy research has historically been on *whether* or not a particular approach is effective at helping people solve a particular problem. This is essential for obvious reasons. If clients are to invest their time and money in therapy, clinicians have an ethical responsibility to ensure that they are delivering a service that actually

meets their needs. However, it is not sufficient to know simply whether a particular approach is helpful or not. It is also supremely important to know *how* a particular approach works and to assure that what therapists and clients are actually doing in session is related to the positive changes observed in outcome research.

EFT for couples is one of the only approaches for which there is both empirical support of its effectiveness *and* evidence of links between therapy processes and client outcomes. Thus, we know not only that EFT works, but we are starting to have a clear idea of *how* it works. It will be helpful to continue discovering the elements related to client and therapist processes at all stages of EFT that contribute to the improvement of clients' relationships, so that the map for clinicians and clients becomes even more precise.

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