

## NEW RESEARCH FINDINGS ON EMOTIONALLY FOCUSED THERAPY: INTRODUCTION TO SPECIAL SECTION

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*This article introduces the special section "New Research Findings on Emotionally Focused Therapy." Emotionally focused couple therapy researchers have a strong tradition of outcome and process research and this special section presents new findings from three recent studies. The first study furthers the goal of determining the kinds of clients for which EFT is effective (Denton, Wittenborn, & Golden, this issue) and the next two studies (Furrow, Edwards, Choi, & Bradley, this issue; Wittenborn, this issue) focus on the person of the therapist and provide some implications for EFT intervention and training. Together, these three studies provide valuable lessons on how to deepen our knowledge of the application of EFT for different populations and therapists.*

Emotionally focused couple therapy (EFT; Johnson, 2004) researchers and clinicians have strived to combine theory development, research (i.e., both outcome and process of change research), and practice. Prior research findings and theoretical advances have led to a continuous refinement and honing of interventions, as well as the cultivation of an increasingly standardized and systematic manner of teaching these interventions to practitioners (Johnson et al., 2005). The articles included in this special section continue this research tradition by providing new findings related to the effectiveness of EFT, the process of change, and the person of the EFT therapist.

### EMOTIONALLY FOCUSED COUPLE THERAPY

In EFT supervision, it is often said that it is best to go to where the client IS and stay awhile before asking them to move on to somewhere else. So before we outline new directions, it is best to recognize where we are now, some 25 years after the first study of EFT was published (Johnson & Greenberg, 1985). Twenty years ago, emotion was almost a dirty word in couple therapy. It was mostly deemed irrelevant, at best a tag on to cognition, or in some approaches, as a problem to be solved. Adult attachment was not even a whisper in the wind. Couple therapy was being labeled a "bag of tricks," a set of techniques in search of a theory that merely addressed some symptoms of distress without understanding the disease, that is, without understanding the essential nature of relationships and how they become distressed. The dominant view in behavioral circles (the only approach that had any research at all) was that relationships were deals. They were about resources, profit and loss, and so teaching skills

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in negotiation, and conflict management was the name of the game in couple therapy. Amazingly, with more than a little help from great figures such as Carl Rogers (1951), Sal Minuchin (Minuchin & Fishman, 1981), and of course, John Bowlby (1969), something called EFT staggered into the world and is now part of a new scientific understanding of love relationships and, we believe, a new era in couple and family therapy (Johnson, 2003).

Emotionally focused couple therapy differs in many key ways from other approaches that have, in the past, dominated the field of couple therapy. It does not teach problem-solving or sketch out long family histories or focus primarily on the creation of insight. It does not coach set “skilled” interactions to improve communication and reduce conflict. The ultimate goal in EFT is to help couples create the attuned synchrony of emotional responsiveness that builds and maintains secure emotional bonds (Schore, 2003). The image of the tango might be useful here. There is evidence that empathy starts with body synchronization and that movement coordination both reflects and creates bonds (de Waal, 2009). Tango, like a love relationship, is an improvised dance, where each partner tunes into the other and is able to intuit intentions, coordinate moves and together create what physicists call “resonance.” Resonance is defined as a sympathetic vibration between two elements that allows two elements to tune into each other and act in harmony. This mutual web of emotional responsiveness is a powerful predictor of satisfaction in newlywed relationships over a 5-year span (Huston, Caughlin, Houts, Smith, & George, 2001). To continue the metaphor, dancers can only move together in harmony when they have a felt sense of secure connection, that is, when they can order and shape the emotional signals that are the music of this dance of love and bonding.

It was not so many years ago that setting the goal of creating such a bond in couple therapy would have seemed bizarre. Mackay (1996) made the point that couple therapists had done everything except focus on how to create nurturance and “love.” This is reasonable given that when the founders of couple and family therapy shaped this modality, they had no systematic idea of what love was! Sophisticated academics are still telling us that love is an intoxicating mixture of sex and sentiment that no one can understand (Yalom, 2001). However, researchers are now suggesting that, apart from the element of obsession, romantic love is more robust and lasting than previously imagined (Acevedo & Arons, 2009) and that the therapy field needs to set “higher expectations” for itself than simply lessening conflict. More than this, over the last two decades, the development of adult attachment theory (Mikulincer & Shaver, 2007; Johnson, 2003) and the neuroscience revolution have created a robust, tested theory of adult love that elucidates the nature of love and offers us a map to guide shaping love relationships.

## A BRIEF REVIEW OF EFT RESEARCH

The original EFT outcome study (Johnson & Greenberg, 1985) found large treatment effects when compared with a wait-list control and more significant effects on variables such as marital adjustment and intimacy than standard behavioral couple therapy (BMT). A meta-analysis of the early EFT outcome studies (Johnson, Hunsley, Greenberg, & Schindler, 1999) finds a high percentage of couples (70–73%) moving into recovery from distress, or experiencing significant improvement (86–90%). These results have yet to be surpassed by any other form of couple intervention.

Across EFT studies (e.g., Johnson & Talitman, 1996; Bradley & Furrow, 2004), the three process variables that have shown significance are the quality of the therapeutic alliance especially the task aspect of the alliance (i.e., the perceived relevance of the focus and tasks the therapist sets), the depth of emotional processing especially in key sessions in Stage 2 of EFT, and a couples ability to move into more affiliative interactions where they can articulate fears and needs. In general, a key change event in stage two of EFT, labeled a “softening,” has been found to predict treatment success (Johnson & Greenberg, 1988). In a softening, partners reach and respond as secure attachment figures do, with love, care and attuned empathy.

In regard to change over time, the longest term follow-up studies in EFT suggest that EFT does indeed create stable relationship change. One study was with particularly high risk of

relapse couples, in this case the parents of chronically ill children (Walker, Johnson, & Manion, 1996) and one was conducted with couples suffering from distress exacerbated by specific abandonments or betrayals termed “attachment injuries” that create impasses in the restoration of trust (Halchuk, Makinen, & Johnson, 2010). The most logical explanation for these stable results appears to be that EFT indeed helps couples shape the key elements of a secure bond. Partners can then turn toward and reach for each other when it really counts. They are able to trust in this bond even when they do have periods of disconnection and face significant stressors.

To meet the highest level of validation, interventions should be tested by researchers other than the originators of a treatment model. Independent researchers such as Denton, Wittenborn, & Golden (this issue) and Dalton, Johnson, and Classen (under review) have conducted successful EFT outcome studies. These studies have shown that even novice therapists, with limited supervision, can learn and successfully implement EFT. In all EFT research, implementation checks are used to ensure that the model is being implemented in sessions. These studies provide us with evidence that the training methods developed over the years do indeed lead to competence in the use of this model.

We also know something about the factors that moderate the impact of EFT. There is evidence that couples’ initial distress level does not seem to matter too much – but that engagement in the therapy sessions, that is, seeing the therapy tasks as relevant, certainly does (Johnson & Talitman, 1996). We know that across studies dropout rates in EFT are very low but that the changes we want to occur often take longer than the 12–13 sessions combined with regular supervision that were generally offered in earlier studies. Most recent studies offer a longer course of treatment. We also know that, in heterosexual couples, very low levels of initial trust for the male partner seems to negatively impact the course of EFT.

More recently, EFT research has focused on how to apply the model to different kinds of clients. In practice, EFT has been used with a wide variety of clients across many different cultures, life stages, sexual orientations, and presenting problems (e.g., Furrow, Johnson & Bradley, 2011). Regarding research, we have studied those who have problems with anxiety and depression that create and are exacerbated by relationship distress. In one such study of women with major depressive disorder, results indicated that EFT reduced depressive symptoms as much as pharmacotherapy alone (Dessaules, Johnson, & Denton, 2003).

Further, three studies have recently been conducted focusing on couples dealing with trauma. First, a recent randomized controlled trial (Dalton et al., under review) examined the efficacy of EFT for women with a history of childhood abuse. Women in the treatment group reported a significant reduction in relationship distress and trauma symptoms, such as dissociation, interpersonal sensitivity, and phobic avoidance. Second, an exploratory study (MacIntosh & Johnson, 2008) examined the effectiveness of EFT with a small group of survivors of severe chronic childhood sexual abuse and their partners. Half of the couples in this study reported clinically significant improvements in marital adjustment and in trauma symptoms. These results are encouraging, given the very high level of symptomatology and relationship distress, and the fact that survivor partners reached criteria for complex PTSD. A third study was also conducted with maritally distressed breast cancer survivors (Naaman, Johnson, & Radwan, in press). Again, half of treated couples showed significant improvement on measures of marital adjustment, quality of life, mood disturbance, and trauma symptoms. There was also no evidence of relapse at follow-up, in fact, marital adjustment and quality of life continued to improve.

Research has also addressed the forgiveness of events that create small “t” relationship traumas in the form of attachment injuries that block progress in couple therapy. These injuries, conceptualized as abandonments and betrayals at key moments of high need, trigger attachment panic and general insecurity. Steps in the process of forgiving these injuries were outlined and a recent study (Makinen & Johnson, 2006) found that in a brief EFT intervention, 63% of all distressed, injured couples moved out of distress, were able to forgive the injury and completed key softening events that predict success in EFT. The results of this study were found to be stable at 3-year follow-up (Halchuk et al., 2010). Couples for whom intervention was less effective had multiple injuries, lower levels of initial trust and informed us that the intervention offered was too brief.

## THE CURRENT SPECIAL SECTION

The strong tradition of outcome and process research on EFT continues, and this special section presents new findings from three recent studies. The first study furthers the goal of determining the kinds of clients for which EFT is effective. Denton et al. (this issue) reported results from an outcome study with heterosexual couples in which the wife was diagnosed with major depressive disorder. Twenty-four couples were randomized to one of two treatment conditions; EFT was combined with antidepressant medication in one group, while the other group only received medication. On average, women in both groups significantly improved in their depressive symptoms with no differences between groups. However, women receiving EFT experienced a significantly greater improvement in relationship quality.

The next two studies focused on the person of the therapist and provided some implications for EFT intervention and training. Furrow et al. (in press) studied the role of therapists' emotional experiencing and vocal quality in the facilitation of successful blamer softening events, a critical change event in EFT. Findings implied that the emotional presence of therapists, particularly using a soft voice to evoke emotional experiencing, increased the likelihood of facilitating a successful blamer softening event.

Wittenborn (this issue) examined how the attachment states of mind of therapists in training effect their implementation of EFT. The majority of clinicians were classified as securely attached, thus limiting cross-classification comparisons. However, findings indicated that therapist trainees with dismissing attachment states of mind, in comparison with trainees with autonomous classifications, were more likely to dismiss or avoid the primary or secondary emotions and attachment needs that clients expressed in session. Findings suggest that it may take additional effort for trainees with insecure attachment representations, and the supervisors of those trainees, to become more skilled at getting to the "heart of the matter" in EFT.

Together, these three studies provide valuable lessons on how to deepen our knowledge of the application of EFT for different populations and therapists. Denton et al.'s (this issue) investigation is now the second study to demonstrate support for the use of EFT for major depressive disorder. Further, Furrow et al. (in press) and Wittenborn's (this issue) studies teach us about the person of the therapist in EFT. Combined, these two studies support the role that therapists' own emotional experiencing and attachment states of mind play in their delivery of EFT. The studies suggest that beginning EFT therapists could benefit from supervision focused on increasing their abilities to appropriately tune into 'use' and express their own emotional experiencing, as well as remain attuned to clients' emotional experiencing and attachment processes in session.

## FUTURE DIRECTIONS IN EFT RESEARCH

We have shown that EFT can increase key elements of attachment such as trust, and we know that couples who do well in EFT show the specific responses in key sessions that typifies more secure people (Makinen & Johnson, 2006). At the end of Stage 2 of EFT, successful couples can tune into their own fears and needs, send clear coherent emotional messages, take in love and caring, and reciprocate and respond to their partner. As therapists, we have learned to go to the level of attachment and shape an attuned, resonant attachment conversation. It appears that if we can create this safe connection, almost any difference or problem is workable. If we cannot, every difference and problem is a potential abyss. Over the years, as adult attachment theory and research has grown, EFT has become more and more of an attachment-based intervention. At this point in time, EFT is the only approach to couple therapy that can claim that it is based on a systematic, coherent, and rigorously tested theory of love. It makes sense then that EFT will continue to grow as an attachment-oriented model. In ongoing research, we are now exploring if and how EFT can change the multilayered phenomena – affect regulation, cognitive models, interactional behaviors, and physiological responses to threat, that is, human attachment.

Emotionally focused couple therapy is a humanistic model: a model focused on growth and human potential rather than dysfunction, so EFT therapists tend to be optimistic. At a

recent Evolution of Psychotherapy conference in Anaheim, Sal Minuchin suggested that rather than relying on magical gurus to create change, we have to make family members healers of each other. In EFT, we know more and more about how to do this. These are exciting times for couple and family therapy. We are truly creating a discipline for the 21st century.

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