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Process-research to Practice in Emotionally Focused Couple Therapy: A Map for Reflective Practice

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ABSTRACT

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Predictors of success and process of change research studies on Emotionally Focused Couples Therapy (EFT) have identified three active ingredients that are central to the success of EFT: Task alliance, experiential depth, and affiliative interactions. The goal of this paper is to provide concrete meaning to what the subtle details of the EFT process research findings look like in practice, in order to provide a process roadmap for implementing these key ingredients of change. Typically, process research describes processes that are important for the successful implementation of a therapeutic approach without delineating the specific meaning of these processes in concrete clinical terms. We elaborate on how the ingredients of change are defined and measured in process research studies. Exploring the specific elements of these active ingredients further illuminates their concrete meaning in everyday practice through specific interventions. We conclude with a clinical case example to illustrate following the process roadmap.

KEYWORDS: Emotionally focused therapy, process research, ingredients of

change, couple therapy, therapist interventions

Emotionally focused therapy (EFT) is an experiential humanistic model that integrates systems theory and attachment theory, a well-researched scientific model of romantic relationships (Johnson, 2019b). It has been validated by outcome research (Wiebe & Johnson, 2016) to successfully help couples repair relationship distress and improve relationship satisfaction with long term success. It has also been explicitly examined through predictors and process of change research for specific client processes and therapist interventions that contribute to its success (Johnson, Hunsley, Greenberg, & Schindler, 1999; Wiebe & Johnson, 2016). Therapists seeking to be informed by research in their clinical work with couples can look to the research demonstrating the efficacy and effectiveness of particular models, and also, importantly, can become informed about what ingredients of that model have been found to contribute to change (Sexton et al., 2011). This can, however, be a challenging task for clinicians. In this paper, we present the significant ingredients of change found across decades of research on one of the main evidence-based approaches to couple therapy, emotionally focused therapy (Johnson, 2019b). We focus on the concrete clinical meaning of the key factors that process research has demonstrated thus far. Specifically, we explore the active ingredients identified across EFT process research studies that isolate *how* EFT achieves its effectiveness across a variety of different clinical contexts (See Greenman & Johnson, 2013; Lebow, Chambers, Christensen, & Johnson, 2012; Wiebe & Johnson, 2016) for reviews of these process studies).

The goal of this paper is to operationalize the subtle nuances of the EFT process research findings. This operationalization provides clinicians with a roadmap for implementing these key ingredients of change. Typically, process research describes processes that are important for the successful implementation of a therapeutic approach, such as shaping the change event of blamer-softening or deepening clients' emotional experiencing, without delineating the specific meaning of these in concrete

terms. We use the acronym TEA as a process roadmap of the three main categories of process factors in EFT: **T**ask alliance, **E**xperiential depth of emotional experiencing, and **A**ffiliative interactions (TEA; Brubacher, 2018). The meanings of these three categories are:

- To monitor and foster partners' confidence in the therapy process and the tasks in which they are being asked to participate. (**T**ask aspect of the therapeutic alliance)
- To recognize client depth of emotional experiencing and facilitate increased depth. (**E**xperiential depth)
- To attune to the degree of affiliation in partners' in-session interactions, and shape enactments that increase affiliation (**A**ffiliative interactions)

These ingredients of change have been demonstrated to be significant predictors of outcome across EFT process research studies (Greenman & Johnson, 2013; Wiebe & Johnson, 2016). An exploration of how these factors have been defined and measured can both expand and sharpen clinicians' focus on what these process factors look like in clinical practice. Clinical examples provide practical illustrations of how clinicians can use these empirically validated ingredients of change in everyday practice.

The EFT research-practice connection

EFT is unique in the field of couple and family therapy in that it illustrates a convergence of a theory of intimate relationships, focused clinical interventions, and outcome and process research (Johnson, 2007; Johnson & Brubacher, 2016). "This kind of clinical research creates a fertile feedback loop between exploring the effects of intervention and also substantiating and even refining the theory of relationship these interventions are based on" (Johnson, 2018, p. 102). Attachment theoretical principles about the innate human search for secure bonds for survival and actualization converge with the practice of attachment-based

therapeutic interventions that work with emotion as the target and agent of change (Johnson, 2019b). The proposed mechanisms of change in EFT have been clearly supported. Specifically, EFT helps couples shift distressed relations into more secure attachment bonds that foster relationship satisfaction (Burgess Moser et al., 2015), and, consistent with attachment theory, demonstrate greater resiliency in regulating responses to pain and stress (Johnson et al., 2013; Wiebe & Johnson, 2017).

EFT has a strong evidence base and is widely recognized as an evidence-based treatment for couple distress (Lee, Spengler, Wittenborn, & Wiebe, 2018; Wiebe & Johnson, 2016). Additionally, these treatment effects are shown to be stable, even under high stress and studies show significant progress continuing after therapy ends (Cloutier, Manion, Walker, & Johnson, 2002; Wiebe et al., 2017).

The concepts of *what* works and *how* it works flow together, as illustrated in Brubacher (2018). Of particular relevance to this paper is the growing body of process research studies that illustrate the in-session “behaviors and responses of both clients and therapists that appear to be related to positive treatment outcomes” (Greenman & Johnson, 2013, p. 47). It behooves clinicians to pay heed to the way EFT process of change variables are measured in studies in order to get a firmer grasp on what they truly are.

Before turning to an in-depth analysis of what the ingredients of change look like in practice, the specific ingredients are outlined. A look at the scales used to measure these ingredients can contribute significantly to clinicians’ understanding of the three active ingredients. Research findings related to the 3 key ingredients can motivate clinicians to follow a process roadmap for *how* to implement EFT – *how* to put the key ingredients into practice.

The active ingredients of the process roadmap

A closer examination of the three active ingredients associated

with success in EFT: **T**ask alliance, **E**xperiential depth of emotional experiencing, and **A**ffiliative interactions (Greenman & Johnson, 2013), reveals that the elements represented by TEA, are distinct, yet interrelated dynamics in the therapy process. The process roadmap for *how* to implement these active ingredients guides a clinician to be mindful of how the elements interact with each other. T (task aspect of the alliance) relates to the dynamic between the client and therapist systems; E (experiential depth of emotion) focuses upon what occurs within each client; and A (affiliative nature of interactions, which in EFT are carefully choreographed, processed and integrated by the therapist), pertains to the dynamic between partners.

Strength in the task aspect of the alliance (T) is needed to facilitate deepening of emotional experiencing (E) and to shape in-session affiliative interactions (A). If clients do not perceive the relevance of deepening emotional experiencing and shaping in-session affiliative interactions or do not trust the therapist enough to engage in these processes, therapy may not progress. Thus, the ways to foster the key change ingredients begins with task alliance.

Task aspect of the therapeutic alliance

The Couples Therapy Alliance Scale, used in most EFT research to assess the alliance (CTAS; Pinsof & Catherall, 1986; Pinsof, Zinbarg, & Knobloch-Fedders, 2008), measures each partner's perception of the therapeutic alliance, focusing on what Bordin (1979) identified as three interrelated, yet separable components of the therapeutic alliance: a warm trusting **bond** between therapist and client, agreement as to therapeutic **goals**, and perceived relevance of the **tasks** presented in therapy. Of these three elements, the alliance around the task aspect in EFT – partners' confidence that the tasks they are being asked to engage in are relevant to their presenting issues – was found to account for the most variance in satisfaction outcome (Johnson & Talitman, 1997). Johnson and Talitman report that the subscales of the Couples Therapy Alliance Scale (Pinsof & Catherall, 1986) measuring the task aspect of the alliance accounted for 27% of

the variance in satisfaction at the end of treatment and for 36% of the variance at follow-up. This is of particular interest to EFT clinicians in light of the fact that the key ingredients leading to change – deepening experiencing and shaping affiliative interactions – are both activities likely to be rather new and potentially threatening to one or both partners in a couple. It is important for clinicians to note that even if there is a strong bond and goal alliance such that the couple feels warmth and safety with the therapist and the couple and therapist agree on what needs to change, these factors are not sufficient to establish a strong therapeutic alliance. A strong therapeutic alliance requires that the couple agree with the use of therapist interventions and client tasks that are often new and uncomfortable. Therefore, it is important for EFT therapists to attune to whether the couple senses the relevance of the EFT interventions and tasks and experiences how they are ultimately helping them, in spite of momentary discomfort.

Research on therapeutic alliance relevant to task alliance

On the Couples Therapy Alliance Scale (CTAS; Pinsof & Catherall, 1986), each partner rates the components of the alliance on three subscales – therapist's alliance with him- or herself, perception of the therapist's alliance with the other partner and the therapist's alliance with the couple relationship. The research typically does not report these three subscales separately, but rather accounts for all of them in the mean couple score. The different subscales in this measure would imply that it is important for clinicians to monitor the alliance at all three levels. Around the task aspect of the alliance, for example, therapists can be curious on the individual level, "Does this partner perceive my attempts to assemble and deepen his/her emotional experience to be helpful?" or, "Does this partner find my attempts to help them shape specific messages directly to their partner to be relevant to their presenting concerns?" On the partner level, "Does this partner sense that their partner is finding the process to be helpful?" Finally, on the couple level, "Does the couple feel confident that the way we are working is helpful and relevant to

their presenting concerns?"

For many couples, either one or both partners may show discomfort with the slower, repetitive pace needed to shift attention from abstract descriptions of events toward deepening inner experience and getting a felt sense of the interpersonal impacts they are having on one another. For instance, some couples will say, "Just give us tools to communicate so we stop fighting. Tell us what to do". Likewise, partners frequently feel awkward about disclosing newly discovered emotional experience shared with the therapist, directly to their partner. For instance, some couples will say, "I just said this to *you*. I don't know the value of now turning and saying it to my partner!". Discomfort or perceived irrelevance of therapist-directed enactments may initially block one or both partners from engaging in direct disclosures to the other, thus delaying the corrective emotional experiences that affiliative contact (Benjamin, Foster, Roberto, & Estroff, 1986) can create, particularly when it involves sharing newly discovered and deepened attachment affect and needs.

Interventions to build task alliance

Therapists can build and maintain alliance around tasks, by using certain EFT interventions, along with continual therapist transparency regarding the process. Genuine comfort with responding moment-to-moment to clients' reactions to therapy tasks is needed. Of particular relevance are the interventions of *reflecting* the present moment process, *validations* of reactive action tendencies and rigid perceptions, *conjectures or attachment-based interpretations* of experience slightly beyond what the client has been able to formulate in words, and evocative questions and responses (Johnson, 2019b). These interventions are used to build and maintain alliance around tasks in the following ways:

Transparency about the process and validation of discomfort with the process

For example, when an anxiously impatient client pushes for quick fixes or "tools to communicate better so we stop fighting," calm

and clear *validation* and *transparency* are important. A therapist might respond with “Of course you want a quick fix when you are in such distress. We will be finding tools – tools to help you reach for your partner in ways they can hear and respond to without triggering their anger, and tools to help your partner reach to you in ways that don’t push you away. Before we can find those tools, we need to better understand what we are working with so that the tools we find will be effective. Part of that is understanding together this repetitive pattern – how the more you try to calm things down, the more your partner seems to get frustrated, and the more frustrated your partner becomes, the more you try to shut down the storm. We will be listening as well for the underlying emotions and fears that seem difficult to talk about yet are like the background music directing your familiar *storm cycle*. Sometimes I will be asking you to slow way down – to get a felt sense of the words you are saying or of the impact your partner is having on you in the moment, so that we can really help you communicate more clearly about what you feel and need from each other”

When asked to slow down and stay with emerging emotion or to disclose newly distilled emotional experience directly to the other partner, couples frequently express awkward feelings. Validation of the discomfort and transparency about the process are helpful: “I know this can feel awkward. I know you just told me, however, turning to share this same message with your partner will be a different experience. Will you please give yourselves a chance to have that experience?” When a partner finds it too difficult to turn and disclose, the EFT therapist accepts the struggle and remains focused on the task, slicing the request more thinly: “Tell her then, please, ‘It is too difficult right now for me to tell you how I shut you out when you look so angry’”. Thus, EFT therapists attend carefully to clients’ perception of the relevance of these tasks, indicated by their willingness to participate in these personally vulnerable and interpersonally intimate tasks (Brubacher, 2018; Johnson, 2019b). Being transparent about the process and validating and accepting partners’ discomfort, while also remaining focused on the process, can help to build task alliance.

Maintaining control of sessions

In order to create safety and coherence it is important for the therapist to be in control of the sessions (Brubacher, 2018; Johnson, 2019b), particularly in moments of high escalation or verbal aggression. Having control of the session is necessary for strengthening task alliance and partners' trust of the process. Validating how expressions of reactive anger do make sense in the context of this couple's distress is a key way to create safety. For example, "Of course – I understand you are angry right now that you cannot seem to get a reaction from your partner – - and the only sense you can make is that your partner does not care".

Another way to redirect and create safety is to reframe aggression with *conjectures* of positive attachment intentions (Johnson, 2019b). Sometimes referred to as "*catching bullets*" this intervention can help to contain aggression. For example, if a partner suddenly gets sarcastic or interrupts, a therapist could offer a conjecture, "It looks like it's so hard to hear her pain, that you jump in to block her, is that it?" If a partner turns away or sighs and the other partner reacts loudly, a conjecture with an attachment-based reframe could be, "Is it so painful to see him turn away, that you immediately raise the volume just to get him to turn back to you?"

Repair alliance ruptures when they occur

In a task analysis, Swank and Wittenborn (2013) examined the process of repairing a ruptured therapeutic alliance in EFT, emphasizing the importance of attending to ruptures and prioritizing their repair. Swank and Wittenborn (2013) proposed a model for repairing alliance ruptures in EFT in four steps, 1) Openly inquire about the possibility of a rupture, 2) support exploration of the client's reaction, 3) acknowledge responsibility for the therapist statement that led to the rupture, 4) validate the client's disclosure and explore the reactions of the other partner. Therapists can follow this process when they sense a rupture of trust with the couple or a perceived imbalance in the alliance with one partner. It can also be followed when one or both partners demonstrate mistrust or discomfort around therapeutic tasks

(Swank & Wittenborn, 2013).

Monitor both partners' moment-to-moment comfort with the process

Inquire explicitly, with slow-paced evocative questions and attuned listening, when the alliance appears to be at risk and check in at the end of sessions about how partners feel about the process. In practice, this is sometimes done by asking the couple, "How are you finding our way of working? How close is our work together fitting with your sense of what the two of you need?" Other times a clinician silently attends to the task aspect of the alliance, being continually curious about how relevant the process is seeming for each partner, and always ready for a transparent and empathic discussion about the tasks of the therapy process.

If one partner repeatedly interrupts their partner's exploration or jumps in to speak for their partner, an EFT therapist will kindly and openly reflect and track the present process and invite exploration of the interrupting partner's experience. For example, when the therapist senses a strained alliance with Kisha as she explores Marty's experience, she could *reflect* the process, "I notice each time Marty begins to describe his tendency to get *silent and sullen*, you've interrupted to say, 'I don't think we need to discuss this.' "Have you noticed this?" Or the therapist may *use an evocative question* to access more of Kisha's experience (and hear what attachment threat seems to get triggered each time Marty speaks) by asking, "Do you know what happened for you just before you jumped in to speak?". Any intervention from the therapist will come with an accepting and empathically curious tone that conveys, "Let's slow way down here – to make sense out of what is happening, because there is no person at fault in this room – only two people in great attachment distress, that cannot slow down long enough to make sense of the rapid chaos that takes over your relationship". The therapist may also use *an evocative question, with a conjecture* to get right to the core of the task alliance, "I'm wondering if you are uncomfortable with my exploring Marty's tendency to get quiet and sullen in those moments when he senses he has let you down?" The therapist

may use *transparency about the process*, “I want to explore with you guys how you get so rapidly stuck in the pattern you describe as *silent and sullen Marty – facing firing squad Kisha*. Right now, I am helping Marty put words to what happens just before he gets silent and sullen, and the meanings he makes of your rising voice. Then I will also give you a chance to describe how difficult those moments of his silence are for you – and we will gradually make sense out of how you unwittingly pull each other off balance into the painful cycle”.

In sum, essential to the creation and maintenance of task alliance (T) that is predictive of success in EFT (Brubacher, 2018) are showing genuine transparency about the change process, redirecting to maintain control and create safety, reflecting and validating clients’ discomfort with the tasks in which they are asked to participate, using evocative questions and conjectures to elicit clients’ openness about the therapy process, and repairing alliance ruptures as they occur.

Depth of emotional experiencing and affiliative interactions

The two key process ingredients on the roadmap of *how* to implement successful EFT are closely linked, both in terms of the research findings and employment of interventions. Distinct definitions of each ingredient as illuminated by the respective measurements used in process research are given, before the research findings and interventions are discussed.

Depth of emotional experiencing

“E” denotes depth of emotional experiencing. Therapeutic dialogue typically ranges from emotionally detached recounting of events or impersonal discourse to increasingly emotionally engaged, vivid, personal disclosures and emerging awareness of internal processing.

Depth of emotional experiencing is measured with The Experiencing Scale (EXP; Klein, Mathieu-Coughlan, & Kiesler, 1986). This scale measures the manner of focusing on internal referents and the degree of emotional involvement, across seven

different levels of depth as summarized and simplified below:

Levels 1–3: Detached from inner experience, recounting events without impact on self, impersonal, abstract, general, behavioral, external descriptions, lacking affect.

Level 4: Attending to felt flow of inner experience.

Level 5–7: Expansive – increasingly concrete, vivid, “alive”; a felt shift, a fresh way of knowing, and increasing trust of inner experience (as a reliable guide) emerge.

A simple example of a rather hostile withdrawer named Marty, moving from low levels of experiencing to an emergence of more expansive awareness of inner experiencing could be characterized as follows:

Low levels of experiencing, as in levels 1–3: “Criticism flies constantly! There is endless ranting and raving even about the way I use a Kleenex!”

Medium level of experiencing, as in level 4: “It’s so hard when I cannot please her. So difficult whenever I see she is not happy.”

Higher levels of experiencing, as in levels 5–7: “For me – it’s a series of crushing defeats – I keep hitting the ball, but I never get to first base. My gut is in knots with fear that I’m not her precious one.”

As Marty’s inner emotional experiencing deepens, his awareness of the dynamic between him and his wife begins to make more sense and he becomes more open to change. He moves from vague frustration, to a precise struggle related to his wife’s unhappiness, to accessing his crushing sense of defeat at his failed attempts to please her and his core attachment fear of being ultimately rejected by her. He moves from detached levels 1–3 where he focuses on his wife’s behavior, to a level 4 where his focus shifts to his internal pain and fear in relation to his perception of her unhappiness with him, to a more engaged, expansive awareness of levels 5–7 – expanding his core attachment fear, his underlying grief at the distance between them, and his longings to impact her and to be close to her.

When an EFT therapist assembles and heightens emotion it is much more than affect or feeling words that are explored. Emotion is much more than a label. It is an active, vividly felt unfolding process (Arnold, 1960). It begins with an environmental cue that in turn triggers an immediate preconscious perception of safety or danger. When threat is perceived, there follows immediate bodily arousal of fight, flight or freeze, cognitive meaning making, and a behavioral action tendency. "Experiencing is always a composite of what one directly 'senses' and the feel that there is more that, with effort, could be sensed. Experiencing may involve, but will never be just equal to, emotions, words, concepts, and muscle movements" (Klein et al., 1986, p. 25). Emotional experiencing is a process that an EFT therapist continually seeks to assemble and bring to life. As Johnson (2017) states, "We order as we evoke emotional engagement". The goal for an EFT therapist is "not to encourage constant level 6 and 7 experiencing, but rather to facilitate experiencing at level 4 and above" (Elliott, Watson, Goldman, & Greenberg, 2004, p. 62).

Affiliative interactions

"A" denotes *affiliative* interactions – self-disclosing, attuned sharing between partners. The degree of *affiliative interactions* is measured with another scale commonly used in EFT process studies – The Structural Analysis of Social Behavior (SASB; Benjamin, 1974). The SASB is an interpersonal coding system used in psychotherapy research to capture the full range of interpersonal and intrapsychic processes that can occur in psychotherapy sessions. In-session talk-turns are coded according to focus (self, other, introject) and along two dimensions (horizontal – affiliation vs. hostility; and vertical – autonomy vs. submission). SASB scores have been found to relate to a range of psychotherapeutic processes, alliance and a range of outcomes (Constantino, 2000). Because of the interpersonal focus on this scale, it has lent itself well to couple research. An *affiliative posture* (as opposed to hostile) is characterized as warm, caring, tender, sensitive, curious, nurturing, and appreciative in contrast to a *hostile posture* that is hostile, domineering, dismissive, cold, ignoring, belittling, or

blaming. Affiliation is detected in tone of voice, posture, eye contact and context – both content and process (Benjamin et al., 1986). An autonomous (vs. submissive) posture is characterized as engaged, and assertive. Thus, responses can be coded as more or less affiliative and more or less autonomous (Benjamin et al., 1986).

A working knowledge of the definitions of affiliative/hostile and autonomous/submissive postures is a substantial part of the roadmap of the type of encounters EFT therapists seek to shape. The disclosures and responses that EFT therapists shape between partners through structured enactments are designed to be emotionally engaged statements involving vulnerable self-disclosure, and warm, attuned responding. Recognizing postures of hostility or submission can sensitize therapists to the types of reactions that call for therapist responses of increased empathic curiosity and validation to facilitate more vulnerable self-disclosure and engaged responding.

Research findings on emotional experiencing and affiliative interactions

There is substantial evidence demonstrating that facilitating greater depth of emotional experiencing and more affiliative interactions predicts better outcomes in EFT (Greenman & Johnson, 2013). Johnson and Greenberg (1988) carried out the first process of change study in EFT shortly following the first outcome studies by the same authors (Johnson & Greenberg, 1985a, 1985b). From the beginning, EFT researchers wanted to know not only *if* EFT worked but also *what* worked and *how* it worked. Specifically, Johnson and Greenberg (1988) found that couples for whom EFT appeared to have the most beneficial effects displayed higher levels of emotional experiencing (greater emotional depth) and more affiliative interactions. This early interest in process set the stage for future EFT research to follow.

Since that time, EFT research has consistently shown that depth of emotional experiencing and more affiliative interactions in EFT sessions predict better outcomes for couples (Greenman & Johnson, 2013). More affiliative responding and greater depth of

experiencing in EFT sessions have been found to be related to improvements in couple emotion regulation, trust, attachment, relationship satisfaction (Dalgleish et al., 2015), and the ability to resolve relationship traumas and betrayals, described as *attachment injuries* (Brubacher & Buchanan, 2014; Makinen & Johnson, 2006; Zuccarini, Johnson, Dalgleish, & Makinen, 2013). More recent research has identified a key change event in EFT that is characterized by especially high levels of experiencing and affiliation known as the blamer-softening or pursuer-softening event (Bradley & Furrow, 2004, 2007; Dalgleish, Johnson, Burgess Moser, Wiebe, & Tasca, 2015). This key change event has been shown to significantly predict improvements in relationship satisfaction (Dalgleish et al., 2015) and decreases in attachment anxiety and avoidance across EFT sessions (Burgess Moser, Johnson, Dalgleish, Wiebe, & Tasca, 2017). Interestingly, Burgess Moser et al. (2017) found that attachment anxiety spiked after the softening session, followed by a steep reduction over time that “paid off” by the end of therapy. Therefore, it is important for EFT therapists to be aware that couples may initially appear more distressed after particularly difficult emotional work, but that this may be important for creating deeper change over time.

Zuccarini et al. (2013) outlined therapeutic interventions involved in helping foster greater depth of experiencing and affiliation, which allowed couples to resolve attachment injuries. They found that for couples who attained successful attachment injury resolution, characterized by deeper levels of experiencing and more affiliative relating, therapists generally moved from an initial emphasis on empathic reflection and validation toward increasing use of evocative responding and heightening, followed by enactments in the later stages of the therapy to help couples create new ways of relating from a place of primary emotions and attachment needs.

EFT therapists move between experiential and systemic interventions flexibly according to the needs of the couple and where they find themselves in the process of change. As illustrated in the case below, therapists initially tend to focus on interventions that build the alliance and help to gain an

understanding of the couple system (i.e., validation and reflection of each partner's emotional experience and tracking the cycle that plays out in the couple's system) and move toward interventions that promote increasingly greater depth of experiencing (i.e., evocative responding, conjecturing, heightening) and affiliation (i.e., structured enactments) (Bradley & Furrow, 2004; Zuccarini et al., 2013).

Interventions to foster greater depth of experiencing and affiliation

To foster these two ingredients of change a continual flow of experiential and systemic interventions are used, all within the context of attachment. This flow is captured in five simple moves that Johnson has named *the EFT Tango* (Brubacher & Johnson, 2017; Johnson, 2019a, 2019b). The interventions in the five basic moves described below, reveal how closely linked the process ingredients of depth of emotional experiencing and affiliative interactions are:

Move 1: Reflect, validate, and track the present moment process.

Move 2: Assemble and deepen attachment emotion. Use empathic reflections, validation, evocative questions, conjectures and heightening. Predominantly the interventions in Moves 1 and 2 are used to foster "E" (experiential depth), whereas the interventions in Moves 3 and 4 foster "A" (affiliative interactions).

Move 3: Choreograph an enactment to share newly discovered emotion. Reflect, evoke, heighten, and shape new ways of interacting (sending clear, uncluttered messages of newly discovered experience).

Move 4: Process enactment with evocative questions, asking, "What was it like to share ... ? What was it like to hear ... ?" Evoke present moment experience, reflect, track, validate and heighten.

Move 5: Integrate, summarize, and heighten the corrective emotional experience, however small, that the partners created. This move, by using interventions of reflecting, tracking new interactions, validating their capacity to shape new ways of

interacting, and heightening the new experience, essentially integrates TEA. Integrating, validating and celebrating what partners have just done – disclosed and received newly discovered emotional depth with vulnerable, affiliative contact – lends coherence to the process, thereby strengthening task alliance. An EFT therapist is oriented toward shaping congruent, vulnerable, open disclosures that are responded to by the receiving partner with warmth, openness and acceptance – elements measured as high in affiliation. There are sure to be moments of low affiliation, where partners' annoyance and hostility or dismissive exits from the process take over. EFT interventions, however, such as validating reactivity, reflecting present process, and assembling the present moment reactions, provide order and calmness so that the therapist can return to structuring affiliation. High levels of affiliation fostered through vulnerable disclosures and accepting responses pull partners toward safety and connection and lead to the key change events of EFT.

Following the moves of the EFT Tango, a therapist typically assembles and deepens emotion before choreographing an enactment. Some enactments can however be shaped before emotion is deepened. The intervention of structuring an enactment between partners can lead to deepening of emotion which in turn enhances vulnerable contact between partners. To continue the example of Marty above, he initially spoke in a very detached manner about his wife Kisha's gym membership, unable to find any words to describe his inner experience. He didn't use or resonate with any *feeling words* conjectured at by the therapist other than the terms *deep and hard*. Accepting this limited description, the therapist nevertheless helped him to shape a message to share directly with his wife. *Structuring an enactment* for Marty to turn and disclose his experience that was *deep and hard* when he saw Kisha coming home from the gym, simultaneously deepened his emotional experiencing and increased the degree of affiliative interaction between him and his wife, Kisha.

Previously, when the therapist would *conjecture* about whether

Kisha's gym membership evoked some *dread, or fear or difficulty* for Marty – he would disengage from his experience, pause, look to the ceiling, and say, "No, I don't feel that." However, as the therapist stayed close to his experience *with reflection and validation*, using his words and *structuring an enactment*, his emotional engagement began to shift. "What you do know is that something about Kisha's gym membership is very deep and hard for you" (*tracking and reflecting*). "I'd like you to imagine turning and telling Kisha how very *deep and hard* it is for you when you see she has been to the gym. Can you turn and tell her please about this *deep, hard* feeling each time you see she has been to the gym?" Anticipating sharing this with his wife, and then actually turning toward her and beginning to utter these words engaged him more than ever before with his inner experience. Turning to her, his experience spontaneously deepened as he used a very emotionally engaged image: "It's like you have another family and I am not part of it." Immediately with this poignant image we reached the core of his attachment struggle. His hostility disappeared. Increasingly affiliative interactions of intimate disclosure and responding between Marty and Kisha emerged, as he expressed his anguish at feeling he no longer belongs in her world.

The EFT intervention of *choreographing enactments* (Tilley & Palmer, 2013), seen in Moves 3 and 4 of the *EFT Tango* is a many-faceted process that can be enhanced with the therapist's orientation toward shaping congruent, vulnerable, open disclosures that are responded to by the receiving partner with warmth, openness and acceptance – elements of high affiliation. Structuring enactments in EFT includes: First, setting the stage for an enactment, in EFT Tango Move 3 by creating a meaningful context, *reflecting* and *heightening* depth of experiencing and inviting partners to anticipate contact. Anticipating contact can include repetition of the core message to be shared: "Imagine turning to Kisha just now and telling her how very *deep and hard* it is for you when she goes to the gym, and how when you don't know how to talk about this – you do stomp out of the room." "Kisha are you open to hearing from Marty about the *deep and hard* feeling he gets just before he stomps out of the room?"

Secondly as part of EFT Tango Move 3, a simple direct request for one partner to disclose directly to the other partner is made. In giving this direction, the focus is sharpened, and where necessary, detours are blocked, escalation is contained, and the process is refocused. Indications for a therapist to refocus, are when a disclosing partner's body posture stiffens, or voice suddenly shifts to a dismissing, hostile or detached tone. Refocusing can include *reflection* and *tracking* of the emotional cascade from the trigger of attachment threat (Kisha going to the gym) to the reactive action tendency (stomping out of the room): "I noticed your tone of voice suddenly shifted – and it sounds like you are getting that angry urge to stomp out of the room again – yes? Can we just go back to the moment where you were feeling the sense of *deep and hard* – in relation to Kisha going to the gym, and can we return to your telling her about how, before you know it, you are caught in a spin of anger?"

Containment can include interrupting the process to catch the aggression, when a burst of escalation and hostility ensues. "Excuse me, Marty, as you turned to Kisha, it seems that suddenly that deep, hard feeling is taking over – sending you into the stomp-out-of-the room anger. Let's step back a moment and speak to me a little longer about what is happening, before sharing with Kisha, ok?" After containing the reactivity with transparency about the process and validation of how very deep and hard Kisha's gym membership is for him, that it sends him straight into a spin of anger, the therapist structures the enactment again. This time she focuses on a thinner slice of experience, and helps him to name his present moment reactivity: "Can you turn and tell her, 'Something about your going to the gym is so hard for me, I do go straight into a spin of anger at you'"? Naming his action tendency directly to her already creates a new, more engaged form of contact between them.

Thirdly, in EFT Tango Move 4, the enactment is processed with the discloser and the recipient: "What is it like to share this? How is it for you to receive this message?" When the receiving partner is non-accepting – dismissive, cold or reactive (low on affiliation) the therapist shows empathy for non-acceptance. "This is difficult

for you to hear? You've never heard him tell you something deep and hard is happening for him – something he has not yet been able to describe to you -just before he stomps out of the room in a spin of anger?" The therapist validates that in this moment, she is simply angry at him for his displays of anger and is not quite ready yet to hear from him. Finally, after processing the enactment with each partner, in EFT Tango Move 5, the EFT therapist validates and heightens the attachment significance of the experience, to integrate their new form of contact and to celebrate that they are capable of this more open, tender, warm connection.

Clinical case example

An example of following the process roadmap of attending to the task element of the alliance while deepening emotional engagement and shaping affiliative interactions can be seen through the flow of EFT interventions with Marty and Kisha as they resolve an attachment injury from several years earlier. The transcript below occurs after they completed the first two EFT change events of *de-escalation* and *withdrawer re-engagement*. The injurious event of Marty's trip to the beach with his family shortly after their daughter was born remains unresolved. Kisha, the pursuer, is carefully guarded and doing her best to hold back all expressions of sadness and pain, for fear of creating more distance between them.

Tango move 1: reflecting internal and interpersonal present processes

Therapist:

So, could you say more about that pain that comes up for you on a daily basis? [Evocative question, to engage her underlying emotions]

Kisha:

(Pausing – looking blankly at the therapist and then at Marty.) You

just want to make me cry the whole time! (Shifting uncomfortably in her chair and laughing.) [Task alliance appears at risk.]

Therapist:

Actually, let me tell you ... I'm not trying to make you cry the whole time (Kisha: O.k.) but what I'm hearing that is so beautiful about the work that you guys have done and where you are at now, is that you are having a safer place to share – yet I am hearing you say, "I try to hide something on a daily basis." (Kisha: Yeah.) You're saying, "In my head I know that he's with me now, but I am so afraid that if I show him my heartbreak it's going to be too much for him, and he'll pull away from me again."
[Transparency about the process; validating and heightening her fear of disclosing her pain, to regain task alliance.]

Kisha:

Yeah. I'm still afraid of that.

Therapist:

And I don't think you can share that without the tears ... But my hope is that I can help you experience that you have the safety to share this pain. (Pause). [Validating, transparency of the process]

Kisha:

Yeah.

Therapist:

So, are we okay? [Evoking client's sense of alliance with the task]

Kisha:

Yeah! (Marty is smiling)

Therapist:

So, every day there are images or thoughts or pain that you try to hide? (Kisha: Yeah.) Is that what you're saying? [Reflecting, tracking, checking for accuracy]

Kisha:

Yeah. There is lots of hurt (crying and looking at Marty) and lots of fear ... I just feel like you left me all alone with our brand new baby when I was so weak after her difficult delivery and I could barely get off the sofa to care for her! She was our baby and you were supposed to be there for us! I pleaded with you to stay and you let me drown! You went off to your family when you were supposed to be there for us – not for them! (Crying and wiping her eyes)

Tango move 2: assembling and deepening core emotion

Therapist:

Yeah that's the worst of it isn't it? ... that he left you when you needed him – when you counted on him to be there for you ... That still shakes you to the core. [Heightening]

Kisha:

Yeah – that when I was so weak and the baby needed extra care, you put your family ahead of us ... I just felt like one of us could die ... it felt so cold ... like you left us to drown ...

Therapist:

(in a soft, slow voice, repeating client's poignant imagery) Right ... You felt like you were left to drown – afraid one of you could have died without him – and he left you when you needed him so ... You counted on him and you felt like he left you to drown when he went off with his family. [Heightening, with repeating client's words and imagery, soft vocal tone and slow pacing]

Kisha:

Oh yeah, yeah!

Therapist:

And he's the guy who wants to be there for you now and you're saying, "I hide this pain from you that you left me to drown ... You walked away from me when I was begging you to save my life ... And I don't know if you can listen to how much that hurts."

[Heightening]

Tango move 3: setting up enactment

Therapist:

So, can you turn to Marty and tell him that you are not sure that he can bear to hear how much it still hurts that he left when you felt you were drowning? [Shaping an enactment, with a sharpened focus]

Kisha:

(to Marty) I'm not sure you can bear to hear how much it hurt.

Therapist:

"But it shakes me to my core. Every day I feel the anguish ... I see you walking away ... when I feel I'm drowning." Can you tell him that? [Sharpening the focus, heightening emotion]

Kisha:

I do feel the hurt in my heart every day. I'm wracked with pain that you left me when I needed you.

Therapist:

Ahhh! Filled with pain that you weren't there when I needed you. [Reflecting, to heighten]

Marty:

I'm so sorry.

Tango move 4: processing enactment

Therapist:

Right, right. ... What happens Marty when you hear this? The first thing is that you tear up and you feel so sorry ... Yeah ... (Marty reaches for a tissue) ... How do you feel toward Kisha when you hear about the pain in her heart every day that says, "You'd let me drown"? [Processing the recipient's experience, to deepen his present moment experience and evoke a response]

Marty:

It hurts me ... I feel horrible ... and it hurts ... And I just want to make it better.

Therapist:

Yeah.

Marty:

I want to take it – take it away (Therapist: Yeah) and just ...

Therapist:

Can you say more about feeling horrible ... (Turning to Kisha) because this part of your feeling horrible is the part that frightens Kisha. That if you feel horrible, you will pull away again. [Evocative response to Marty; validating Kisha's fear]

Marty:

I feel responsible ... I feel guilty ... I left you when you needed me ... when you were drowning!

Therapist:

You know you left her when she was drowning. [Evocative response, heightening]

Marty:

I've done her a big wrong ... I did her a big wrong (Therapist: yeah) and I don't know how to fix it ...

Therapist:

Uh-huh

Marty:

I don't know how to do it. (Pause – Struggling to find his voice.) It hurts a lot ...

Therapist:

You hurt a lot. [Reflection, sharpening personal focus]

Marty:

... to do that to someone that you care so much about.

Therapist:

Yeah ... You hurt a lot to know that you left Kisha alone when she needed you ... It feels terrible to know that you actually left her when she was drowning ... that you left her alone in a moment she was pleading with you to stay. [Reflecting, validating, heightening]

Marty:

I know.

Therapist:

So how are you doing as you're telling her this and you keep looking in her face? [Evocative question to process his experience]

Marty:

It's tough.

Therapist:

Yeah, wow you're doing a really courageous thing! [Validating, heightening the courage]

Marty:

It's tough to do that to someone that you love and care for so much. (crying)

Therapist:

Yeah it is it so tough to face and you're doing it right now. You're facing her and you are saying, "I know I left you - drowning and alone and I feel so badly for doing that." [Validating, heightening]

Marty:

(tearfully looking at Kisha) I did you a big hurt. I left you when you needed me, and I am so sorry.

Kisha:

(reaching her hand to Marty and holding his hand, laughing and crying at the same time)

Therapist:

(to Kisha) How are you doing because you took a big risk to tell him how much you hurt – how his leaving you in that moment shattered your trust that you could count on him ... How are you doing with hearing from Marty right now? [Evocative questions and responses, validation to process her experience]

Kisha:

I feel sad for him.

Therapist:

You feel sad for him. What does it do to that place inside that felt so afraid that if you share your pain he's going to back away? [Reflection, evocative question directed at her core attachment fear]

Kisha:

What does it do to that place? It feels better hearing this.

Therapist:

There is something about having him turn to you right now that somehow relieves that pain. [Reflection, validation, heightening]

Kisha:

Yeah, yeah.

Therapist:

Yeah?

Kisha:

Yeah because I see his remorse. I see he gets how awful it was for me.

Therapist:

(voice breaking with emotion) You do, don't you? [Reflection, heightening]

Kisha:

I don't want him to sit there and cry, but I see it and (weeping) it's more important to me than anything else.

Therapist:

More important than anything else is that you can see Marty's remorse. And you can see he is tasting your pain ... That reaches that aching betrayal in you more than anything. [Reflection, validation, conjecture]

Kisha:

Exactly!

Tango move 5: summarizing, integrating and celebrating

Therapist:

You guys – look what you just did! Kisha you took this huge risk to look at Marty and let him see and hear the pain you feel everyday over him leaving you alone that day that you needed him – that you were drowning – and it was a huge risk to share this because you were afraid that expressing your pain would push him away. And Marty, Kisha pulled you right into feeling her immense pain. You took the risk of feeling your own remorse and at the same time tuning into Kisha's pain. In response you shared with Kisha how very aware you are that you have done her a big hurt and that you are so sorry. Your deep risking, Kisha, to share, and Marty, your response with such honesty and care, as Kisha says, is more important than anything else. Amazing how you guys are pulling closer and closer together to share and heal your pain! [Reflecting, mirroring process, validating attachment needs, heightening, summarizing, integrating and celebrating the impact of risking and affiliative interactions]

Conclusion

This exploration of three active ingredients provides a process roadmap for *how* to operationalize the key ingredients identified in predictors of change and process research as central to the success of EFT. The delineation of each of these ingredients as they have been defined and measured in research and illustrated in clinical examples can expand and focus clinicians' understanding of what these factors look like in practice. The fundamental clinical implications of this exploration are that an EFT clinician's sensitivity to monitoring and fostering the ingredients represented by the acronym TEA (**T**ask aspect of the therapeutic alliance, **E**motional experiential depth and **A**ffiliative interactions) can be enhanced by considering the elements of these factors noted here and by recognizing that these ingredients are fundamental to success in EFT.

Competency in facilitating these ingredients is strengthened by understanding the need for clients to feel confident that the therapist interventions and tasks in which they are being asked to participate are relevant to their concerns. Key to establishing and maintaining this confidence or task alliance, is that clinicians constantly attune to how relevant their clients are finding the therapy process to be, they reflect and validate client discomfort, and they speak openly with clients about the process.

Additionally, competency is enhanced by recognizing what increasing depth of emotional experiencing and affiliative interactions look like in practice. Clinical examples have been provided of these ingredients through the five basic moves of the *EFT Tango*, illustrating the parsimonious process roadmap. To follow this process roadmap throughout the moves of the EFT Tango, an EFT clinician attunes moment-to-moment to how deeply clients are engaging with their inner experiencing. This attunement helps a clinician to slow the process and move closer to clients' experience in order to deepen present moment awareness and experiencing. In addition to continually attuning to task alliance and depth of experiencing, EFT clinicians attune to the degree of affiliation between partners, particularly in Moves 3

and 4 of the EFT Tango. Recognizing postures of hostility or submission can sensitize therapists to increase empathic curiosity and validation to facilitate more vulnerable self-disclosure and engaged responding, thus deepening affiliation through deliberately shaped enactments.

Therapists who are interested in more guidance on how to use the EFT interventions are directed to consult Brubacher (2018), Brubacher and Buchanan (2014), Johnson (2019a, 2019b) and Johnson et al. (2005). We hope that EFT therapists find this process roadmap useful toward fostering a strong reflective practice based in attention to the moment-to-moment therapeutic process.

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