



# A Review of the Research in Emotionally Focused Therapy for Couples

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*Emotionally Focused Therapy for Couples (EFT) is a brief evidence-based couple therapy based in attachment theory. Since the development of EFT, efficacy and effectiveness research has accumulated to address a range of couple concerns. EFT meets or exceeds the guidelines for classification as an evidence-based couple therapy outlined for couple and family research. Furthermore, EFT researchers have examined the process of change and predictors of outcome in EFT. Future research in EFT will continue to examine the process of change in EFT and test the efficacy and effectiveness of EFT in new applications and for couples of diverse backgrounds and concerns.*

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## INTRODUCTION

Emotionally Focused Therapy for Couples (EFT) is a brief attachment-based couple therapy that draws on humanistic and systemic principles to help couples improve their relationship functioning by creating a more secure attachment bond in their relationship (Johnson, 2004). EFT conceptualizes the negative, rigid interaction patterns and absorbing negative affect that typify distress in couple relationships in terms of emotional disconnection and insecure attachment. This model integrates the intrapsychic perspective afforded by experiential approaches with an interpersonal systemic perspective and uses both kinds of interventions to help distressed partners shape emotional accessibility, responsiveness, and engagement—the key elements of attachment security—in their relationships (Burgess Moser & Johnson, 2008; Johnson, 2004). Couples are encouraged to explore here-and-now emotional experiencing, uncovering primary emotions that are often blocked from awareness by reactive surface emotions and responses, and share these with their partner in the session. Their partner will then be shown how to listen and respond in an emotionally attuned way. The new emotional music then elicits new responses and, gradually, changes the dance between partners.

The process of EFT has been outlined in three stages by Johnson (2004). In the first stage, *cycle de-escalation*, couples develop an understanding of the negative interaction cycle that drives distress in their relationship. The therapist tracks and reflects

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the patterns of interaction, identifying the negative cycles, such as criticize/attack followed by defend/distance, that constrain the responses of each partner. At the end of this stage, the couple has a meta-perspective on their interactions and begins to see their negative cycle as the problem that maintains their insecurity and emotional distress in their relationship. The second stage, *restructuring interactions*, involves the shaping of new core emotional experiences, and new interactions that lead to more secure connection. Partners are encouraged to explore and share their attachment vulnerabilities and needs with their partner in session, in focused, structured enactments. They are guided to respond in an emotionally attuned and supportive way, and blocks to this process are explored. Newly formulated emotional responses, for example, the fear of failure and rejection that underlies withdrawal or a lack of responsiveness, are expressed in such a way as to evoke new responses in the other partner, for example, compassion rather than anger and blaming, that constitute a shift in interactional positions. *Withdrawer re-engagement* is a key therapeutic event in which the partner who previously avoided engaging with their partner in conflict now expresses their attachment needs clearly and also becomes more open and responsive to their partner. *Blamer-softening* is a second key therapeutic event in which the partner who would previously pursue their partner with blame and criticism begins to express their more vulnerable primary emotions, such as hurt, sadness, fear, or shame, in a soft but clear way that invites connection. Their partner is then encouraged to listen and respond. These events create new constructive cycles of contact and caring, fostering secure attachment. The third stage of EFT, *consolidation*, involves helping couples use their more secure attachment bond and improved relationship functioning to solve problems in their everyday lives and creating a story of resilience and mastery in their relationship (Johnson, 2004).

In EFT, the therapist is a process consultant who, by empathically attuning to and validating each partner, creates a safe place that allows each partner to become more engaged with their own experience and with the other. Change in EFT is presumed to occur, not from insight, catharsis, or improved skills per se, but from the formulation and expression of new emotional experience that transforms the nature of the interactional drama, particularly as it pertains to attachment needs and emotions. The EFT therapist stays close to the "leading edge" of the client's experience and uses the experiential interventions of reflection, evocative questions, validation, heightening emotion, and empathic conjecture to expand that experience. Systemic interactions of reframing (the problem is your constrained dance, not your personality or your differences with your lover), reflecting interactional patterns and their self-perpetuating nature, and directing and sculpting new interactions are also used. Since its development in the 1980s, EFT has accumulated strong empirical support with a substantial evidence base of efficacy and effectiveness studies. Furthermore, EFT research has a strong tradition of examining key therapeutic factors in the process of change. What follows is a review of this research from 1985 to the present.

### EFFICACY RESEARCH IN EFT

Emotionally Focused Therapy for Couples has a long tradition of efficacy research across a variety of settings with distressed couples coping with a range of difficulties. Johnson and Greenberg (1985a) were the first researchers to examine the EFT model and found, for the first time, that explicitly focusing on emotions and using them to shape new interactions in couple therapy resulted in more favorable outcomes than a strategic problem-solving approach. Specifically, they compared couples randomized to receive either EFT, the strategic problem-solving approach, or to be on a wait-list

control. They found that couples randomly assigned to receive EFT reported more gains in relationship satisfaction and intimacy, and greater target complaint reduction than couples who received the strategic problem-solving intervention. Couples in both treatment conditions fared better than the wait-list controls in terms of target complaint reduction and relationship satisfaction. In a second study, Johnson and Greenberg (1985b) examined couples who received EFT, and tested their outcome scores against their own pretreatment control scores measured 8 weeks prior to receiving EFT. They found that these couples reported significantly higher relationship satisfaction at posttherapy as compared to their pretreatment control scores.

In general, early EFT research aimed to examine the efficacy of EFT relative to the predominantly behavioral approaches that existed in the field of couple therapy at the time. EFT researchers were interested in determining whether an alternative approach—building emotional connection in the relationship—could result in better outcomes. James (1991) compared couples receiving EFT ( $n = 14$ ) and couples receiving EFT plus communications training with a control group ( $n = 14$ ) and found that both groups had significantly better relationship adjustment and improvement in the target problem at posttherapy than the control group; the addition of communications training did not improve outcomes over and above EFT alone. In a randomized clinical trial, Dandeneau and Johnson (1994) found that couples who received EFT ( $n = 12$ ) had higher empathy and self-disclosure at posttherapy, higher observed intimacy at follow-up, and evidenced greater stability in follow-up than a cognitive couple therapy group ( $n = 12$ ), whose improvements receded after therapy had ended. Both treatment groups were significantly higher than the control group ( $n = 12$ ) in self-reported intimacy after treatment. Johnson and Talitman (1997) examined 36 couples receiving EFT, and measured relationship satisfaction at pretherapy, posttherapy, and at 3 months follow-up. They found significant improvement in relationship satisfaction at posttherapy with 50% of couples being classified as reliably recovered in terms of relationship distress at posttherapy and 70% at 3-month follow-up. The researchers also investigated clinically significant change as measured using the Reliable Change Index (RCI; Jacobson & Truax, 1991), and found that 79% of couples demonstrated clinically significant improvement at posttherapy and 82% of couples demonstrated clinically significant improvement from pretherapy at the 3-month follow-up time point. These results suggest that couples tended to continue to improve even after completing EFT, a phenomenon that has been documented consistently and continues to be a focus of EFT research (Cloutier, Manion, Walker, & Johnson, 2002; Wiebe et al., 2014). Denton, Burlison, Clark, Rodriguez, and Hobbs (2000) examined the efficacy of 8 weekly sessions of EFT for couples, implemented by novice therapists, compared to a wait-list control group. After the 8 weekly sessions of EFT, couples ( $n = 22$ ) scored significantly higher on relationship satisfaction than couples in the 8-week waitlist control group ( $n = 14$ ). After the 8-week waitlist control period, these couples were also offered 8 weekly EFT sessions and scores were examined comparing the 8-week control to scores after receiving EFT. They found that couples reported significantly higher relationship satisfaction after EFT as compared to scores before and after the 8-week wait period.

In a meta-analysis of randomized clinical trials in EFT available at the time, Johnson et al. (1999) found a large effect size of 1.3 across rigorous clinical trials and a 70 to 73% recovery rate. At this point, EFT researchers turned their attention to the efficacy of EFT among couples facing specific concerns that arise for couples—coping with depression, past trauma, medical illness, and emotional injuries such as infidelity.

## EFT WITH SPECIFIC COUPLE POPULATIONS

### EFT for partners with depression

Emotionally Focused Therapy for Couples researchers have examined whether EFT is effective for couples coping with the effects of depression on their relationship, and whether EFT can help improve mood in a partner who is depressed. Dessaulles, Johnson, and Denton (2003) conducted a pilot study to examine the effects of EFT for couples in which the female partner met criteria for depression. They recruited a small sample of 12 depressed women and their partners and randomized them to receive either 16 weekly sessions of EFT ( $n = 7$ ) by doctoral interns with experience in EFT, or pharmacotherapy ( $n = 5$ ) for depression (desipramine, trimipramine, or trazadone). They found no difference in depressive symptoms at 16 weeks between the women who received EFT with their partners and no medication as compared to those who received medication and no EFT. Women in both groups demonstrated significant decreases in depressive symptoms from pre- to posttreatment. Women in the EFT group demonstrated continued significant reductions in depressive symptoms from posttherapy to 6-month follow-up. Women in the medication group did not receive medication beyond the 16-week treatment period, and did not demonstrate continued improvements during the 6-month follow-up period. There was no significant difference found in depressive symptoms between the medication and EFT groups at the 6-month follow-up time point. The findings of this pilot study suggest that EFT may be effective in treating depression in the context of relationship distress, and that EFT may even help foster further reductions in depressive symptoms following treatment.

In order to further test the effects of EFT for depressive symptoms, Denton, Wittenborn, and Golden (2012) randomly assigned 24 couples to receive either (1) medication alone or (2) EFT in combination with medication. They found that both groups reported a significant reduction in depressive symptoms. In the EFT group, however, couples reported significant relationship improvement as well.

### EFT for partners with post-traumatic stress

According to attachment theory, those with a secure attachment will be better able to regulate distressing affect, and seek emotional support in times of need (Bowlby, 1988; Mikulincer & Shaver, 2015). Indeed, attachment researchers have found that attachment often mediates or moderates the relationship between experiencing a traumatic event and psychological adjustment (Andersen, Elklit, & Vase, 2011; Basham, 2008; Benoit, Bouthillier, Moss, Rousseau, & Brunet, 2010; Berant & Pizem, 2015).

Two studies have found EFT to be effective for couples with a partner who has a history of childhood abuse (Dalton, Greenman, Classen, & Johnson, 2013; MacIntosh & Johnson, 2008). MacIntosh and Johnson (2008) recruited 10 couples in which one partner had reported past childhood sexual abuse and was diagnosed with Post Traumatic Distress Disorder (PTSD). These couples were given an average of 19 sessions of EFT (ranging from 11–26 sessions). Half of these couples reported a clinically significant reduction in trauma symptoms and improvements in relationship satisfaction. Dalton et al. (2013) conducted a randomized controlled trial to more rigorously examine the efficacy of EFT in couples in which one partner has experienced past childhood abuse. They recruited 32 couples and randomly assigned them to either receive 22 sessions of EFT, or be assigned to the waitlist control group. They found that couples assigned to receive EFT demonstrated significantly higher relationship satisfaction scores posttreatment as compared to couples assigned to the waitlist control, however, there were no significant reductions found in trauma symptoms among the partners with a history of childhood abuse in this particular study.

Weissman et al. (2012) conducted a small pilot study to examine the efficacy of EFT for veterans diagnosed with PTSD. Seven veterans and their spouses were given between 26–36 sessions of EFT and given self-report measures pre- and posttherapy on relationship satisfaction, symptoms of PTSD, and symptoms of depression. The researchers found statistically significant reductions at posttherapy in terms of symptoms of PTSD, improvements in mood, and increased relationship satisfaction (Weissman et al., 2012).

Taken together, these studies suggest that EFT holds promise not only for improvement of relationship satisfaction in couples facing the effects of trauma, but that helping couples improve their relationships in EFT may potentially also contribute to symptom reduction and improved coping, though the results thus far have been somewhat mixed. Further studies will be necessary to demonstrate the efficacy of EFT with couples to help partners reduce trauma symptoms; however, given the target of EFT to improve secure attachment, and the association between attachment security and improved psychological adaptation to trauma, and given the focus of EFT on affect coregulation through a focus on emotional experiencing in sessions, EFT is likely to emerge as an effective treatment for symptoms of post-traumatic stress.

### **EFT for couples coping with illness**

Emotionally Focused Therapy for Couples appears to be an effective couple therapy for couples in distress who are coping with the effects of illness in their lives. The first study of this kind was carried out with parents of children with chronic illnesses (Walker, Manion, Cloutier, & Johnson, 1992). The illness of a child is a well-documented risk factor for relationship distress (Quittner, DiGirolamo, Michel, & Eigen, 1992; Speechley & Noh, 1992). Walker et al. (1992) examined whether EFT could be effective for these couples. They randomly assigned 32 distressed couples with chronically ill children to one of two groups, a group receiving ten sessions of EFT and a wait-list control group. They found that couples who received EFT reported statistically significant improvements in relationship satisfaction, communication, and intimacy after EFT. Relationship satisfaction and communication scores were significantly higher in the EFT group as compared to the wait-list control group at posttreatment and 5 months follow-up, and intimacy scores were significantly higher at 5-month follow-up. Furthermore, a significantly greater percentage of couples in the treatment group as compared to the wait-list control group demonstrated clinically significant improvement and recovery at posttreatment and 5 months follow-up (Walker et al., 1992). The researchers also conducted a 2-year follow-up study with these same couples and found no significant decline in relationship satisfaction at 2-year follow-up. Furthermore, in terms of clinically significant change in relationship satisfaction, they found that 23.1% of couples maintained their gains, 38.5% made further gains, 30.8% had no change, and 7.7% deteriorated from their pretreatment scores (Cloutier et al., 2002). These initial results were promising for a sample of high risk couples experiencing the effects of a chronic illness in their child.

The experience of medical illnesses such as cancer are increasingly understood as occurring within not only the individual but the context of that person's significant relationships. Particularly, with marital relationships, coping with the effects of cancer have been increasingly viewed as both affecting and being affected by that relationship (Northouse & Peters-Golden, 1993). EFT researchers have examined whether EFT can be effective for couples facing cancer who are also in relationship distress.

In a pilot study examining the efficacy of EFT for women with breast cancer and their partners in distressed relationships, researchers randomized 12 couples to receive 20 sessions of either 45-minute psychoeducation sessions about breast cancer or 60-minute EFT (Naaman, 2008). They found that in the group randomized to receive EFT, 44% of the EFT



couples demonstrated statistically significant improvements in relationship satisfaction. In contrast, none of the couples in the psychoeducation group demonstrated significant changes in relationship satisfaction. In terms of quality of life, 88.9% of couples in the EFT group demonstrated significant improvement compared to none of the couples in the psychoeducation group. Interestingly, observing the trends in this small sample, the authors noted that those couples who demonstrated significant improvements in their relationship satisfaction also demonstrated improvements in natural killer cell cytotoxicity, a significant marker of breast cancer progression. This study provided preliminary evidence that EFT may be effective to improve relationship satisfaction and quality of life for couples undergoing treatment for cancer (Naaman, 2008).

McLean, Walton, Rodin, Esplen, and Jones (2013) randomized 42 couples facing terminal metastatic cancer in distressed relationships to receive either eight sessions of EFT plus standard care or standard care alone provided by a multidisciplinary team in a healthcare setting. At posttreatment, couples assigned to EFT reported significantly greater improvement in relationship satisfaction, and greater improvement in the patient's experience of their caregiver's empathic care as compared to couples assigned to standard care alone (McLean et al., 2013).

Taken together, there is preliminary evidence that EFT can be an effective treatment for relationship distress in couples experiencing illnesses in their lives or the lives of their children. Moreover, there is preliminary evidence that EFT may also help couples improve their ability to cope with the illness. It will be important for future research to further examine the efficacy of EFT for couples in health populations, and to investigate the ways in which improvements made in the couple relationship may impact coping and even illness progression.

## ASPECTS OF THERAPEUTIC CHANGE IN EFT

### Forgiveness in EFT

Often couples seeking therapy report an incident in their relationship when one partner felt abandoned, betrayed, or a breach of trust occurred in the relationship. These moments, termed *attachment injuries* in EFT literature, often arise as barriers to key change events in stage 2 of EFT (Makinen & Johnson, 2006).

Steps toward fostering forgiveness of attachment injuries in therapy were outlined in the Attachment Injury Resolution Model (AIRM) and tested by Makinen and Johnson (2006) as part of EFT for couples. This model asserts that the processing of anger, sadness, and fear underlying attachment injuries is crucial for forgiveness to occur in a close attachment bond between partners. The in-depth processing of the injury itself, the structuring of specific responsive dialogues where the pain is shared, an emotionally engaged apology, and reparative comfort are offered acts as an antidote to the original injury. In an outcome study of 24 couples with an attachment injury, using this model, Makinen and Johnson (2006) found that 63% of the injured partners were able to resolve the injury, forgive their partner, and continue the therapeutic process, including moving into key bonding moments in the second stage of EFT. Those who resolved the attachment injury demonstrated significant improvements in relationship satisfaction and forgiveness, whereas those who did not resolve the injury did not show significant improvement from pre- to posttreatment. These results were maintained in a 3-year follow-up assessment of these same couples (Halchuk, Makinen, & Johnson, 2010). The researchers found no reduction in attachment anxiety or avoidance among resolved couples in this particular study (Makinen & Johnson, 2006). In follow-up, resolved couples demonstrated lower attachment avoidance as compared to non-resolved couples, but no difference in

attachment anxiety (Halchuk et al., 2010). Couples who were unable to resolve the attachment injury were those who reported lower trust at pretherapy and tended to have multiple attachment injuries throughout the course of the relationship (Makinen & Johnson, 2006). Zuccarini, Johnson, Dalglish, and Makinen (2013) examined the process of change in resolving attachment injuries following the steps outlined by Makinen and Johnson (2006) with 24 couples from that study, finding that couples who resolved their attachment injuries demonstrated deeper emotional engagement in key sessions of therapy, a more reflective stance in processing this experience, and more specific affiliative behaviors in interactions with their partner compared to couples who were unable to resolve the injury. Therapists of resolved couples tended to make greater use of interventions such as reflecting primary emotions, evocative questions to deepen emotional experience, and enactments to increase engagement and responsiveness to attachment related emotions and needs.

Greenberg, Warwar, and Malcom (2010) also developed a model for working with couples struggling to repair an emotional injury from a betrayal in the relationship. Through task analysis of couples' sessions, steps specific to forgiveness of the injury were outlined. Steps taken by the injuring partner included (1) Expressing nondefensive acceptance of responsibility for the injury, (2) Expressing shame/empathic distress, and (3) Offering a heartfelt apology. In response, the injured partner expressed shifts in their view of their partner, followed by acceptance of forgiveness by the injuring partner (Woldarsky Meneeses & Greenberg, 2011, 2014). In a sample of 20 couples who experienced an emotional injury, Greenberg et al. (2010) found that after 10–12 sessions of EFT, 11 couples had resolved the injury and 6 couples indicated progress toward forgiveness. Three couples had indicated progress during the wait-list control period in the 10–12 weeks prior to therapy. In general, these couples improved significantly in terms of relationship satisfaction, trust, and forgiveness.

### **Sexual satisfaction change in EFT**

Preliminary research has addressed the efficacy of EFT to help couples improve their sexual relationship. McPhee, Johnson, and van der Veer (1995) conducted a randomized controlled trial offering 12 sessions of EFT to 49 couples in which the female partner experienced inhibited sexual desire and randomly assigned them to receive EFT or a waitlist control group. The women assigned to receive EFT demonstrated higher sexual desire and lower depressive symptomatology than the control group at posttherapy. In a more recent study, Elliott et al. (2014) examined trajectories in sexual satisfaction in 32 couples who received an average of 21 sessions of EFT (range of 8–35 sessions) from pretherapy to posttherapy and across a 2-year follow-up phase. They found that couples tended to increase in sexual satisfaction from pre- to posttherapy with continued improvements across the follow-up phase. Furthermore, they found that a reduction in attachment avoidance in therapy was a significant predictor of improved sexual satisfaction across follow-up. These studies provide preliminary evidence for the efficacy of EFT to help couples improve their sexual relationship. Notably, EFT does not focus very much on sexual functioning as part of the general therapy model; however, EFT does focus on creating a more secure attachment between partners, which has been associated with better sexual functioning in the literature (Birnbaum, Reis, Mikulincer, Gillath, & Orpaz, 2006). Johnson and Zuccarini (2010) outline a model for addressing sexual concerns in EFT. Future research should investigate the process of addressing sexual concerns in EFT sessions and explore the links between attachment and sexual satisfaction further in EFT.

## Attachment change in EFT

In a recent series of studies, EFT researchers aimed to examine the efficacy of EFT in creating changes in attachment security. The goal of EFT is to help couples create a secure attachment bond. According to EFT theory, improvements in relationship satisfaction are largely due to increased levels of attachment security in the relationship. However, this had been largely left unstudied until recently. In this series of studies, EFT researchers measured self-reported relationship specific attachment security before therapy and then after each EFT session, as well as at four follow-up time points across 2 years after the completion of EFT with 32 couples. Attachment security was also measured behaviorally pre- and posttherapy, as well as at a 2-year follow-up through a coded interaction task using the validated Secure Base Scoring System (SBSS; Crowell et al., 2002). In the attachment and neurophysiological research, secure attachment relationships have been found to facilitate adaptive neurophysiological stress regulation (Coan, 2010). Therefore, they also examined neurophysiological threat responding, (using electric shock as the threat) using fMRI scans at pre- and posttherapy in an experimental paradigm modeled after studies by Coan and colleagues (i.e., Coan, Schaefer, & Davidson, 2006) to examine the co-regulation of threat in couples.

The researchers recruited 32 distressed couples who were also insecurely attached as determined by a self-reported attachment score on the Experiences in Close Relationships Scale (ECR; Brennan, Clark & Shaver, 1998) above the 95% confidence interval of the norms in the attachment literature (Shaver, Schachner, & Mikulincer, 2005). All couples were assigned to one of 14 therapists experienced in EFT and received an average of 21 sessions (with a range of 8–35 sessions). Burgess Moser et al. (2016) examined self-reported attachment anxiety and avoidance session-by-session and behaviorally measured attachment security at pre- and posttreatment using Hierarchical Linear Modelling (HLM; Raudenbush & Bryk, 2002), finding significant linear decreases in attachment avoidance across EFT sessions. In terms of attachment anxiety, only those couples who had achieved a blamer-softening event in stage two of EFT demonstrated significant linear decreases in attachment anxiety across sessions. This event is a key change event in EFT in which the partner who takes a blaming stance in the relationship expresses their distress in terms of attachment needs and primary emotions, and the previously withdrawn partner in the relationship responds in an emotionally attuned way (Bradley & Furrow, 2004). This event is understood in EFT as a corrective emotional experience of secure connection for both partners. Generally, the more withdrawn partner is encouraged to open up first and become available; the more pursuing partner is then encouraged to risk and reach for connection. When this happens both are accessible, emotionally responsive, and engaged (A.R.E. in EFT terms, as in Are you there for me?). Both can now express their needs for comfort and care in a soft, emotionally congruent way that fosters an empathic response from their partner (Johnson, 2004). The researchers also found that couples improved from pre- to posttherapy in behaviorally observed attachment security using an interaction task in which couples were asked to discuss a topic of disagreement in their relationship. The couples' interactions were then coded by two independent coders along two dimensions, secure base use and secure base support using the Secure Base Scoring System (Crowell et al., 2002). Secure base use represents behaviors reflective of a secure attachment to one's partner (clarity of attachment signaling, signal maintenance, approach, ability to be comforted) and secure base support represents responsive behaviors that support secure attachment in the other partner (interest in the partner's distress, recognition of distress, attuned interpretation of distress, and responsiveness to the distress). The researchers found that couples demonstrated significant improvement in both secure base use and secure base support posttherapy. Furthermore, these researchers



examined the association between self-reported attachment and relationship satisfaction. They found that linear reductions in attachment anxiety and avoidance were significantly associated with linear improvements in relationship satisfaction across EFT sessions (Burgess Moser et al., 2016). This is the first study to demonstrate that couple therapy interventions can impact, not just current relationship satisfaction, but the security of an attachment bond.

Wiebe et al. (2014) examined attachment in a 2-year follow-up study with the same 32 couples in the study outlined above. They examined trajectories of self-reported relationship specific attachment anxiety and avoidance across six time points (pretherapy, posttherapy, 6, 12, 18, and 24 months follow-up) using HLM. They also examined the trajectories of secure base use and secure base support attachment behaviors in these couples at pretherapy, posttherapy, and 24 months follow-up. They found that attachment anxiety, secure base use, secure base support, and relationship satisfaction continued to improve from pre- to posttherapy and across the follow-up time points (Wiebe, et al., 2014). However, attachment avoidance did not follow this same trajectory. This study raises the possibility that the attachment avoidance changes in therapy as found by Burgess Moser et al. (2016) may be less likely to continue improving in follow-up. Future research is needed to determine possible reasons for this. One possible explanation may be that attachment avoidance is generally less amenable to change in therapy than attachment anxiety (Wiseman & Tishby, 2014).

These researchers also examined neurological threat responses in female partners using fMRI scans at pretherapy and posttherapy (Johnson et al., 2013). Female partners were primed with the threat of electric shock delivered to their ankles under three conditions: (1) lying alone in the fMRI scanner, (2) while holding a stranger's hand, (3) while holding their partner's hand. The results showed that brain areas involved in processing fear were highly active when the women were lying alone in the fMRI scanner, holding the hand of a stranger, and holding their partner's hand at pretherapy. At posttherapy, their brains still registered alarm when alone or holding a stranger's hand; however, when holding their partner's hand after therapy, the neurological alarm response was significantly attenuated. That is, after EFT, when holding their partner's hand, female partners demonstrated significantly less neurological threat activation and also reported less pain from the shock when it was delivered (some 20% of the time).

## EFFECTIVENESS RESEARCH

Most research in EFT has been conducted in controlled settings with specific inclusion and exclusion criteria for enrollment. However, the advent of a new application of EFT in the form of a group-based educational format that has been widely adopted has lent itself well to a broad-based evaluation of these services. This group-based version of EFT for couples is called "Hold Me Tight: Conversations for Connection". This program outlines the steps of EFT in the form of structured conversations, as formulated in the book *Hold Me Tight: Seven Conversations for a Lifetime of Love* (Johnson, 2008), that less distressed couples can grasp and practice at home. A recently conducted effectiveness study examined the outcomes of this program applied across multiple settings in the United States and Canada (Kennedy, Johnson, Wiebe, & Tasca, 2015). Specifically, these researchers enrolled 95 couples in 16 HMT groups across Canada and the United States and examined relationship satisfaction, attachment, trust, and intimacy at 8 weeks before the start of the group, the first group session (pregroup), at the last session (postgroup) and follow-up (follow-up data were gathered between 3–6 months after the end of group). Nine of the groups were held as 8 weekly sessions and seven of the groups were held as weekend retreats. Overall, in terms of relationship functioning, these couples were, on average, in

the nondistressed range ( $M = 106.63$ ;  $SD = 10.08$ ). These couples demonstrated significant improvements in relationship satisfaction from baseline to postgroup in terms of relationship satisfaction, and the effects were large ( $d = .81$ ), but no significant change from baseline to pregroup, suggesting that participation in the group was involved in the improvement of relationship functioning as opposed to simply the passage of time. Using hierarchical linear modeling (HLM), these researchers modeled the trajectory of change in relationship satisfaction for the couples in the HMT groups. They found that couples demonstrated very little change from baseline (8 weeks prior to the start of group) to pregroup (the first session), and increases from pre- to postgroup, and a decrease from postgroup to follow-up. An increase in trust was also found from baseline to postgroup with a medium effect size ( $d = 0.42$ ), but not from baseline to pregroup. The trajectory of change in trust across time involved no change from baseline to pregroup, increases from pregroup to postgroup with decreases from postgroup to follow-up (Kennedy et al., 2015). There were no significant changes found for attachment or intimacy. These results suggest that the EFT model, as formatted in the Hold Me Tight group-based program, can be effective for nondistressed couples across North America.

## PREDICTORS OF OUTCOME AND PROCESS RESEARCH

Emotionally Focused Therapy for Couples research has a strong tradition of exploring the factors involved in promoting successful outcomes for couples. In the first years of the formulation of the EFT model, Johnson and Greenberg, (1988) explored how partner statements in EFT sessions predicted outcomes. They found that a greater depth of experiencing and more affiliative interpersonal responding by partners in EFT sessions predicted more improved relationship functioning for couples in therapy. Since this first EFT process study, EFT researchers have delved into exploring the many aspects that can impact the outcomes of therapy, including couple and partner factors, therapeutic events, and therapist interventions (Greenman & Johnson, 2013).

### Predictors of Outcome in EFT

The first researchers to examine baseline characteristics of couples at the start of therapy as possible predictors of outcome were Johnson and Talitman (1997). They recruited 36 couples for the study to receive 12 weekly sessions of EFT. Each couple was assigned to one of 13 doctoral level therapists in clinical psychology who were experienced in providing EFT. They examined theoretically relevant factors at baseline via self-report measures including attachment, emotional self-disclosure, trust, and traditionality. They also examined demographic variables such as age and relationship length as predictors of outcome. The findings revealed that older age of the male partner was a predictor of improvements in relationship satisfaction from pre- to posttherapy and higher relationship satisfaction at 3 months follow-up. They also found that male partner proximity seeking (a dimension of attachment) was associated with higher relationship satisfaction at posttherapy. Furthermore, male partners who were lower in proximity seeking tended to have greater improvement in couple relationship functioning from pre- to posttherapy. These results suggest that when male partners tend to turn to their partners more readily at the start of therapy, the couple tends to be less distressed at the end of therapy. However, those couples in which the male partner is less likely to turn to his partner emotionally improve more in therapy in relationship functioning, presumably because EFT therapists focus on fostering proximity seeking during therapy. Consistent with these results, they also found that male partners who were rated as low in self-disclosure by their partners at baseline improved most in terms of relationship satisfaction. In terms of trust, female partners

with higher levels of faith in their partner's caring at baseline significantly predicted couple relationships satisfaction at posttherapy. They also found that the 'task dimension' of the therapeutic alliance was a significant predictor of outcome, which is an aspect of the alliance reflecting the client-perceived relevance of the therapy sessions to addressing their concerns. A key factor in the success of EFT appears to be that clients perceive its focus and interventions as on target and getting to the heart of their issues. The initial level of relationship distress at intake had no impact on the success of EFT.

A recent study by Dalglish, Johnson, Burgess Moser, Lafontaine et al. (2015) sought to examine theoretically relevant baseline variables as possible predictors of session-by-session shifts in relationship satisfaction using hierarchical linear modeling (HLM). They found that higher relationship-specific attachment anxiety and higher emotional control at the start of therapy predicted linear improvements in relationship satisfaction across EFT sessions (Dalglish, Johnson, Burgess Moser, Lafontaine et al., 2015). This finding is consistent with the findings of Johnson and Talitman (1997) that partners who tend to hold back from reaching out to their partner emotionally tend to benefit most from EFT. The finding by Dalglish, Johnson, Burgess Moser, Lafontaine et al. (2015) that couples with higher attachment anxiety in the relationship tend to benefit more from EFT makes sense given that EFT therapists focus on helping partners share attachment anxieties and promoting responsiveness to one another's attachment signaling. In this way, the therapist helps the couple create a safe haven in their relationship that would serve as antidote for attachment anxiety.

In a follow-up study with these same couples, Wiebe, Johnson, Burgess Moser, Dalglish, Lafontaine, and Tasca (2014) examined changes from pre- to posttherapy in theoretically relevant variables as possible predictors of the trajectories of relationship satisfaction across four follow-up time points (6, 12, 18, and 24 months follow-up). They found that reductions in attachment anxiety, attachment avoidance, and improvements in trust in the relationship, as well as greater depth of experiencing in therapy sessions, predicted increases in relationship satisfaction across follow-up. They also found that the predictor that accounted for greater variance in relationship satisfaction across follow-up was reduction in attachment avoidance in therapy. Thus, reductions in attachment avoidance in therapy could be seen as a long-term prognostic factor of relationship satisfaction outcomes after completing EFT. The implication for therapists is to actively target attachment avoidance in therapy, and to monitor changes in attachment avoidance before termination. Specifically, therapists should attend to hypo-activating strategies characteristic of attachment avoidance through EFT interventions such as heightening and evocative responding.

## **Process Research in EFT**

The emphasis on linking therapeutic process and outcome in EFT research has allowed for a close relationship between research and practice in which each informs the other and has contributed toward narrowing the research-practice gap that has been noted as an ongoing problem in the field of psychotherapy (Sprenkle, 2003). Two main aspects of the therapeutic process have been identified as key elements of change, depth of emotional experiencing and the gradual shaping of interactions to help partners clearly express fears and needs and to move toward affiliative responding with one another (Greenman & Johnson, 2013). A key aspect of the therapeutic process in EFT, the blamer softening change event, has been found to predict successful outcomes and shifts in negative interaction cycles (Bradley & Furrow, 2004, 2007; Dalglish, Johnson, Burgess Moser, Wiebe, & Tasca, 2015). Recent research by Dalglish, Johnson, Burgess Moser, Lafontaine et al. (2015) examined the blamer-softening event relative to shifts in relationship satisfaction

across EFT sessions. They found that the completion of a blamer-softening event in EFT was associated with linear session-by-session improvements in relationship satisfaction.

Given the significance of the blamer-softening event in relation to outcomes in EFT, Bradley and Furrow (2004) sought to better understand the therapist interventions involved in fostering the blamer-softening event. They found that a number of key themes emerged in the process of a successful blamer-softening event; specifically, the therapist supported both partners to regulate emotion, and especially helped the blaming partner to formulate and express underlying attachment fears. To further understand the therapist behaviors that foster the blamer-softening event, Furrow, Edwards, Choi, and Bradley (2012) analyzed nine therapy tapes involving successful or attempted softening attempts. They coded these tapes for therapist vocal quality, and therapist awareness and responsiveness to the emotional content in the session. They found that the therapist's emotional presence and corresponding vocal quality were associated with successful softening events. This is consistent with EFT theory that stresses the importance of emotionally attuned responsiveness by the therapist in the session (Johnson, 2004).

McRae, Dalgleish, Johnson, Burgess Moser, and Killian (2014) examined whether emotion regulation strategies at baseline, emotion self-awareness and emotion control, would predict whether couples had a softening event or not. They found that neither of these emotion regulation strategies were predictive of softening in EFT. Dalgleish, Johnson, Burgess Moser, Wiebe, and Tasca (2015) examined relationship-specific attachment at baseline as a possible predictor of the ability of couples to achieve a blamer-softening event in EFT. They found that neither attachment avoidance nor attachment anxiety in the relationship significantly predicted the occurrence of a softening event in therapy. However, they did find that among couples who did have a softening event, those who were higher in attachment avoidance at intake demonstrated less improvement in relationship satisfaction (Dalgleish, Johnson, Burgess Moser, Wiebe, & Tasca, 2015). This result is interesting, as it seems to suggest that couples with higher attachment avoidance at baseline benefited less from this key therapeutic event. The authors proposed that this may be due to partners with higher attachment avoidance tending to use de-activating affect regulation strategies, thus making them less likely to take in and integrate their partner's open and clear sharing of attachment needs during the softening event and more likely in contrast with maintaining emotional distance from their partner (Dalgleish, Johnson, Burgess Moser, Wiebe, & Tasca, 2015).

In a second study with the same sample of couples, Burgess Moser et al. (2016) examined the process of session-by-session change in relationship-specific attachment among the couples who achieved a blamer-softening event. Using Hierarchical Linear Modeling (HLM) discontinuity analysis, they examined the rate of change in attachment before and after the softening event as well as the degree of change. They found that at the blamer-softening session, couples reported an *increase* in relationship-specific attachment anxiety. However, this initial increase in attachment anxiety at the softening session was followed by significant reductions in attachment anxiety across the remainder of sessions at a steeper rate than couples who had not softened (Burgess Moser, Dalgleish, Johnson, Wiebe, & Tasca, 2012). They also found that couples demonstrated significant increases in relationship satisfaction and reductions in relationship-specific attachment avoidance after the softening event (Burgess Moser et al., 2012). These results suggest that the softening session itself may initially result in increased attachment anxiety in the relationship, but ultimately pays off in terms of greater attachment security for these couples by the end of the therapy process as compared to those who did not soften. This is consistent with EFT theory that stating attachment needs in a clear way to one's partner is a risk that may lead to feelings of vulnerability and fear in the moment. However, when one's attachment needs and fears are responded to in an emotionally attuned way, this paves

the way for a more secure bond that would have never been possible had the risk to share never been taken.

Zuccarini et al. (2013) sought to better understand the therapeutic interventions involved in fostering healing of attachment injuries in EFT. They found that interventions as formulated in the EFT model including evocative responding, increasing awareness of process patterns and emotions, structuring enactments, and facilitation of softer, primary emotions were associated with the resolution of an attachment injury in the relationship (Greenman & Johnson, 2013; Zuccarini et al., 2013). This is consistent with the emphasis in EFT on interventions that deepen the exploration and sharing of attachment needs and primary affect in the relationship are central to successful outcome.

Given the importance of the therapeutic alliance toward predicting treatment outcomes in EFT, Swank and Wittenborn (2013) examined the process of repairing a ruptured therapeutic alliance in EFT through task analysis. The authors outlined the steps involved in repairing an alliance rupture in a rational-empirical model in which the therapist would (1) verbally inquire and raise concern about the possible rupture, (2) support the client in exploring their emotional reaction to the event that precipitated the rupture, (3) express remorse and take responsibility for their role in the event, and (4) show appreciation for the disclosure by the client and inquiring about the reaction of the other partner.

## RESEARCH IN EFT SCALE DEVELOPMENT

Emotionally Focused Therapy for Couples researchers have developed model specific measures in two main areas, fidelity and couple responsiveness.

### EFT Fidelity Assessment

Adherence to the EFT model has traditionally been maintained through close supervision or through adherence checklists (i.e., Makinen & Johnson, 2006). However, more recently, Denton, Johnson, and Burleson (2009) developed the Emotion-Focused Therapy-Therapist Fidelity Scale (EFT-TFS) as a tool to assess therapist fidelity to the EFT model in therapy sessions. The EFT-TFS is a scale involving 13 skills that are central to faithfully implementing the EFT model. The therapy session would be rated according to these 13 skills to determine the extent to which the therapy session adhered to the EFT model. Sandberg et al. (2015) conducted a validation study to assess the scale's reliability and validity. They had six EFT therapists rate 12 therapy sessions with the scale. They found a high degree of inter-rater reliability between coders, and a good ability of the scale to distinguish between sessions with low versus high adherence to the EFT model.

### Partner responsiveness in EFT

Attachment self-report measures have been developed to measure adult attachment styles, such as the Experiences in Close Relationships Scale (ECR; Brennan, Clark & Shaver, 1998), however, these measures focus less on specific behaviors and more on cognitive aspects of attachment. Bowlby (1973) emphasized accessibility and responsiveness as key attachment behaviors that promote attachment security. Sandberg, Busby, Johnson, and Yoshida (2012) developed a self-report measure to assess partner accessibility and responsiveness to one another called the Brief Accessibility, Responsiveness, and Engagement (BARE) scale. This validation study found good internal consistency reliability and predictive validity of the BARE scale. The authors found that the scale significantly predicted relationship stability and satisfaction.



## RESEARCH IN EFT TRAINING

A branch of EFT research that stands out is the interest in the impact of training in EFT on couple therapy practice and the lives of couple therapists. Most of these studies are qualitative or exploratory in nature, and provide a nuanced picture of the experience of training as an EFT therapist. To assess the influence of EFT training on therapists' couple therapy practice, Montagno, Svatovic, and Levenson (2011) surveyed 76 couple therapists after a 4-day training externship that included didactic training, live demonstrations of EFT, and interactive role-play, and followed up with a subset of these therapists ( $N = 29$ ) 8 months later to assess changes in EFT knowledge and competence, attachment, affect regulation, and self-compassion. They found that therapists reported increased EFT knowledge and competence, improvements in affect regulation, reductions in attachment avoidance, and improved personal relationship functioning after the training. They did find a significant reduction in knowledge from posttraining to 8 months follow-up; however, follow-up scores remained higher than pretraining scores. Sandberg and Knestel (2011) investigated the experience of learning EFT in 122 EFT therapists through online self-report questionnaires. Therapists indicated that learning EFT had a positive impact on their practice and also on their personal relationships. The therapists also raised a number of challenges that they encountered in learning EFT including the time and effort required of them through training and supervision to develop competency in this model. However, the overall feedback was that the training in EFT was worthwhile and had a positive impact on their practice as well as their personal relationships. Sandberg, Knestel, and Schade (2013) conducted a qualitative study to further explore therapists' perceptions of the effect of training in EFT on their therapy practice. They surveyed 124 clinicians who had trained in EFT with open ended questions on the impact of EFT training on their practice. Therapists reported specific positive changes in their therapeutic practice including focusing on emotion, slowing down their pace in session, demonstrating more empathy, and caring in therapy sessions. Therapists also reported improvements in their own close relationships with family and friends.

EFT researchers have also explored the impact of therapist characteristics on delivery of EFT in new EFT therapists. Wittenborn (2012) explored the attachment orientations of novice therapists and their delivery of EFT in a simulated session. They found that therapists with more secure attachment styles tended to demonstrate greater competence in working with attachment needs and emotions in the session, and fewer alliance ruptures.

Emotionally Focused Therapy for Couples researchers have also focused on factors that facilitate or impede progress in learning EFT. Duplassie, Macknee, and Williams (2008) examined incidents and experiences that helped or hindered the process of training as an EFT therapist. They interviewed 14 therapists about critical incidents that they felt helped or hindered their training. Helpful factors included exposure to EFT sessions, and discussion of EFT concepts. Unhelpful incidents included experiencing anxiety about being an effective EFT therapist, counter transference reactions. These findings are consistent with the EFT training model focusing on discussion and exposure to live sessions, as well as supervision in the process of training to be a certified EFT therapist.

In a qualitative analysis of effective EFT supervision, Palmer-Olsen, Gold, and Woolley (2011) interviewed 17 EFT therapists about their views of effective EFT supervision. They identified six themes: (1) secure supervisory alliance, (2) processing self-of-the-therapist issues and emotion regulation, (3) modeling EFT interventions, (4) live session review with specific positive and corrective feedback, (5) utilizing didactic training materials, and (6) goal-setting and evaluation. With this feedback, the authors formulated a model for EFT supervision along the six themes.

Overall, learning EFT appears to be perceived by trainees as a valuable endeavor with positive impacts on their practice with couples, as well as their own relationships. Taken together, this body of work has culminated in the development of a training model for new EFT therapists that is comprehensive, structured, and evidence based (Palmer-Olsen et al., 2011).

## CONCLUSIONS, IMPLICATIONS, AND NEW DIRECTIONS FOR EFT RESEARCH

Since the development of EFT in the mid-1980s, researchers have established EFT as an evidence based treatment that meets or often exceeds the guidelines for being classified as an evidence-based couple therapy at the very highest level outlined by Sexton et al. (2011). It also appears to be the only couple intervention to meet these criteria. The only area in which empirical research is missing is in testing EFT across different cultures. However, attachment theory, the basis of EFT, posits a universality in attachment needs and fears, and research suggests a universality in the structure of emotion, even in the face of different cultural rules about emotional expression. Future research in EFT will continue to address the areas, such as the process of change, that are most important to clinicians and to rigorously test the EFT model in new areas, such as in the currently ongoing research on an EFT group intervention for helping couples cope with physical illness, such as heart disease.

Finally, it is worth noting that EFT is a model of intervention based on a coherent and well-researched theory of adult love relationships which then allows for focused intervention directed toward the core defining variables in love relationships. EFT practice has developed over the last 30 years in tandem with the new science of adult bonding and has also contributed to this with studies such as the brain scan study (Johnson et al., 2013) noted above, the results of which support the main tenets of attachment theory. We appear to be beginning a new and promising era in our understanding of our most crucial relationships and thus our ability to shape them.

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