EMOTION-FOCUSED COUPLE THERAPY: USING EMOTIONS AS A PATHWAY TO CHANGE

By Jamie Levin-Edwards, Psy.D. and Charles Edwards, Ph.D.

Emotion-focused couple therapy (EFT-C) was introduced in the 1980’s by Leslie Greenberg and Susan Johnson as an alternative to behavioral approaches which often viewed emotions, especially negative emotions, as part of the problem rather than as a powerful and necessary agent of change. The emphasis of EFT-C (Greenberg and Johnson, 1988) was on creating a more secure attachment by helping the partners access and express their deeper feelings and adult needs for closeness as well as increasing the partners’ empathic responsiveness to these feelings. This restructures the emotional bond and creates stable, positive interaction cycles.

Overview

EFT-C is a short term, focused treatment that blends experiential and systemic interactional approaches to help partners reprocess their experiences and reorganize interactions to create a secure bond between the partners. When a secure bond is threatened, partners constrict their experiencing and become locked into rigid, repetitive, maladaptive emotions, meanings and interactional cycles. An observer watching an EFT session with a couple would see the therapist focusing on the here and now emotional responses of the partners, helping to articulate and expand how each constructs their inner emotional experiences. The therapist would help each partner generate new meanings in their experiences of both self and other that will then empower them and facilitate growth. The observer would also see the therapist tracking and exploring interactional moves and countermoves to help the couple create new interactional events that redefine the relationship as a source of security, protection, and comfort for each of the partners.

What does this change process look like? A husband’s stonewalling withdrawal softens until he can express his underlying feelings of shame and helplessness. He can then assert his need for respect and become more accessible to his wife. His wife’s critical anger expands into fear and sadness, and then she can ask for and elicit comfort. New cycles of bonding interactions occur and replace negative cycles such as pursue-withdraw or criticize-defend. These positive cycles then become self-reinforcing. The relationship becomes a safe haven and healing environment for both partners.

Research

EFT-C is one of the leading evidence-based couple therapy models (Gurman & Jacobson, 2002). Research studies find that 70-73% of couples move from distress to recovery and approximately 90% of treated couples show improvements (Johnson, 2004). The results of treatment appear to be stable even under high stress situations such as parents of chronically ill children (Clothier, Manion, Gordon-Walker & Johnson, 2001). Research has also studied the process of change and identified key change events and key
Attachment Theory

Emotion focused therapy, whether individual or couple therapy, is informed by attachment theory, modern emotion theory, and affective neuroscience. Attachment theory was developed by John Bowlby (1988) from his research on the psychological adjustment of babies and children who were orphaned during the Second World War. He believed that attachment is an innate survival mechanism which is hard wired by evolution. Seeking and maintaining contact is a prime motivation; isolation is inherently traumatizing. According to attachment theory, every person has a yearning for a secure attachment to a significant other throughout his or her lifetime. In a secure attachment, both people experience the relationship as a safe haven and a source of security and nurturance. Security in primary relationships help us to better regulate our emotions, process information effectively, be more open, assertive and empathic in our communication, and to have a more coherent, articulated and positive sense of self. In secure relationships, both partners are emotionally accessible and responsive to each other.

Attachment involves representational models of self and others (Bowlby, 1988 referred to these as working models) that also reflect ways of processing and dealing with emotions. These models of self and others, formed out of thousands of interactions between parent and child, become expectations and biases that are carried forward into present interactions and new relationships. These are not simple one dimensional cognitive schemas; they are procedural scripts for how to create relatedness. These scripts include beliefs, goals and strategies and they are colored by emotion. These models are developed, maintained, and most important for the couple therapist, changed through emotional interaction.

Attachment Styles

If the partners are not responsive to bids for connection, then one of three emotion-regulation strategies is likely (Bartholomew, 1990). One insecure strategy, avoidant attachment, is to become withdrawn and deny attachment needs. This strategy might be characterized by “I am an island; nothing touches me. I just shut down when things get too stressful”. A second insecure strategy, anxious attachment, is to become highly anxious and cling to the partner in an effort to force responsiveness (often through critical comments). This might be characterized by “He’ll let me down. No one is ever there for me” or “Why can’t he just be more affectionate? Then I wouldn’t get so mad”. The third insecure strategy has been referred to as “disorganized” in the child literature and as “fearful avoidant” in the adult literature. It is associated with traumatic attachments in which others are both the source of fear and the solution to fear. This form of attachment often occurs in children subjected to emotional or physical mistreatment. It might be characterized by “Come here; I need you but you are dangerous; go away” or “I want you close. I need you so. But I don’t trust you so I end...
up saying come close but don’t touch.” This disorganized strategy makes it exceedingly difficult for the partners of such individuals to respond to them consistently.

These insecure attachment strategies become rigidified patterns of emotion regulation which create negative interaction cycles. For example, the more one partner clings and pursues, the more the other withdraws, avoids and stonewalls. The more the other partner stonewalls, the more the first partner pursues. Research has shown that individuals whose partners characteristically use one of the three insecure strategies report lower relationship satisfaction. Couples in which neither partner relies on an insecure strategy report better adjustment than couples in which either or both partners use insecure strategies (Lusier, Sabourin, & Turgeon, 1997). In the last 10 years, research on adult attachment has demonstrated that secure attachments are associated with higher levels of intimacy, trust and satisfaction (Cassiday & Shaver, 1999).

**Emotion Theory and Affect Regulation**

Over the last decade there has been a shift from viewing emotion as disruptive to seeing emotions as a fundamentally adaptive resource. Emotion is the most primary form of communication and the most important element of an interactive relationship. In couples, emotional communication occurs not only at a conscious, verbal level, but also at a nonverbal, unconscious level and is strongly affected by physiology. Partners influence each other’s heart rate, breathing, neurotransmitter production, and physical well-being (Ackerman, 1995). Emotions tell partners what is personally important and provide information about the state of their relationship, informing them when their bond is stable and secure or has been disrupted. Emotion influences what people pay attention to and how they interpret what they see. At the most basic level, emotion creates secure bonds, but maladaptive emotion tears them apart.

Greenberg and Goldman (2008a) have recently expanded the original emphasis of EFT-C on attachment theory to emphasizing the centrality of affect regulation. They wrote, “So in our view, it is emotional reactivity and regulation, not internal working models and attachment styles, that generate people’s attachment-related perceptions, motivation and behaviors” (p. 83). Couples conflict is thus seen by these authors as developing when there are difficulties in both other-regulation and self-regulation of affect.

Greenberg and Goldman (2008a) maintain that affect regulation organizes three motivational systems: attachment, identity maintenance and attraction. They believe that each of these motivational systems is driven by the positive and negative emotions they generate making the relationship a source of either emotional regulation or emotional dysregulation. With regard to the positive emotions, people are motivated to feel secure in the attachment system, respected and validated in the identity system, and enjoyed and excited in the attraction system. When the bond is disrupted, the negative emotions associated with the motivational systems are fear, anxiety and sadness at separation in the
attachment system and shame, powerlessness, fear of loss of control and anger in the identity system. Like Johnson (2004), Greenberg and Goldman (2008b) view having a secure attachment connection as a central issue for most couples but they suggest “We attach because attaching helps us to regulate our affect. In our view, affect regulation...is a core motive that leads to attachment.” (p.283).

In addition to being motivated to have a secure attachment, Greenberg and Goldman believe that each partner needs to have his or her identity validated and respected by the other. This is an important extension of classic EFT-C theory. The earlier work of EFT-C focused on pursuer-distancer cycles, but the painful feelings underlying dominance/submission cycles were not clearly discussed. Dominance/submission cycles develop when identity is threatened; couples argue about decisions in order to feel recognized, maintain status, confirm their identities and feel a sense of control. Issues of power and control escalate when our view of our self is threatened or our versions of reality are not validated. When identity is threatened, feelings of shame, fear, and anger generally ensue. Greenberg provides a framework for how to work with the emotions that drive dominance cycles and help partners regulate their self-esteem, and maintain their identities and sense of agency.

Greenberg and Goldman postulated a third motivational system they referred to as attraction and liking. They believe that the positive feelings that ensue when partners are interested in, like and feel attracted to each other are important in promoting the couple’s relationship. This motivation is more focused on positive feelings than distressing feelings and is therefore not about conflict but about maintaining, enhancing and sustaining the relationship. This motivational system can help maintain the couple’s bond during times of conflict and distress. The attraction motivation engenders feelings of love, joy, and pleasure in the other. This motivation implies that it is important to work directly on engendering warmth and affection in couple therapy. For example, Johnson (2008) discusses helping couples develop positive rituals which can enhance the emotions of liking and love.

**Three Therapeutic Tasks**

There are three primary tasks in EFT-C: creating a therapeutic alliance, accessing and reformulating emotion, and restructuring key interactions.

*The first therapeutic task,* the creation of the alliance, is based on techniques of humanistic and experiential therapies and includes a focus on empathic attunement, acceptance, and genuineness. The formation of a therapeutic alliance is an integral part of treatment. The therapist’s responsiveness and accessibility creates a safe, secure environment which allows couples to explore interactional processes and the emotions underlying them. The quality of the therapeutic alliance in EFT-C seems to be a much more powerful predictor of treatment outcome than initial distress level, which has not been found to be an important predictor of long term success in EFT treatment (Johnson,
The second therapeutic task in EFT-C is accessing, expressing, and reformulating emotion. Couple therapists need to be able to make an accurate assessment regarding which emotions need to be acknowledged, expressed and explored and which need to be bypassed, contained, or soothed. Simply encouraging partners to experience and express all emotions is not therapeutically useful and will derail the therapy process. An important therapeutic skill is the ability to distinguish between primary adaptive and maladaptive emotions, secondary emotions, and instrumental emotions.

Primary emotions are here and now, immediate and direct responses to situations. They can be adaptive or maladaptive. Adaptive primary emotions are direct reactions consistent with the immediate situation and help the person to take appropriate actions. Common primary emotions include fear in response to a threat, anger in response to a violation or sadness in response to a loss. Primary adaptive emotions need to be accessed, more fully experienced, and expressed.

Primary maladaptive emotions are also direct reactions to situations but they involve over-learned responses from the past such as unresolved issues with significant others, past traumas, and pain from unmet needs. They have a disorganized quality, tend to be destructive to both self and relationships, are rigidly expressed, and are resistant to change. An example of a maladaptive emotion would be a client responding with anger to her partner’s empathy and caring because caring was often followed by emotional abuse when she was a child. With maladaptive emotions, therapists help the client access, explore and express different, underlying adaptive emotions (e.g., replacing maladaptive anger with sadness).

Secondary emotions are reactions to and attempts to cope with primary emotions that are experienced as threatening. They often obscure the primary emotion and are defensive responses. For example, anger may be masked by depression or a sense of shame may be masked by fear and hostility. Secondary emotions require empathic exploration to discover the underlying primary emotion from which they are derived.

A therapist’s ability to access and engage the couple’s emotional experience is essential to facilitating change. The therapist focuses on the more vulnerable primary, adaptive emotions like fear, sadness, shame or anxiety, that play a central role in the couple’s negative interaction cycles. These emotions are usually those that are the most salient in terms of attachment needs and identity validation. The therapist leads the couple to new levels of emotional engagement by helping the partners experience and express these more vulnerable emotions. It is not enough to simply reframe negative emotions or name emotions in order to initiate change, but a new experience of emotion in the session must occur that then organizes new interactional responses.
The therapist uses experiential interventions that include empathic reflection, evocative questions, validation, heightening, differentiation of feelings, and empathic conjecture. Evocative questions include questions like “What is it like for you when...” or “What happens inside of you when you hear him say that?”. Heightening uses techniques such as repetition or creating metaphors and images to intensify emotions. Empathic conjectures are inferences that the therapist makes about the client’s need to have a secure attachment and to have his or her identity validated by the partner. The therapist uses these inferences to expand on and develop the client’s experience and to formulate new meanings regarding interactional positions and definitions of self. Two examples of empathic conjecture are: “You don’t believe it’s possible that he could see this part of you and still accept you, so you have no other option but to hide”, and “When you say it’s hopeless, no one has ever really been there for me, I get the sense that even though you shut down, you really long for him to be there, for him to hold you when you’re feeling alone”.

An observer watching an EFT-C therapist focus on emotion would see:
- The therapist accessing emotions that provide an understanding of each partner’s needs and fears and how the couple interacts.
- The therapist helping the partners change their typical ways of processing and regulating their emotions in interactions with their partner. For example, helping partners to become aware of how they express anger indirectly through criticism or withdrawing to avoid vulnerability.
- The therapist accessing and restructuring key emotional experiences (e.g., feelings of sadness that appear as numbness) that may be out of the partner’s awareness.
- The therapist using primary attachment emotions to shape new responses that are critical to developing secure attachment. For example, helping the client express anger, identify underlying sadness, and then ask for caring from their partner.

The third therapeutic task is to create and choreograph new interaction patterns. The therapist tracks and reflects the process of interaction to make the patterns and negative cycles explicit. This involves slowing down and clarifying the steps in the interactional dance and replaying key interactional sequences. For example, the therapist might say, “So what just happened here? She said she is overwhelmed and needing help and I noticed that you looked away and stared out the window.” The therapist will also reframe interactions in terms of underlying attachment needs to shift the meaning of specific responses thereby fostering a more positive perception of the partner. An example of this type of intervention would be “So when you feel threatened you attack and distance rather than letting him know you’re afraid, and what you really want is for him to hold you”.

Another intervention to restructure and shape interactions is to ask partners to do an enactment. Enactments are used to bring partners into more heightened emotional contact, to crystallize present positions so they can be seen and owned and to
choreograph specific change events. In an enactment, the therapist directs one partner to talk directly to the other and gives that partner specific directions that heighten the primary emotion. The therapist then monitors and helps them process the emotional contact. For example the therapist might turn to one partner and say “Can you turn to her and tell her ‘I will keep hiding behind my wall until you put down your gun and stop shooting at me?’” The therapist then helps the other partner to process his or her emotional reaction to formulate a response.

An observer watching an EFT-C therapist restructure interactions would see:
- The therapist describing the problematic interactions in terms of a recurring pattern such as blame-defend or pursue-withdraw.
- The therapist reframing the negative cycle as the problem which has a life of its own and keeps the partners from having a safe, secure connection.
- The therapist tracking the couple’s response patterns and highlighting sequences (the steps in the couple’s interaction) in order to clarify the positions the partners take with each other.
- The therapist helping the withdrawn partner to talk about his feelings of shame and helplessness.
- The therapist supporting the blaming partner in asking for attachment needs to be met from a position of vulnerability.

**Treatment Process**

Greenberg and Johnson (1988) described nine steps to the treatment process of EFT-C and these were subsequently organized by Johnson (2004) into three stages: negative cycle de-escalation, restructuring the negative interaction, and consolidation and integration. Greenberg and Goldman (2008) made a significant extension to Johnson’s classic model by expanding it to five stages (with 14 steps). Their five stages are: validation and alliance formation, negative cycle de-escalation, accessing underlying feelings, restructuring the negative interaction and the self, and consolidation and integration.

Although there is considerable overlap between the models, Greenberg and Goldman (2008a) focused more on individual emotional processes than did the original model. They suggest that couple therapy must have a dual focus. One focus is having “partners both reveal and become responsive to each other’s underlying vulnerabilities based on healthy adult needs for closeness and recognition”. The second focus is enhancing “partners’ expression and self-regulation of underlying painful affect, based on unmet childhood needs and unfinished business” (p. 11). The therapist needs to help partners soothe and be responsive to their partners’ emotions as well as develop tolerance for need frustration and the ability to regulate their own emotion.

**Summary**

EFT-C is an empirically validated approach to couples therapy that offers an
integrative model drawing on experiential-process, systems, attachment, and emotion theory. It provides a detailed road map for the therapist to help partners become more responsive and accessible to each other. By changing negative patterns of interaction, helping partners express adaptive primary affects, and modifying their intrapsychic representational world, an EFT-C therapist can help couples make deep and lasting changes in their relationship.

References


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Jamie Levin-Edwards, Psy.D. & Charles Edwards, Ph.D. have been in private practice in Portland for 30 years. Jamie & Charles have been influenced by existential, psychoanalytic, gestalt, and emotion focused therapy. In addition to providing individual and couple therapy, they offer training and consultation for therapists. In their training groups, Jamie & Charles are particularly skilled in integrating theory with practice and creating a safe, relaxed, and lively learning environment. They can be reached at 503-222-0557 or jamie@edwardspsychotherapy.com.