

## **Emotionally Focused Therapy: A Model and Map Toward Loving Connection**

I use *Emotionally Focused Therapy* (EFT) informed by basic neuroscience to guide my practice with individuals, couples, and families. Finding an approach that is empirically validated that feels spiritual is exhilarating. I believe the essence of spirituality is to uncover and embrace the deep relationality of our existence. The sharp relational focus of EFT resonates with my intense passion for vibrant relationships—relationships with God, self, neighbor, and creation. The degree to which we are lovingly connected to God, ourselves, and others, is the degree to which we will experience emotional and spiritual health and vitality. One without the others leaves a lopsided faith and a life journey deprived of valuable relational resources for healing, transformation, and living an energetically vibrant life. Thankfully, a core EFT tenet is that human beings are wired for relationality (Johnson, 2004; Johnson, 2013). While EFT is used with individuals, couples, and families, this paper will primarily focus on EFT with couples (Johnson, 2019).

### **Underlying Theory**

Emotionally Focused Therapy is an evidence-based, humanistic, non-pathologizing, attachment-focused, and systemic approach to couple therapy (Greenberg & Johnson, 1988; Johnson & Greenberg, 1985). It was first developed in the 1980s by Leslie Greenberg and Susan Johnson (Greenberg & Johnson, 1988; Johnson & Greenberg, 1985). Greenberg and Johnson were not satisfied with the behavioral couple treatments that were available at the time and desired to develop an approach that was more humanistic, experiential, and systemic (Johnson, 2004; Johnson 2015). Instead of focusing on behaviors or cognitions, EFT prioritizes emotions in an attachment framework (Johnson, 2004). Emotions are the primary targets for processing and essential ingredients for change in EFT. As Johnson (2004) explains, “Emotion is the music

of the couple's dance and so organizes key interactions" (p. 14). It is an approach to couples therapy that emphasizes the intrapsychic and interpersonal dynamics of partners with the aim of forming a secure and loving bond (Johnson 2004).

### **The Three Foundational Streams of EFT**

In the early 1980's, Greenberg and Johnson focused on three foundational and intertwined streams of influence that shaped the development of EFT: (a) *systems theory*, a lens through which we see humans involved in non-linear and cyclical interactions; otherwise known as feedback loops; (b) *experiential/humanistic therapies*, that privilege here-and-now, emotional, and experiential processes; and (c) *attachment theory*, which posits that we have innate and wired in needs for bonding and feeling safe and secure with others (Bowlby, 1969; Perls, Hefferline & Goodman, 1951; Rogers, 1951; Watzlawick, Beavin & Jackson, 1967).

**Systems.** Ludwig von Bertalanffy is generally known as the father of systems theory (Bertalanffy, 1972). Bertalanffy gave the title *general systems theory* to introduce the notion that biological beings are not dependent on linear, cause-and-effect isolated structures, but rather on complex levels of organizing relationships between "parts of a complex whole" (Ritvo & Glick, 2002, p.3). Family systems therapies involve a focus on the systemic nature of family problems, which are viewed as patterned and interactional (Dallos & Draper, 2010). Since problems are systemic, they can also be modified by changing one part of the system, which can then affect the whole (Dallos & Draper, 2010).

EFT therapists view rigid negative interaction cycles as part of the reason for couple distress (Johnson, 2004). With systems theory in mind, each partner's behavior influences the other partner's behavior. Couples are most often mired in the pursuer distancer relational pattern (Johnson, 2004). For example, as one partner criticizes and pursues, the other partner withdraws.

The more one partner withdraws, the more the other partner pursues. This pattern becomes a reinforcing and repetitive cycle. A five to one ratio of positive to negative interaction during conflict is necessary for couples to be in a positive and secure relationship (Gottman, 2011). Unfortunately, as the negative cycle increases, the couple's positive interactions decrease, creating a feedback loop that can be destructive to the health of a relationship. EFT therapists skillfully help couples map the negative cycle and help them see the cycle as the enemy (Johnson, 2004).

**Experiential and humanistic.** EFT is an experiential and humanistic approach that prioritizes present moment processes, safe collaborative relationships, and the privileging of emotions (Johnson, 2004). To the degree that empathic and attuned therapists can help their couples be emotionally engaged in session, is the degree that couples work can be successful (Brubacher, 2018).

EFT therapists prioritize working in the present moment, paying particularly close attention to the client's emotional experiences (Johnson, 2004). Johnson and Greenberg realized early on that focusing on problem-solving skills or facilitating insight into early childhood wounds did not bring the type of consistent change needed with the couples they worked with (Johnson, 2015). Processing and distilling the client's emotional experiences can lead to the discovery of hidden and neglected aspects of their inner worlds that can potentially transform into new and positive interactions with their partners (Johnson, 2004).

EFT therapists focus on the client's present process and emotional experiences in order to facilitate transformational change, which is effectively demonstrated by contemporary neuroscience (Ecker, 2015). Emotionally salient, bottom-up processes, as opposed to top-down, cognitive processes, are important to apply in therapy to promote new and positive interaction

cycles (Greenman & Johnson, 2019; Solomon & Tatkin, 2011). Implicit beliefs that couples bring into therapy about their partner can only be modified if they are brought out into the open. Emotionally laden experiences are the origin of implicit beliefs, which fuels repeated cyclical conflicts and fights over a long period of time (Ecker, 2015). Thus, it will take more than mere information moving through the pre-frontal cortex for change to occur. Change must occur on an implicit level, reaching deep in the nervous system (Ecker, 2015; Solomon & Tatkin, 2011). The neuroscience of change is why EFT therapists help couples experience each other emotionally in the here-and-now. The origin of the implicit negative beliefs about their partners when they first come to therapy can be changed and transformed into positive beliefs as they experience one another in new ways.

EFT therapists value collaborative relationships with their clients and seek to embody a Rogerian foundation of unconditional positive regard, empathy, and congruence (Johnson, 2004). EFT therapists also seek to be “egalitarian, authentic, and transparent” in order to create an atmosphere of safety and trust (Johnson, 2004, p. 43). Safety and trust facilitates the couples risk taking, especially with their attachment concerns and vulnerable aspects of their emotional experiences. Without a therapeutic alliance with both partners, the EFT process would come to an impasse (Johnson, 2004).

While some approaches focus primarily on cognitions, behaviors, skills training, and early childhood concerns, EFT focuses on attachment-based emotions (Johnson, 2004). Emotions are part of a wired GPS system that allows us to know where we are, where we want to go, and how to get there (Greenberg, 2002). All emotions convey powerful information and have their own unique built-in plea for action (Greenberg, 2002; Johnson, 2004). Emotions may not always convey accurate information about objective truth, but they always point to valuable

subjective truth within the individual. Emotions do not have to lead to ultimate conclusions or definitively determine a person's course of action, but when listened to mindfully, they can help navigate this beautifully chaotic and wondrous world with greater skill and awareness (Greenberg, 2002). Bradley and Johnson (2004) write, "Emotion orients partners to their own needs, organizes responses and attachment behaviors, and activates core cognitions concerning self, other, and the very nature of relationships" (p. 183). EFT therapists prioritize and access the couple's emotional experiences and restructure them toward the goal of secure functioning (Johnson, 2004).

**Attachment.** Attachment theory, having its origins in the work of John Bowlby (1969), is a major foundation for the EFT model. Attachment theory emphasizes the vital need for social bonding over the lifespan (Johnson, 2004). Despite the view that suggests we should value independence, and true strength is to pick ourselves up from our own bootstraps, attachment theory suggests we have hardwired attachment needs to connect and to receive strength from others (Johnson, 2004). We thrive when we experience accessibility, responsiveness, and engagement from important attachment figures in our lives (Bowlby, 1969; Johnson, 2004; Mikulincer & Goodman, 2006). When we do experience a secure base and safe haven with significant others, we are able to have a more positive view of self, regulate our emotions with greater ease, and explore the world around us with greater flexibility and freedom (Bowlby, 1969; Bowlby, 1988; Johnson, 2019).

The primacy of attachment relationships is also demonstrated by research that explores what happens when connection is absent from a person's life. In other words, disconnection and loneliness can have devastating consequences. Social researcher James House (2001) says, "The magnitude of risk associated with disconnection and social isolation is comparable with that of

cigarette smoking” (p. 273). John Cacioppo (2009), one of the leading researchers in the world on loneliness, shows that loneliness increases suicide, lowers a person’s immune system, and decreases sleep quality. Loneliness is also associated with an increased negative view of oneself and others. It is clear, whether through the lens of attachment theory or social researchers, we are not meant to journey alone.

Applying Bowlby’s work to adult relationships, EFT therapists’ primary goal for couples is a loving and secure bond (Johnson, 2004). EFT therapists help couples become a safe haven and secure base for one another (Johnson, 2004). Couples can experience *effective dependency*, which enables them to engage their everyday tasks with increased autonomy and self-confidence (Johnson, 2004). EFT therapists seek to put attachment related questions at the heart of their work with couples: “Can I count on you, depend on you?” “Are you there for me?” “Will you respond to me when I need, when I call?” “Do I matter to you? “Am I valued and accepted by you?” (Johnson, 2008). To the extent that couples are able to answer the above questions in a consistent and affirmative manner is the extent that they are in a secure bond (Johnson, 2008). As a couple experiences a deep friendship, and they are able to intimately know one another’s inner world, with all of their hopes, longings, and desires, they can then enjoy a marriage that lasts a lifetime (Gottman, 1999).

### **Assessment**

As the therapeutic alliance builds, the EFT therapist explores both partner’s experiences and astutely assesses the relational dynamics between the partners (Johnson, 2004). As the couple feels safe with the therapist, they tend to share more vulnerably about their experiences. Therefore, the deeper the assessment, the clinician’s ability to explore the couples’ inner and relational landscapes, the greater the alliance. As the relationship between the therapist and both

partners deepens, the therapist can perform a more thorough assessment. The assessment is always done collaboratively. I continually ask my clients, “Does this sound right?” And, “Is this how you understand it?” I also tell them, “If I repeat something back to you, and it does not quite resonate with you, please let me know.” The assessment continues throughout the therapeutic process (Johnson, 2004).

During the first couple of sessions, the EFT therapist assesses the nature of the couple’s individual and relational concerns and goals. Therapists cannot assume both couples want the same thing. For example, sometimes there are mixed-agenda couples, where there is a leaning-in spouse who wants to work toward a secure bond and a leaning-out spouse who is not sure they want to do so (Doherty, Harris & Wilde, 2016). EFT therapists take an empathic stance toward both partners, seeking to enter into the partner’s individual experiences, and exploring what they both seek from counseling. Goal exploration is done in the first session. It is common for EFT therapists to have an individual session with each partner to perform a deeper attachment-based assessment and to solidify understanding of goals for therapy (Brubacher, 2018). Goals are also assessed and monitored throughout the therapeutic process (Johnson, 2004).

EFT therapists also assess for safety and any contraindications to therapy, such as domestic violence (Johnson, 2004). Couple therapists often feel nervous and inadequately equipped to properly assess for domestic violence (Jacob, 2013). Yet, not assessing for domestic violence in all of its unique forms is unethical. I was a domestic abuse victim advocate in the military and have developed a competency in assessing these complex issues. McCloskey and Grigsby (2005) have included valuable appendices that helped with my assessment for domestic violence. Whether EFT can be performed with couples who have experienced domestic violence is dependent upon safety. Brubacher (2018) states, “With remorse from the offending partner,

and sufficient lack of fear on the part of the injured partner,” it may be possible to perform EFT with a couple (p. 81).

The ultimate concern for any of the contraindications is safety. If I believe the information that is elicited by the partners in therapy cannot be given safely or will have harmful repercussions at home, I will not proceed. Additionally, when there are obstacles of competing attachments to the goal of a secure bond, such as addictions or affairs, it is not wise to continue. At the very least, it would be unwise to move to Stage Two work, where there is a drastic increase of emotional vulnerability. If I am unsure how to proceed, I will engage in therapy cautiously. I will seek out consultation with my peers or pay for supervision until I receive further clarity for an action plan in moving forward.

EFT therapists also assess for strengths and glimmers of connection between the couple. In the beginning sessions of EFT, the couple already feels the weight of their disconnection and some are on the verge of separation. All too often, beginning EFT therapists immediately focus on the *negative* cycle. Admittedly, I have been guilty of this negative focus. Unfortunately, getting bogged down by repeatedly focusing on what is going wrong with the couple, at the expense of neglecting the strengths and positive aspects of their relationship, can rupture the alliance and create a sense of hopelessness. This is why assessing for strengths and internal and external resources for coping is important in my work with couples.

In the initial session, and in the context of strengths, I like to ask the couple how they first met and what drew them to one another. How each partner shares their story is important. What they focus on, and details they include or leave out, may reveal beautiful qualities they enjoyed about each other and might have unfortunately forgot. So often, couples entering therapy have been stuck for some time. Sharing positive aspects of their story and what endearing qualities



they liked about each other can arouse attachment desires that have long been buried. The couple's story of their meeting and what drew them to one another can also demonstrate how entrenched they are in their negative cycle, especially if what they share is vague or shared through a negative lens.

### **Change Theory**

The goal for couples in distress is for them to experience a secure bond (Johnson, 2004). Rather than being sucked down a "content tube or on to a problem-solving carousel," EFT therapists focus on the primacy of emotions to help couples experience a secure bond (Brubacher, 2018, p. 247). To the degree that couples are accessible, responsive, and engaged with one another, especially with their emotional vulnerability, is the degree that they are in a secure relationship. At my couple workshops, I share that love is like a flower in a garden. Unless there is sunlight of accessibility, the air of responsiveness, and the water of engagement, their relationship can slowly wither and fade. But, how do EFT therapists walk alongside couples who are insecure with one another and help them experience transformational change? Thankfully, EFT therapists have a process of change that is delineated into nine steps within three stages (Johnson, 2004).

### **Steps and Stages of EFT**

The three stages of EFT are de-escalation of the negative cycle, changing the interactional positions through withdrawer engagement and pursuer softening, and consolidation of the gains achieved and integration (Johnson, 2004).

The first stage of therapy consists of four steps. The first step is to create an alliance, engage in an assessment, and collaboratively make sense of the core attachment struggle the couple is experiencing (Johnson, 2004). An alliance and safe therapeutic relationship with both

members of the dyad are instrumental in the success of therapy. Typically, both partners experience each other as the enemy and blame the other partner for their distress. I make sure to build rapport with both partners. I also let the couple know I am on the side of the relationship.

Continuing with the first step, EFT therapists start their assessment from the initial contact. The EFT therapist assesses each partner's position in the negative cycle, their typical thoughts, behaviors, and emotions during the activation of the negative cycle, their attachment histories, current attachment struggles, their strengths, their responses toward the therapist, and ruptures in the alliance (Johnson, 2004).

In Step Two of EFT, the therapist seeks to map the couple's negative cycle. It is the negative cycle that takes over the couple and moves them into distress, disconnection, and disengagement (Johnson, 2004). I enjoy this step of EFT because I feel like a cycle detective. In partnership with the couple, we investigate and examine their behaviors when the cycle takes them over. We explore what they are thinking about their partner and themselves when conflict arises. Both secondary and primary emotions are delineated through the interventions of evocative responding, RISSSC (Repeats, Images, Simple, Slow, Soft, Client's Words), and empathic reflections. Lastly, the vulnerable attachment needs are identified, though they are explored in more depth in Stage Two.

In Step Three, the EFT therapist seeks to access the reactive secondary and vulnerable primary emotions underlying the couple's cycle. I was previously quick to explore primary emotions with couples. The problem was that I was not entering into and validating the couple's attachment-based reactive emotions. Once I was able to identify self of the therapist dynamics and anxiety around anger, I was able to build affect tolerance, which allowed me to compassionately explore and validate the couple's reactive emotions. Once secondary emotions

were acknowledged and accepted, I was then able to access the couple's primary emotions with ease. Step Four, the last step of the first stage of EFT, occurs when the therapist has conceptualized the cycle and is able to reframe the cycle as the real enemy of the couple's secure bond. More importantly, through continual externalization of the couple's distress in terms of the negative cycle, the couple is able to acknowledge and accept the reframe. This Step Four reframe is the first big change event in EFT (Johnson, 2004). Once the couple is able to see that the enemy of the security of their bond is the cycle, instead of each other, they are able to enter Stage Two.

Restructuring of interactional positions occurs in Stage Two of EFT. Couples move from first order change to second order change (Johnson, 2004). This stage encompasses the two biggest change events: withdrawer re-engagement and blamer softening (Johnson, 2004). It is clear that those change events need to take place for the goal of a secure bond to be achieved (Brubacher, 2017; Johnson, 2004). However, research examining specific interventions, timing of those interventions, and identifying key moments that must take place for these key change events to occur needs further research (Greenman & Johnson, 2013).

In Step Five, the EFT therapist helps partners explore their inner emotional landscapes at a much more profound level of experiencing than they did in Step Three. Therapists help partners identify attachment fears and needs that they may have buried under their anger or rage toward their partner. Attachment fears and needs could also be buried under psychic defenses they had prior to being in relationship with their partner (Brubacher, 2018). The task of the EFT therapist is to help partners process and pass these new aspects of themselves with each other. In Step Six, the therapist helps the partner who is hearing the newly expressed heartfelt content to be accessible, responsive, and compassionately engaged. In Step Seven, the therapist helps the

vulnerable partner directly share their needs. Steps five through seven are recommended to be performed with the withdrawer initially for the withdrawer re-engagement and then with the pursuer for the pursuer softening event (Johnson, 2004). Steps five through seven are not a one-and-done event. The steps may have to be repeated several times at different layers of experiencing for a true and lasting change event to occur (Brubacher, 2018).

After experiencing the major change events in Stage Two, consolidation and integration take place in the third and final stage of EFT. In Stage Three, the couple is able to dance with each other without reactively stepping on each other's feet; at least they can do so less often and with a quicker ability to recover and move on (Brubacher, 2018). At this stage of the couple relationship, the couple can experience *positive sentiment override* (Gottman, 1999). Due to their patterned experience of a positive cycle instead of a negative one, ruptures in their relationship are more easily repaired (Johnson, 2004). The couple can now celebrate their gains and appreciate their restored bond.

In Step Eight, the couple revisits and discusses old or current dilemmas and lovingly collaborates toward new solutions (Johnson, 2004). Some issues might involve in-laws, employment, spirituality, sexuality, hobbies, family, friends, and others (Brubacher, 2018). Discussions about topics they previously addressed are done without the attachment fears, primal panic, and self-protective behaviors they engaged in earlier (Brubacher, 2018). Couples discuss their concerns knowing that their partner cares about their heart and that they are one of the most important people in their universe. From that secure bond, the couple can speak without getting stuck in their negative cycle and can explore creative solutions (Johnson, 2004). The couple consolidates their gains by creating their relationship narrative of how they moved from distress to loving security in the last step, Step Nine (Johnson, 2004). They also share their resiliency

story in a way that captures the attachment themes of love, safety, security, acceptance, and comfort (Brubacher, 2018).

### **Process Research**

EFT researchers engage in process research that sheds light on the change mechanisms embedded within the approach and the elements that can contribute to clinical effectiveness (Johnson & Greenberg, 1988). For example, one of the key predictors of successful outcomes in EFT is the blamer-softening event (Johnson & Greenberg, 1988). The blamer-softening event occurs when there is enough safety and connection in the relationship. The blaming partner is able to ask their formerly withdrawn partner to meet their vulnerable attachments needs and longings. The extent to which the blaming partner can reveal their inner fears and longings, and the formerly withdrawn partner can be accessible, responsive, and engaged with their partner, is the degree to which a transformational blamer-softening event can occur (Dalglish, Johnson, Burgess-Moser, Wiebe & Tasca, 2015; Johnson & Greenberg, 1988). Researchers have also demonstrated that partners who had characteristics of high emotional control and low emotional awareness were still able to experience a blamer-softening event (McRae, Dalglish, Johnson, Burgess-Moser & Killian, 2014). Partner emotional intelligence does not definitively affect EFT outcomes. The powerful processes of EFT, along with a healthy and positive therapeutic alliance, can be effective with those who are not as in tune or in touch with their emotions as others.

Partner warmth, particularly from the husband, is another interesting finding in the process research. Schade et al. (2015) suggest that warmth behaviors from the husband toward their wife, such as “liking, appreciation, praise, care, concern or support” in session, can contribute to the security of their emotional bond and effectiveness of EFT (p. 303).

Additionally, therapists are encouraged to look for husband warmth in session and validate them. Husbands who tend to feel inadequate in their ability to connect with their wives can feel encouraged by their effectiveness. The husband's increased confidence in their effectiveness with their wife contributes to a positive feedback loop where they continue to engage in what works for their relationship and successful EFT (Schade et al., 2015).

*Memory reconsolidation* is another powerful mechanism of change within EFT. Memory reconsolidation is a remarkable discovery within the field of neuroscience. Memories that were once consolidated can become altered and updated (Alberini & LeDoux, 2013; Bailey & Balsam, 2013; Birbaumer, 2010; Ecker & Ticic, 2012; Ecker 2015; Otis, Mueller & Werner, 2015). Memory reconsolidation is the brain's natural capacity and process for overriding the negative baggage that comes with painful or traumatic memories thus bringing forth lasting, transformational change (Ecker, 2015; Ecker & Ticic, 2012).

When couples have an experience, especially if it is full of intensity and emotion, in time, it becomes *consolidated* and wired into the brain at the synaptic level. In essence, it becomes an entrenched memory (Lieberman, 2012). It was previously thought the synapses would be locked, and those memories would remain stable and fixed throughout a person's life (McGaugh, 2000). Contemporary research in neuroscience demonstrates that memories can be updated and modified through a process called memory reconsolidation. Memory reconsolidation involves the potential of updating, rewriting, and erasing targeted emotional learning (Ecker, 2012). Greenman and Johnson (2013) revealed that couples who engaged in higher levels of emotional experiencing and affiliative sharing had a greater chance of a successful outcome in EFT. The newfound corrective and deep emotional experiences that partners offer each other via the blamer-softening and withdrawer-engagement events are linked to *memory reconsolidation*. In

EFT, skills do not change the couples and move them from hopelessness to hopefulness; it is the facilitation of authentic experiencing and connection with one another.

### **Case Formulation Process**

Many of the couples that come into my office say they have communication problems. Communication issues only scratch the surface of the issue. Case formulation, or *case conceptualization*, is a methodological attempt to make sense of the client's dilemmas (Zubernis & Snyder, 2016). EFT therapists have a map and a rich theoretical foundation to help make sense of couple distress. Underneath the veneer of communication concerns, EFT therapists are able to see the painful attachment dilemmas that grip them. They are also able to explore and distill the absorbing and constricting emotions that keep the couples stuck in cycles of negative interactions (Johnson, 2004).

I continually conceptualize my couple's conflicts in terms of attachment distress. For example, in session, a wife complains that her husband has been forgetting to call if he is going to be late from work. I could easily conceptualize the couple's issue as a skill-based issue and work toward solutions. We can have the husband put a reminder on his phone in the morning to call his wife to make sure he calls if he is going to be late. Therefore, the problem in the short term is solved. I can focus solely on the wife's irrational beliefs and collaboratively determine the truthfulness of her thoughts, "He is late. Therefore, he doesn't care about me." Or, I could take her attachment insecurity seriously. I can validate the ache that she feels when the most important person in her universe forgets to call her. Of course, she would be hurt. Her husband really does matter to her and she has an innate longing that she deeply matters to him. Accessibility, responsiveness, and engagement from those we love is primal and primary (Johnson, 2004).

In terms of formulation of my couple cases, I am also profoundly aware of the systemic nature of my couple's concerns. Using the example above, it is true that the wife feels the attachment panic when her husband does not call when he is going to be late. We can also observe the systemic nature of their problems when we unfold the rest of the story. It is true that the husband was at work and forgot about calling. When he got home, the wife was upset and began criticizing him. The husband immediately got defensive and starting yelling at her. The more he yelled, and the more defensive he got, the more the wife yelled and criticized. Finally, they both would retreat to separate rooms, feeling alone and hopeless. The couple is caught in a negative cycle. Conceptualizing the couple's issue in terms of systems theory is a non-pathologizing approach. Neither partner is primarily to blame for their distress; the negative cycle is.

As I sit with my couples, I am also mindful of the power of emotions that fuel either their negative dance, or their positive one. Since I like to share with couples simple statements they can remember, I tell them, "Reactivity promotes reactivity, and vulnerability promotes vulnerability." If they share with each other what I call the reactive "hard and hot" emotions, they will trigger each other's defenses and the conversation will go nowhere. In John Gottman's work, he calls that phenomenon a "harsh startup" (Gottman, 1999, p. 26). If they share with each other what I refer to as their "soft and warm" emotions, while there are no guarantees, they will typically have greater success in triggering each other's caregiving system. The caregiving system is that hardwired part of them that moves toward to help those who are in distress (Mikulincer & Goodman, 2006). In turn, when they share vulnerably, they can feel close and connected to one another. The couple's ability to feel, name, and tame their emotions has the power to bring connection, instead of disconnection.



## **Therapeutic Techniques**

### **Therapeutic Alliance**

One of the most powerful interventions and tasks of a therapist is securing and maintaining a robust therapeutic alliance (Knox, 2019). The importance of the alliance for an EFT therapist is no exception. The alliance is so significant in EFT, that it is a predictor of a positive outcome in EFT (Johnson, 2004). In EFT, the therapist seeks to maintain a collaborative, egalitarian, and empathic balance between both partners (Johnson, 2004). I have found this balance tricky at times. Seeking to enter one partner's experience with compassionate curiosity and without judgment can be triggering for the other partner. In the early stages of EFT, partners can see each other as the enemy. This is why I closely monitor the alliance with both partners and make it explicit that I am on the side of the relationship, rather than on the side of one partner or the other. Sometimes a partner becomes triggered because of my compassionate alliance building with their partner. In that case, I slow it down, explore their emotional experience, validate their experience, and provide them with a rationale for why it is important to hear and deeply understand both partners in therapy. I also tend to use humor in session. I find that it breaks down defenses and helps me build rapport and the therapeutic alliance with clients. Without the therapeutic alliance and the safety it can provide, couple therapy can come to a stalemate.

### **Exploring, Deepening, and Reprocessing Emotions**

Unlike some approaches that focus primarily on cognitions or skills, EFT therapists prioritize the exploration, deepening, and reprocessing of emotions (Johnson, 2004). EFT therapists, as process consultants and creative choreographers, utilize the power of emotions

through an attachment frame to collaboratively bring about change in the couple relationship (Johnson, 2004).

RISSSC is a key intervention to help couples discover, distill, and disclose their emotions (Johnson, 2004). RISSSC is an acronym that stands for *repeating, imagery, simple words, slow pace, soft voice, and client's words* (Johnson, 2004). As an EFT therapist, it is important to *repeat* key phrases and words (Johnson, 2004). The therapist uses their *images* and metaphors shared in therapy as a means to capture right-brain experiences. Words and phrases are kept simple and concise to avoid overloading the couple's cognitive capacities. It is important to be mindful of prosody and vocal tone, using a *soft* and slow voice to encourage vulnerable emotional risk taking. Finally, it is vital to use the *client's words* to help clients feel validated and understood (Johnson, 2004).

I found out the hard way that while RISSSC is a key intervention in the model of EFT, a therapist must be multiculturally sensitive in tailoring interventions to their specific clients. A few years ago, I was engaging in RISSSC with an older African-American client. I attempted to access some of her primary emotions. After a couple of attempts, she finally looked at me and said, "Mark, why are you talking to me like that. It is just weird. Just talk to me regular and how you would normally talk if we were outside of here." Now, I could have suggested to her how important my interventions were and chose to sidestep my client's wishes. Instead, I honored her request and engaged with her in a manner that was collaborative and respectful. The client, and my relationship with the client, always takes precedence over interventions.

EFT therapists use other interventions to help explore, deepen, and reprocess emotions. In EFT, *empathic reflections* are attempts by the therapist to attune to the couple's "leading edge" of their emotional experiences while tentatively sharing those reflections with the couple

(Johnson, 2004, p. 80). Empathic reflections also capture the most poignant aspects of their attachment-related experiences, which helps clients feel heard and understood. Another intervention used by EFT therapists is *validation*. The EFT therapist uses validation to help both partners experience the core message that “My therapist really understands me without judgment.” Validations are used to validate their client’s diverse experiences, especially conveying the idea that all of their emotional and behavioral responses make sense within the attachment context (Johnson, 2004).

*Heightening*, another intervention in EFT, is used to focus on and intensify specific couple interactions and responses. Heightening is usually done with the RISSSC intervention. It is typical for EFT therapists to heighten by leaning forward, speaking softly and slowly, repeating key words and phrases, all in an attempt to deepen and expand emotional experiences (Johnson, 2004). For example, a withdrawer says to his wife, “I just feel completely inadequate, like I can’t do anything right with you.” I would then state, warmly and slowly, “What happens inside when you say, ‘I can’t do anything right with you?’”

*Empathic Conjecture* is another intervention meant to expand clients’ emotional awareness of their experience (Johnson, 2004). For example, I may say to a partner, “As you are talking about your husband’s withdrawal, you are getting frustrated and teary. I wonder if there is a profound sadness underneath that frustration because of how much you long for him to connect with you?” They are reflections that are at the leading edge of what the client shares. I use empathic conjectures tentatively and try to take tremendous care not to put words in my clients’ mouths. I tell my couples, “There are times I am going to reflect back what you say, which may not be with the exact words that you use. If I don’t get your experience quite right, can you please let me know?”

### **Creating New Interactions**

*Reframing* is pivotal in successful EFT work. Many times, the couple comes in feeling defeated and they each view their partner as the main source of the problems in the relationship. One partner can view the other partner's actions as demeaning, devaluing, negative, and sometimes completely irrational. Reframing partners' positions in the cycle, along with their behaviors and responses, through an attachment lens, allows for a more positive perspective to emerge (Johnson, 2004). For example, what may be perceived as critical and nagging by a wife may eventually be understood by the husband as an attempt to protest disconnection. In other words, the wife gets angry and nags because she longs for more closeness and connection from the husband.

*Enactment* is the most powerful intervention for reshaping and restructuring the attachment bond between couples (Brubacher, 2017). Enactments are key to profound change because of the systemic nature of the intervention. Enactments make a direct request for one partner to share an aspect of their experience with the other partner, with the expectation that new dialogic interactions can emerge (Johnson, 2004). Without enactments, there can be no successful outcomes in couple therapy (Brubacher, 2017). I use enactments as early as the first session in EFT. While the initial enactments may not bring them closer and restructure the relationship, they provide important diagnostic information about the couple's positions in the negative cycle.

## **Units of Treatment, Diversity, and Presenting Problems**

### **Units of Treatment**

**EFT with individuals.** The same systemic, humanistic, attachment, and empirically validated framework that is used with EFT for couples, is the same potent framework that can be used with Emotionally Focused Individual Therapy (EFIT) (Johnson 2009; Johnson 2019).

Therapists using EFIT explore many of the same dynamics in EFT. For example, they explore negative cycles that keep individuals from authentic connection. They help individuals explore, distill, and disclose primary and secondary emotion along with revealing affect regulation difficulties. Additionally, EFT therapists compassionately explore blocks individuals have in creating meaning toward attachment-based living (Brubacher, 2018). They also collaboratively uncover the negative models of self and other (Johnson, 2019). The goal of EFIT is to provide a corrective emotional experience that radically alters the way individuals engage themselves and others, while courageously encountering the existential realities they face (Johnson, 2019).

**EFT with families.** EFT therapists are continuing to expand the systemic and attachment focus toward working with families called Emotionally Focused Family Therapy (EFFT) (Johnson, 2005; Palmer & Efron, 2007). Though EFFT is not currently an empirically validated approach working with families, it is headed in that direction. Theoretical journal articles have explored EFFT with stepfamilies, with non-suicidal self-injury and with combining play therapy with EFFT (Hirschfeld & Wittenborn, 2016; Palmer, 2017; Schade, 2013; Willis, Haslam & Bermudez, 2016; Wittenborn, Faber, Harvey & Thomas, 2006). More recently, the first full-length book came out on EFFT. The book explores the basic principles and processes of EFFT. It also includes case examples, including the application of EFFT with stepfamilies, trauma, and internalizing and externalizing disorders (Palmer, Johnson, Faller & Palmer-Olsen, 2019).

EFFT is a model of therapy that encompasses many of the principles of EFT, such as an attachment, emotion, humanistic, and systemic focus (Johnson, 2019). However, there are a few differences. The main difference between EFT and EFFT for couples and families concerns the dynamic of mutuality (Johnson, 2019). When I work with couples using EFT, my main goal is to increase the connection and accessibility, responsiveness, and engagement between both

partners. When I perform EFFT, I want to increase the connection between all the family members. However, I do not want the children to comfort the parents when they are in distress. I only want to increase the parent's level of accessibility, responsiveness, and engagement toward the child. I look forward to gaining competency in EFFT as it is a powerful model of therapy that is continually being refined.

### **Addiction and Substance Abuse**

In the past, addictive processes were a contraindication for EFT, but there is an emerging trend to use EFT to help treat addictions of various kinds, particularly if the addictive partner's accompanying processes are dystonic (Brubacher, 2017). The literature suggests that the more positive and secure relationships an addicted person has, the more likely they remain abstinent (Fletcher & Macintosh, 2008). Therefore, EFT couple therapy makes a lot of sense for those struggling with addictions, especially since addictions can be considered an "attachment disorder" (Fletcher, Nutton & Brend, 2015, p.112). Instead of turning to an addictive substance for what addicted persons perceive as comforting, EFT therapists can help addicted people turn to their partners. Addicted persons can learn how to co-regulate with their partners, especially when feeling emotions like shame, sadness, and fear; those same emotions they previously sought to ameliorate with substances. As someone who has used EFT with addicted partners, it is tricky and difficult terrain. Even the most experienced of EFT clinicians should seek supervision, or at the very least, peer-to-peer case consultation when necessary.

### **EFT for Trauma**

People who continually put their lives on the line for others may experience trauma in the aftermath of war, losing a significant other, or witnessing a horrific event (Johnson, 2002). Those who suffer from trauma can experience an affect dysregulation disorder known as

posttraumatic stress disorder (PTSD) (Amir & Kaplan, 1996). Couples where one or both partners have experienced trauma, have been some of the most difficult cases I have had as a therapist.

EFT is effective for those dealing with trauma and who meet criteria for PTSD (Greenman & Johnson, 2012; Johnson, 2004). MacIntosh and Johnson (2008) found EFT successfully decreased PTSD symptoms, where one partner was a survivor of childhood sexual abuse. In another study, 30 sessions of EFT showed a significant decrease of PTSD symptoms in those who experienced war (Weissman et al., 2011). McLean and Hayes (2010) explored how EFT could be effective for couples dealing with the complicated grief surrounding the trauma of terminal illness. Lastly, EFT is also effective with couples dealing with the trauma of infidelity (Halchuk, Makinen & Johnson, 2010; Negash, Carlson & Linder, 2018).

I have a deep appreciation and curiosity working with couples affected by the dragon of trauma. I wrote a paper entitled, *Integrating Emotionally Focused Therapy, Self-Compassion, and Compassion-Focused Therapy to Assist Shame-Prone Couples Who Have Experienced Trauma* (Karris, 2015). The paper was accepted into the peer-reviewed journal, *The Family Journal*. Mindfulness and self-compassion practices are seldom taught as skills in EFT, mostly because EFT is a process-based attachment-oriented approach. The preference is for deep change to come about through the co-regulation and the transformational encounter of corrective emotional experiences with one's partners or the therapist. There are times when the traumatized partner cannot co-regulate with their partner at home, particularly because they experience them as the enemy. Since self-compassion and compassion focused therapies are effective with those who struggle with shame and trauma, I thought integration would be appropriate (Gilbert, 2010; Neff, 2012). Therefore, in the paper, I explored the use of self-compassion principles and

practices along with EFT in mitigating the extreme shame-based emotional dysregulation experienced by one or both partners affected by trauma.

### **EFT with Diverse Groups**

EFT is taught and practiced all over the world. No matter what the geographical location, relationships are vitally important, distressed relationships can cause significant suffering, and distressed relationships are in need of repair. These truths make any location ripe for the benefit of EFT. Johnson (2019) stated, “The universals, emotion and attachment, make for common ground even in the face of significant cultural differences in how these variables may be expressed” (p. 82). For example, I lived in Japan for three years as my wife was in the military and stationed in Yokosuka. I was very excited to learn that there was an EFT community there and clinicians were practicing EFT with their Japanese clients. I was also overjoyed to find a research study that explored what a culturally-sensitive approach to working with Japanese couples would look like (Hattori, 2015). That study was immensely helpful in my work as a clinician using EFT with Japanese partners.

### **Limitations**

One of the major limitations of EFT, is that “EFT has not been systematically tested in terms of outcomes across different cultural groups” (Johnson, 2019, p. 127). Even though EFT is used worldwide, the outcome data is limited to Caucasian, middle class, educated, heterosexual couples, who are moderately distressed with no comorbidities. Therefore, there is an obvious need for additional research with participants who are multicultural, of diverse socioeconomic backgrounds, and of different sexual orientations.

Those who brag about the research of EFT need to be mindful that the participants in the majority of studies are homogenous. For example, we do not have empirical data that EFT



would be successful with gay couples from a low socioeconomic background, where one partner is experiencing depression. Consequently, it is misleading to state that EFT would be empirically effective. I would like to see trainers be more specific about outcome data in EFT trainings.

### **Self of the Therapist**

Halbur and Halbur (2018) discuss four possible reasons why therapists choose their preferred therapeutic models. Therapists can choose their models based on (a) the training program they were in, (b) the helper's philosophy of life, (c) the helper's experience as a client, and (d) the evidence supporting the chosen theory. I chose EFT because my life philosophy deeply resonated with EFT principles and because of the evidence supporting the approach. I will first share how my life philosophy was shaped by early childhood experiences and how they created a passion that was in perfect alignment with EFT. I will then briefly explore my appreciation of EFT because of the empirical evidence.

### **Origin of My Life Philosophy of Love and Relationships**

Let me share an early childhood memory. The food our mother prepared came out of the oven and was thrown violently down on the kitchen floor by my father. Our mother, furious with rage, found a large knife in the kitchen drawer. They began yelling and cursing at each other. The venom of their callous words poisoned their already-bruised hearts. They saw each other as enemies. Little did they know that their perpetual wars would leave lifelong wounds on innocent bystanders.

Our mom told my two brothers and I to go outside. We ran out the front door. It was not the time to question. It was time to obey. As the sound of two angry monsters engaging in an epic battle reached us, we looked at each other, silent with shock and disbelief. We were scared.

We did not know what was going to happen. Then, our mother fierce and wielding that knife, chased our father out of the house. I was six when that happened. That is one of the only memories I have of my mother and father being together - if you can even call that “being together.” Unfortunately, that was not the only traumatic event that I experienced in my life.

My parents divorced after the incident with the knife. The odds were stacked against them anyway. They got married and had twins when they were 18 (I am one of them). Those who marry at 18 are twice as likely to be divorced than those at the age of 22 (Rotz, 2016). A year later, they had my younger brother. That makes three children at age 19. They lasted six years together, which was remarkable considering the circumstances. But they divorced and it certainly was not a friendly one. Their deep love for one another quickly turned into a tenacious hatred. Unfortunately, the greatest casualties of warring parents are usually the children (Sbarra, Bourassa & Manvelian, 2019).

While my brothers have their own perspectives on our past, I can only share my own. I am not sure what I thought when I was six. I did not have an adult brain, so my thoughts were certainly not integrated. I do remember fear being my predominant emotion. I remember feeling divided, which is a common experience of children after divorce (Johnsen, Litland & Hallström, 2018). Whose side was I supposed to be on? Who was I supposed to love more? What did I do with my dad picking us up on the weekend and calling my mother every name in the book? What did I do with my mom periodically keeping us from our dad just to spite him? I was afraid. I was confused. I felt divided. I had to shut down and hide my emotions. I had to placate whichever parent I was with. The potential loss of love was too great to risk being congruent.

Not only was I divided within myself, but there was an even greater barrier between my parents and me. Their hatred for one another blinded them, keeping them from seeing me as an

innocent child who was in need. I was desperate for affection and for them to compassionately listen to my hurting heart. Instead of seeing me as a person, they saw me as a projection at which to throw their verbal vomit. The focus of each on hurting the other diminished the already small presence they were able to offer.

Growing up with dysfunctional divorced parents who hated each other was difficult. Then, fast-forward living through my mother's eventual overdose, along with living with a mentally ill and abusive father, and a mentally ill brother who is going to spend the rest of his life in prison for murder, shaped me in unique ways. My early childhood culture of deprivation and loss, along with poverty, violence, and dysfunctional relationships birthed within me a deep desire for loving and healthy relationships. I knew firsthand the scars and maladaptive patterns they left in their wake. I knew, especially after my own therapy and courageous mentors who poured into my life, that safe, secure, and loving relationships were the keys to a healthy and successful life.

### **Where Does the Evidence Lead?**

After I finished my master's in counseling, I had very little couple therapy experience. One day, I asked myself a simple question, "What is the most empirically validated couple's therapy out there today?" That led to an internet search and my first introduction to EFT. Reading the description of EFT was like meeting my wife for the first time. It was love at first sight. Who knew, in the midst of ample esoteric therapeutic jargon, ubiquitous in many therapy modalities, there could be an approach that is not afraid to use the "L" word—*Love*. EFT emphasized *bonds, love, relationships, intimacy, vulnerability, security, and safety*; all dynamics I longed for due to my family history (Johnson, 2004). I found in EFT, an approach that echoed

the longings of my heart and consisted of some of the most transformative principles for human connection and flourishing that I found in a therapeutic model.

### **Empirical Support**

EFT meets the standards for an empirically validated model of therapy as designated by the American Psychological Association (Sexton et al., 2011). According to a dated meta-analysis, about 72% of couples report recovery from what they reported to be a previously distressed relationship, and 86% reported significant improvements (Johnson, Hunsley, Greenberg & Schindler, 1999). In a more recent meta-analysis, researchers identified nine studies that identified as random control trials and evaluated them for EFT effectiveness (Beasley & Ager, 2019). The researchers concluded that EFT is an effective treatment with improvements sustained during follow up.

In another surprising recent meta-analysis, Rathgeber, Bürkner, Schiller, and Holling (2018) explored the efficacy of both EFT and Behavioral Couples Therapy. The researchers were only interested in random control trials. There were 33 studies examined, with 2,730 participants in total. The researchers of the meta-analysis pointed out the limitations in most of the studies explored. Many of the participants were Caucasian, heterosexual, and North American (Rathgeber et al., 2018). Additionally, most of the studies included moderately distressed couples, while those considered severely distressed were absent from the sample populations. Lastly, a majority of the samples were highly educated (Rathgeber et al., 2018). The most surprising result of the researcher's analysis was stated in the abstract, "Between the two therapy methods, no significant effect size differences could be found" (Rathgeber et al., 2018, p. 1). This study is not likely mentioned in EFT trainings.

While EFT is an effective and validated approach, it can be difficult to learn. Sandberg and Knestle (2011) performed a mixed design study that sought to describe the process of learning EFT. The majority of the participants were licensed therapists, psychologists, and social workers. One of the themes described by the participants in Sandberg and Knestle's (2011) study, was that for some, learning EFT was hard, challenging, and felt unnatural. The researchers encouraged supervisors to normalize trainees' difficult experiences of learning EFT and to continually provide encouragement and support (Sandberg & Knestle, 2011). Lastly, Allan, Eatough and Ungar (2016) reported on the experiences of therapists' shame while learning evidence-based models. EFT was one of the models some participants were learning to perform. Eatough and Ungar (2016) purported that, "There is a need to do further research how to work with supervisees' experiences of shame while learning an EBP" (p. 13).

There are also benefits to learning EFT. Montagno, Svatovic, and Levenson (2011) studied the short-term and long-term effects of EFT training—specifically a four-day externship training. The results concluded that training in EFT had both positive personal and professional effects, such as becoming more attuned to their emotional experiences, increase in EFT competence, a decrease in avoidant attachment behaviors, and increased participant self-compassion (Montagno, Svatovic & Levenson, 2011). I can attest to the incredible benefit of learning and practicing EFT. My immersion into attachment theory and the power of emotions has increased my emotional and relational intelligence. My relationship with my wife, my child, and my friendships have benefited from learning such an incredible model of therapy!

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