

Emotionally Focused Couples Therapy: Status and Challenges

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This article presents the basis for, and the research on, emotionally focused couples therapy (EFT), now recognized as one of the most researched and most effective approaches to changing distressed marital relationships. Drawing on attachment theory and the research on interactional patterns in distressed relationships, we describe the theoretical context of EFT. We then outline the nature of the clinical interventions used in EFT and the steps hypothesized to be crucial to couple change. The central role of accessing and working with emotional issues in the relationship context is highlighted. Following this presentation, we review both the outcome and process research on EFT and present meta-analytic data from randomized clinical trials to substantiate the clinical impact of EFT on couple adjustment. Finally, the empirical and clinical challenges facing EFT are summarized.

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Although the failure to develop a satisfying intimate relationship with one's partner is the single most frequently presented problem in therapy (Horowitz, 1979), couples therapy, the modality that most directly addresses this problem, is a relatively young discipline. In this discipline, systematic approaches to changing distressed relationships are still being developed and evaluated. At present there are only two clearly delineated treatments for marital distress that have been empirically tested in a number of stud-

ies (Alexander, Holtzworth-Munroe, & Jameson, 1994; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998): behavioral marital therapy and emotionally focused couples therapy (EFT). Of these, EFT is the most recently formulated, being first described in the literature in 1985 (Johnson & Greenberg, 1985a). This article summarizes the development of EFT over the last decade, in terms of both outcome data and more clinical and theoretical issues. We also consider the future challenges to EFT and the field of couples therapy in general.

At the time EFT was formulated in the early 1980s, there were a number of particularly important questions facing the field of couples therapy. First, this modality had been almost exclusively practice driven. The essential elements of marital distress, and therefore the most appropriate targets for intervention, were still undelineated by empirical study. Second, there was a dearth of nonbehavioral, more dynamically oriented interventions that had been clearly described and tested. There was no clear technology for relationship change outside the scope of the behavioral interventions (Gurman, 1978). There were also concerns about the general efficacy of couples interventions and an acknowledged need to continue to develop such interventions (Jacobson, 1978; Jacobson, Follette, & Elwood, 1984). Third, there was a lack of a consistent, empirically supported theoretical perspective on the nature of adult love and relationships that could be used to clarify the goals and focus the process of therapy. Fourth, couples interventions had focused on changing behavior and, in a limited way, on restructuring cognitions, such as the attributions partners make about each other's behavior. However, the role of affect had not been systematically addressed, although even behavioral approaches acknowledged that modifying affect was a necessary part of treating distressed relationships (Jacobson &

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Margolin, 1979). EFT developed in response to these issues and, as we describe below, reflects these key concerns of the couples therapy field.

EFT is a brief systematic approach to modifying distressed couples' constricted interaction patterns and emotional responses and to fostering the development of a secure emotional bond (Greenberg & Johnson, 1988; Johnson, 1996). The specific targets of the EFT change process are the same variables identified in recent empirical research as the crucial elements in marital distress (Gottman, 1979, 1993; Gottman, Coan, Carrere, & Swanson, 1998). Specifically, EFT targets absorbing states of negative affect, that is, negative emotions such as anger or fear that are difficult to quickly diminish. In the context of intimate relationships, interactional cues associated with these affective states tend to override other cues and become self-reinforcing. EFT also targets rigid self-reinforcing interaction patterns such as critical pursuit, followed by distance and defensiveness. EFT integrates the intrapsychic perspective afforded by psychodynamic approaches with an interpersonal systemic perspective, and melds these perspectives into a technology for change that is formulated in a 9-step change process. In this process, newly formulated emotional responses are expressed in such a way as to create specific shifts in interaction that prime bonding events. These events then create new constructive cycles of contact and caring between partners.

EFT views relationships from an attachment perspective. This perspective has been recently identified as the most promising theory of adult love to date and already has substantial empirical support (Bartholomew & Perlman, 1994; Collins & Read, 1990; Kobak & Hazan, 1991; Simpson, Rholes, & Nelligan, 1992), providing a potential map of intimate relationships for couples therapists. Attachment theory helps the therapist understand partners' needs and how particular responses to these needs define close relationships. Lastly, in terms of the concerns identified above, EFT addresses the role of affect in close relationships and in changing those relationships, both on a theoretical level and on the level of clinical intervention (Johnson & Greenberg, 1994). It is then part of the recent zeitgeist that focuses on the facilitative role of emotion in human functioning and therapeutic change.

EFT also reflects the general context of the field of psychotherapy in the 1990s in that it is a brief, systematic intervention that has been empirically validated. Research on

EFT has attempted to address the basic questions of all psychotherapy research. The first question concerns efficacy; that is, does it work? The second question concerns the process of change, or, how does it work? The third question concerns the matching of client to treatment, or, for whom does it work? The research base supporting EFT is summarized in this article and a meta-analysis of the effects of EFT on marital functioning is presented.

EFT: THE THEORETICAL MODEL

The Nature of Marital Distress

EFT assumes that the key factors in marital distress are the ongoing construction of absorbing states of distressed affect and the constrained, destructive interactional patterns that arise from, reflect, and then in turn prime this affect. EFT combines an experiential, intrapsychic focus on inner experience, particularly affect, with a systemic focus on cyclical, self-reinforcing interactional responses. The focus on affect arises from the humanistic experiential perspective, as outlined by Rogers (1951) and Perls (1973), and reflects the individual therapy training of the originators of EFT (Greenberg & Johnson, 1988). The focus on how each partner's responses constrain and dictate the other's, and on interpersonal patterns, reflects the influence of systems theory, as exemplified by the work of Minuchin (Minuchin & Fishman, 1981). The focus on affect is supported by the empirical work of Gottman (1991), who emphasizes the power of negative affect, as expressed in facial expression, to predict long-term stability and satisfaction in relationships and the destructive impact of repeated cycles of interaction, such as criticizing and defending oneself or complaining and stonewalling. The inability of distressed couples to sustain emotional engagement is also noted by Gottman (Gottman & Levenson, 1986) and appears more central in maintaining distress than disagreements per se or whether disagreements can be resolved. Gottman (1991) notes that there appear to be differences in affect regulation between men and women. Women seem to be more able to regulate their affect in interpersonal conflict and therefore more often seem to take a critical and complaining position, whereas their male partners withdraw and stonewall to contain their affect. The cycle of critical complaint followed by defense and distance is particularly destructive for couples relationships (Heavey, Christensen, & Malamuth, 1995). Gottman's thorough and empirically based description of marital distress and his model's ability to predict marital

outcomes suggest that emotional responses and particular self-reinforcing interaction patterns are the most appropriate targets of intervention in marital therapy (Gottman, 1994).

The Nature of Adult Love

To understand why and how emotional responses and the interactional patterns outlined above are so central to marital distress, we need to place these empirical findings in the context of a theory of relationships. Marital therapy has, in general, lacked a clear theory of adult intimacy and therefore a clear sense of the primary goals and targets for the change process (Roberts, 1992; Segraves, 1990). Such a theory would allow clinicians to define what specific changes are necessary to encourage recovery from distress and promote long-term health and resilience in relationships.

In recent years attachment theory has been applied more and more to adult relationships rather than to parent-child bonds (Bowlby, 1988; Hazan & Shaver, 1987). From an attachment perspective, the description of marital distress outlined above is best understood in terms of separation distress and an insecure bond. A bond here refers to an emotional tie, a set of attachment behaviors to create and manage proximity to the attachment figure and a set of working models or what are usually termed schemas. These schemas are concerned with the dependability of others and the worth or loveliness of self.

Seeking and maintaining contact with others is viewed as the primary motivating principle in human beings and as an innate survival mechanism shaped by the process of evolution. Secure attachment provides a safe haven and a secure base in a potentially dangerous world (Bowlby, 1988). When attachment security is threatened, compelling affect organizes attachment responses into predictable sequences. Typically protest and anger will be the first response to such a threat, followed by some form of clinging and seeking, which then gives way to depression and despair. Finally, if an attachment figure does not respond, detachment and separation will occur (Bowlby, 1969). The potential loss of an attachment figure, or an ongoing inability to define the relationship as generally secure, is significant enough to prime automatic fight, flight, or freeze responses that limit information processing and constrict interactional responses (Johnson, 1996). So, for example, a husband evades and avoids his wife in an attempt to calm down the interaction and reduce her

anger, but his flight in fact heightens her anxiety and primes her aggression toward him.

Attachment theory provides a map for adult intimate relationships. It outlines adaptive needs for contact, comfort, security, and closeness as the features that define this landscape. This perspective focuses the couples therapist on attachment fears, longings, and needs, and stresses the significance of experiences of loss of trust and connection. It directs the process of therapy toward the creation of the accessibility and responsiveness that foster safe emotional engagement. In terms of the process of change, attachment theory directs the therapist's attention to the accessing and reprocessing of attachment-related affect, the modifying of interactions that block contact, and the creation of bonding interactions. This theory, like Gottman's research, stresses the importance of affect in the definition of close relationships. In attachment theory, emotion may be seen as alerting partners to the significance and nature of key relational experiences, evoking working models in a state-dependent fashion (e.g., "when I'm anxious about my relationship, I experience all my fears about myself"), and, most importantly for the couples therapist, priming attachment behaviors (Johnson, 1996).

There are four key assumptions of EFT that arise out of these theoretical perspectives. First, emotional responses and interactional patterns are reciprocally determining and both must be addressed in therapy. Second, partners are stuck in negative patterns that preclude the responsiveness necessary for secure bonding. They are not viewed as immature or unskilled but, rather, as needing support to formulate their attachment needs and fears in a manner that promotes secure bonding. Third, emotion is seen as a key element in the definition and the redefinition of close relationships. New emotional experience and new interactions are necessary for change to occur. Fourth, adult intimacy is best viewed as an attachment process. This process gives couples interventions a specific focus, target, and set of goals.

EFT Interventions

The process of change in EFT has been delineated in nine treatment steps. The first four steps involve assessment and the de-escalation of problematic interactional cycles. The middle three steps emphasize the creation of specific change events where interactional positions shift and new bonding experiences occur. The last two steps of therapy

address the consolidation of change and the integration of these changes into the everyday life of the couple. The therapist leads the couple through these steps in spiral fashion, as one step incorporates and leads into another. In mildly distressed couples, partners generally work quickly through the steps at a parallel rate. In more distressed, more insecure couples, the more passive or withdrawn partner is usually invited to go through the steps slightly ahead of the other. The increased emotional engagement of this partner then helps the other more active, critical partner shift to a more trusting stance.

The nine steps of EFT are as follows:

Cycle De-escalation.

Step 1. Assessment—creating an alliance and explicating the core issues in the couple's conflict using an attachment perspective.

Step 2. Identifying the problem interactional cycle that maintains attachment insecurity and relationship distress.

Step 3. Accessing the unacknowledged emotions underlying interactional positions.

Step 4. Reframing the problem in terms of the cycle, the underlying emotions, and attachment needs.

Changing Interactional Positions.

Step 5. Promoting identification with disowned needs and aspects of self and integrating these into relationship interactions.

Step 6. Promoting acceptance of the partner's new construction of experience in the relationship and new responses.

Step 7. Facilitating the expression of specific needs and wants and creating emotional engagement.

Consolidation/Integration.

Step 8. Facilitating the emergence of new solutions to old problematic relationship issues.

Step 9. Consolidating new positions and new cycles of attachment behavior.

In all of these steps the therapist moves between (a) helping partners crystallize their emotional experience in the present, tracking, reflecting, and then expanding this experience and (b) setting interactional tasks that add new elements to and reorganize the interactional cycle. The therapist might, then, first help a withdrawn, guarded spouse formulate his sense of paralyzed helplessness that primes his withdrawal. The therapist will validate this

sense of helplessness by placing it within the context of the destructive cycle that has taken over the relationship. The therapist will heighten this experience in the session and then help his partner to hear and accept it, even though it is very different from the way she usually experiences her spouse. Finally, the therapist moves to structuring an interaction around this helplessness, as in, "So can you turn to her and can you tell her, 'I feel so helplessness and defeated. I just want to run away and hide.'" This kind of statement, in and of itself, represents a move away from passive withdrawal and is the beginning of active emotional engagement. The steps of EFT are described in greater detail elsewhere, as are the specific interventions associated with each step (Johnson, 1996). There are also a number of therapy transcripts in the literature (Johnson, 1996, in press; Johnson & Greenberg, 1992, 1995) that illustrate the stance of the therapist and the types of interventions employed in EFT.

ASSESSING THE CLINICAL EFFICACY OF EFT

The central focus of the empirical work on EFT has been to determine its efficacy as a treatment for marital distress. To date, seven studies have examined the impact of EFT on distressed couples, as assessed by a wide range of measures, including indices of psychological and dyadic adjustment, intimacy, and target complaints about the relationship. The majority of these studies have been randomized clinical trials (RCTs) in which EFT was compared to pharmacological or psychological treatments, or to waiting list controls (Dessaulles, 1991; Goldman & Greenberg, 1992; James, 1991; Johnson & Greenberg, 1985a; Walker, Johnson, Manion, & Cloutier, 1996); in two studies, treated couples served as their own controls (Johnson & Greenberg, 1985b; Johnson & Talitman, 1997). Additionally, to examine the extent to which EFT may affect relationship issues other than marital distress, two RCTs have explored the ability of EFT to enhance intimacy in maritally adjusted couples (Dandeneau & Johnson, 1994) and to modify low sexual desire in female partners (MacPhee, Johnson, & Van der Veer, 1995). Table 1 presents summary information on the characteristics of the couples who participated in these studies and the design characteristics of these studies. As evident from Table 1, all EFT trials have included treatment integrity checks that were performed on tapes of therapy sessions and have had very low attrition rates, thus enhancing the internal validity of the studies. Across the nine studies of

Table 1. Sample and study characteristics in EFT studies

Study	<i>n</i> of Couples	Age (M years)	Relationship Duration (M years)	<i>n</i> of Children (M)	<i>n</i> of Therapists	<i>n</i> of Sessions	Treatment Integrity Check	Attrition
Johnson & Greenberg (1985a)	45	34.0	8.6	1.8	12	8	Yes	0%
Johnson & Greenberg (1985b)	14	33.0	6.9	1.0	7	10	Yes	0%
James (1991)	28	37.0	9.6	1.6	14	12	Yes	Unknown
Goldman & Greenberg (1992)	28	38.5	11.3	1.4	7	10	Yes	0%
Dandeneau & Johnson (1994)	36	40.9	15.7	1.6	10	9	Yes	3% ^a
MacPhee et al. (1995)	49	41.5	14.0	1.4	10	10	Yes	8%
Walker et al. (1996)	32	36.9	11.3	2.3	7	10	Yes	3%
Dessaullles (1991)	12	37.0	10.9	2.0	6	15	Yes	33% ^b
Johnson & Talitman (1997)	34	42.0	13.0	1.4	13	12	Yes	5%

^aOne couple withdrew from the non-EFT treatment condition.

^bTwo couples withdrew from the EFT condition and four couples withdrew from the pharmacological intervention condition.

Table 2. Effects of EFT on marital adjustment

Study	DAS				Recovered	Improved	Deterioration
	Pretherapy		Posttherapy				
	M	SD	M	SD			
Johnson & Greenberg (1985a)	92.8	8.8	112.7	10.8	46%	66%	0%
Johnson & Greenberg (1985b)	93.9	n/a	103.9	n/a	n/a	n/a	n/a
James (1991)	87.6	10.2	103.3	14.6	79%	86%	14%
Goldman & Greenberg (1992)	86.3	8.3	100.1	13.1	67%	71%	0%
Dandeneau & Johnson (1994) ^a	105.9	6.7	110.5	4.9			
MacPhee et al. (1993) ^a	98.6	n/a	105.1	n/a			
Walker et al. (1996)	99.7	8.3	109.6	9.2	38%	69%	0%
Dessaullles (1991) ^b	87.0	14.9	99.9	17.1			
Johnson & Talitman (1997)	88.0	7.9	102.8	13.3	50%	79%	6%

Note: n/a means not available.

^aThe focus of these studies were, respectively, to enhance aspects of the relationships of maritally adjusted couples and to improve couple's sexual functioning. Calculations of recovery, improvement, and deterioration based on DAS scores are therefore not relevant.

^bAs only six couples received EFT in this study, estimates of clinical improvement are not provided.

EFT outcome, therapy has been provided by both novice and experienced therapists. As almost all of the studies have been conducted by the two originators of EFT (S. Johnson and L. Greenberg), it is important to note that there has been only minimal therapist overlap across studies (three therapists were common to the Walker et al. and the Johnson and Talitman studies), thus enhancing the external validity of this program of research.

As the main goal of EFT is to alleviate couples' relationship distress, we concentrate most of our presentation of the effects of EFT on the results of treatment on couples' Dyadic Adjustment scale (DAS; Spanier, 1976), the

most commonly used measure of dyadic adjustment in the literature. Table 2 presents information on couples' DAS scores prior to and following treatment. In all studies in which the primary focus of treatment was marital distress (i.e., excluding the Dandeneau & Johnson and the MacPhee et al. studies), EFT has been found to result in significantly improved dyadic adjustment, compared both to waiting list controls and to couples' pretreatment DAS scores. Using the criteria suggested by Jacobson and Truax (1991) for assessing clinically significant change, the overwhelming majority of EFT-treated couples reported clinical improvement on the DAS, and in most studies over

half of the EFT-treated couples met criteria for recovery (i.e., no longer maritally distressed). Additionally, there appear to be only infrequent instances in which EFT-treated couples experienced deterioration in their relationship over the course of treatment. Overall, these results generally meet or exceed the oft-reported finding that approximately half of couples seen in marital therapy outcome research are no longer maritally distressed (Hahlweg & Markman, 1988; Jacobson & Addis, 1993).

There have been a number of reviews of the couples therapy outcome literature in recent years, including both traditional literature reviews (Lebow & Gurman, 1995; Piercy & Sprenkle, 1990) and meta-analytic reviews (Dunn & Schwebel, 1995; Shadish et al., 1993). Because of the recency of publication for some of the articles describing the effects of EFT, these reviews do not provide a comprehensive overview of the efficacy of EFT. Accordingly, we conducted a meta-analysis on the outcome measures (dyadic adjustment, intimacy, target complaints) reported in the four RCTs of EFT in which couples were seeking treatment for their relationship distress (i.e., Goldman & Greenberg, 1992; James, 1991; Johnson & Greenberg, 1985a; Walker et al., 1996). In conducting this meta-analysis reported below, we included only the EFT studies of maritally distressed couples that involved RCTs, as there is evidence that effect sizes derived from other types of research designs may underestimate the true effects of treatment (Shadish & Ragsdale, 1996). Additionally, given that the Dessaulles (1991) study had a very small sample and did not include a waiting list control group, we excluded this study from our analysis. Using Schwarzer's (1990) meta-analysis program, we calculated several meta-analytic indices for the four RCT studies of EFT. First, effect sizes were calculated for each dependent variable in each study. Average effect sizes were then calculated for each study. Finally, the mean effect size, weighted by sample size, was calculated across studies. The resulting overall mean effect size was 1.28. This is a large effect size for psychotherapy research and is statistically significant, $Z = 6.32$, $p < .001$; the effect sizes across studies were homogeneous, $Q = 5.34$, $p > .05$. For comparison purposes, we note that previous meta-analytic estimates for the effect size of couples therapy have ranged from .60 (Shadish et al., 1993) to .90 (Dunn & Schwebel, 1995).

Although the effect size obtained from the preceding meta-analysis is useful in making general comparisons to previous meta-analyses of the couples therapy literature,

Table 3. Meta-analysis of EFT effects on marital adjustment

Study	Reported Effect Size	N (EFT)	N (Control)
Randomized clinical trials including a no-treatment condition			
Johnson & Greenberg (1985a)	2.19	15	15
James (1991)	.70	14	14
Goldman & Greenberg (1992)	1.52	15	15
Walker et al. (1996)	1.27	16	16
Other EFT studies with distressed couples			
Johnson & Greenberg (1985b)	.94	14	
Dessaulles (1991)	1.49	7	
Johnson & Talitman (1997)	1.26	34	

Note: Meta-analytic results from RCTs were as follows: Weighted mean effect size: ($d+$) = 1.31. Significance of combined result: $Z = 6.42$, $p < .001$. Homogeneity of effect sizes: $Q = 6.05$, $df = 3$, $p > .05$. Fail-safe $n = 49$ studies.

it provides limited information about the effect of EFT. In the couples therapy literature, different researchers, examining various forms of couples therapy, use differing batteries of measures. Meta-analytic estimates that combine these different measures may mistakenly give the impression that one can precisely compare studies or therapeutic approaches. Instead, to make accurate cross-study comparisons, one must make comparisons based solely on measures that the studies have in common. In the couples therapy literature, the only such measure is the DAS. Therefore, to provide more precise meta-analytic estimates of EFT's impact for future comparisons with other treatment approaches, we repeated the meta-analysis using only the DAS data from the four RCTs.

Table 3 presents the effect sizes reported in these studies for couples' DAS scores following treatment. For comparison purposes, effect sizes from the three other studies with maritally distressed couples are included. As shown in Table 3, the weighted mean effect size of the four RCTs attained a statistically significant value of 1.31. Not surprisingly, given that all couples in these studies were maritally distressed, the effect sizes across studies were homogeneous. An effect size of 1.31 is very large for psychotherapy research, especially in light of Dunn and Schwebel's (1995) estimate of .90 for the average effect size of couples therapy on global indices (including the DAS) of marital quality.

Our results are based on the data derived from only four studies. It is possible, therefore, that they may not be stable. One method for examining this possibility is to calculate Rosenthal's (1984) fail-safe n . This calculation yields an estimate of the number of studies reporting non-significant findings that would be required to reduce the

overall effect size estimate of the body of research to a nonsignificant level. The fail-safe n for the EFT findings on the DAS is 49; that is, 49 studies reporting nonsignificant results would be required to yield an overall effect size that was statistically nonsignificant. Rosenthal (1984) has suggested that a tolerance level be set to determine what would constitute an unlikely number of nonsignificant studies not included in a meta-analysis. Using his tolerance level equation (Rosenthal, 1984, p. 110), this number is 30 studies. Therefore, it is extremely unlikely that the obtained results for EFT on the DAS are inflated due to nonpublication of nonsignificant findings. Accordingly, based on our meta-analytic estimates for homogeneity of effect sizes and the fail-safe n , it appears that the obtained effect size of 1.31 is stable and consistent across studies.

Not only is EFT clearly effective in reducing marital distress, there also seems to be a tendency for couples to continue to improve after the termination of treatment. For example, in the most recent study (Johnson & Talitman, 1997), 70% of couples were found to be recovered at 3-month follow-up, an improvement over the 50% who were recovered at the end of therapy. The same kind of increase occurred in the first EFT study by Johnson and Greenberg (1985a; 46% recovered at termination, 73% at follow-up) and in the Walker et al. (1996) study (38% recovered at termination, 70% at follow-up). A 2-year follow-up of the couples involved in the Walker et al. (1996) study has also been completed, with very positive results (Walker & Manion, 1998), as all treatment effects were maintained at the follow-up assessment. These results are particularly encouraging given that these couples were the parents of chronically ill children and so coping with considerable ongoing stress that might be expected to make treatment gains more difficult to maintain.

Although EFT is primarily designed to alter marital functioning, there are initial data indicating that EFT interventions also reduce depressive symptoms (Dessaulles, 1991; MacPhee et al., 1995; Walker, 1994). However, 10 sessions of EFT failed to significantly increase the sexual adjustment of couples in which the female partner was experiencing low sexual desire (MacPhee et al., 1995). Clinically, we found that many of these low-desire partners had been traumatized in past close relationships and 10 sessions was not an adequate number to create new positive interactions, particularly in the area of intimate touch and sexuality. The results in this study were compa-

rable to others reported by researchers addressing low sexual desire (Schover & Lopiccolo, 1982) in that subjects did improve across time on some measures but significant positive changes were less than optimal.

THE PROCESS OF CHANGE IN EFT

In general, there has been very little research addressing the process of change in couples therapy. To date, four studies of the process of change in EFT have been reported in the literature, with the goal of this line of research being a greater understanding of the crucial ingredients of change, from the point of view of both client performance and therapist interventions. The first study (Johnson & Greenberg, 1988) examined the process of therapy in "best" sessions for three couples whose DAS scores increased by an average of 47 points (i.e., approximately 2.5 standard deviations) in the original EFT outcome study (Johnson & Greenberg, 1985a). This successful process was compared with that of the three lowest change couples who did not show significant improvement on the DAS. Videotapes of best sessions (chosen by the couples) were independently rated for levels of experiencing (Klein, Mathieu, Gendlin, & Miesler, 1969) and for affiliative and autonomous responses in interactions using the Structural Analysis of Social Behavior (SASB; Benjamin, 1986). A particular change event, a "softening," where a previously critical partner expresses vulnerability and asks for comfort and connection from his or her partner, was also defined using these measures. The high-change couples showed significantly higher levels of experiencing in best sessions. A χ^2 analysis also found that blaming partners in the high-change couples were more likely to move to demonstrating a more affiliative and less coercive position toward their spouse in the session. On average, five softening change events were found in the sessions of the successful couples and none were found in the sessions of the low-change couples. These results confirmed the relevance of encouraging couples to explore their emotional responses and engage in tasks in which they express their attachment needs to their partner in a manner that facilitates emotional engagement.

Three additional small studies of EFT change processes (Greenberg, Ford, Alden, & Johnson, 1993) demonstrated the same kinds of effects. In one study EFT couples were found to demonstrate more shifts from hostility to affiliation on the SASB than wait-list couples who were beginning treatment. In another study, peak or best sessions of

EFT as identified by couples were characterized by more depth of experiencing and affiliative and autonomous statements than were sessions identified by couples as poor. The final study demonstrated that intimate, emotionally laden self-disclosure (as coded on the SASB) was more likely to lead to affiliative statements by the other partner than other randomly selected responses. Revealing underlying experience in an intimate manner thus led to a change in interaction. In general, the results of these studies are consistent with the theory of EFT. They imply that change in EFT is associated with the expression of underlying feelings and needs that leads to a positive shift in interaction patterns and fosters accessibility and responsiveness.

PREDICTING SUCCESS IN EFT

The program of research on EFT is now beginning to consider the question of who is best suited to this form of couples intervention. Clinically, EFT has never been recommended for couples where abuse is an ongoing part of the relationship. Abusive partners are referred to group or individual therapy to help them deal with their abusive behavior. They are offered EFT only after this therapy is completed and their partners no longer feel at risk. Additionally, for couples who are separating, EFT is used only in an abbreviated form to clarify the redefinition of the relationship and support partners as they separate.

The results of a recent study on predictors of success in EFT (Johnson & Talitman, 1997) provide some initial evidence on who is likely to benefit most from EFT. Hierarchical multiple regression analyses were used in this study to assess the unique contribution of the predictor variables to improvement or recovery from marital distress, beyond that due to initial satisfaction level. In addition to posttreatment assessment of participants, a 3-month follow-up was conducted.

Based on regression analyses, the quality of the alliance with the therapist was a strong predictor of success in EFT. This is to be expected, as it is a general finding in research on all forms of psychotherapy that a positive alliance is associated with therapeutic success. More important, though, the quality of the alliance in EFT seemed to be a much more powerful and general predictor of treatment success than was initial distress level. In this study, initial distress level was not an important predictor of success at the 3-month follow-up assessment (it accounted for only 4% of the variance in outcome). This is an unusual finding

because initial distress level is usually by far the best predictor of long-term success in marital therapy, accounting for as much as 46% of the variance in marital satisfaction (Whisman & Jacobson, 1990). In addition, the task relevance aspect of the alliance was more predictive of improvement than was a positive bond or a sense of shared goals. EFT was more successful with couples who saw the relevance of formulating and expressing their attachment needs and fears and then addressing issues of connection and trust.

Several other characteristics were associated with improvement in therapy. Older males (over 35 years of age) tended to report greater relationship adjustment at follow-up and to make more gains in therapy, perhaps finding issues of intimacy and attachment more relevant than did the younger male partners. This is an interesting finding in that previous studies of couples therapy have found an inverse relationship between age and outcome, leading some to suggest that treating older people appears to be more difficult (Jacobson & Addis, 1993).

A statistically and conceptually significant finding was that a female partner's initial level of faith that her partner still cared for her predicted the couple's adjustment and intimacy levels at follow-up. In a culture where women have traditionally taken most of the responsibility for maintaining close bonds, this finding suggests that if the female no longer has faith in her partner, the emotional investment necessary for change may be stifled. This is consistent with accumulating evidence that emotional disengagement, rather than factors such as the inability to resolve disagreement, is predictive of marital unhappiness and instability (Gottman, 1994) and lack of success in couples therapy (Jacobson & Addis, 1993). Low levels of this element of trust may be a bad prognostic indicator for couples engaging in any form of couples therapy.

Several partner characteristics were found to be unrelated to improvement in couple adjustment. Lack of emotional expressiveness or awareness did not predict progress in EFT; in fact, EFT seemed to be particularly helpful for males who were described by their partners as inexpressive. Traditionality in relationships (i.e., where the male partner is oriented to independence and the female to affiliation) also did not affect progress in EFT.

Overall, then, the findings of this study suggest that a female's level of faith in her partner's caring and the couple's ability to engage in an alliance with the therapist and respond to the tasks of EFT are more important prognos-

tic indicators for the EFT therapist than are initial distress level or factors such as emotional inexpressiveness. Future research is necessary to substantiate these important findings and to expand our knowledge on the range of client and couple characteristics that may influence the impact of EFT.

SUMMARY AND FUTURE DIRECTIONS

From a theoretical perspective, there is more and more evidence that the targets of EFT interventions, emotional responses and patterned interactional cycles, are the most significant features of marital distress. These variables reliably predict long-term relationship distress and disruption (Gottman, 1994). Evidence is also accumulating that attachment theory can provide a theoretical basis for understanding the nature of marital distress and adult love in general. Attachment theory offers a theoretical basis for interventions such as EFT. It would seem to be a considerable advance for the field of couples therapy to begin to have systematic forms of intervention that are based on clear evidence of the nature of marital distress and the nature of adult love relationships. Efficient, short-term change strategies require a clear set of targets and goals that focus interventions on the variables most likely to mediate recovery from marital distress. EFT offers a clear sequenced set of interventions and change processes, based on the phenomenology of marital distress and a theory of adult love that has empirical support.

From a clinical perspective, perhaps the main general contribution the work on EFT has made to the field of couples therapy is to offer an orientation to and specific ways of working with emotion. It also offers a way of integrating a focus on the individual and the relationship, on both within- and between-person variables and processes. Clinical change processes in EFT seem, from the small number of studies described above, to be consistent with the conceptualization of emotion in this model and how emotional experience and expression are seen as facilitating change. The literature on psychotherapy process (Rice & Greenberg, 1984) emphasizes the need to specify not just the variables associated with change but change events where a number of variables occur in a specific context. This research can then be used to provide some guidance for therapist interventions. This kind of research has begun with EFT in the description of a softening change event (Johnson & Greenberg, 1988) and will continue in the future. The active ingredients of a treatment

can also be delineated by conducting constructive studies, wherein particular interventions are added to the treatment protocol and the effects on outcome are noted. Only one study of EFT has used this constructive design approach (James, 1991), finding that the addition of a communication skills component to the usual EFT interventions did not increase the effectiveness of the treatment.

EFT change strategies have also been adapted and applied to different populations, and some of these applications have been researched, such as the use of EFT with depressed spouses (Dessaulles, 1991; MacPhee et al., 1995; Walker, 1994). EFT is presently used in a wide variety of settings, including private practices, university clinics and counseling centers, and hospital outpatient clinics (Blanchard, 1994). EFT has also been taught to a large number of therapists, varied in age, sex, and experience, and has proved itself to be replicable in the outcome studies completed to date. In terms of outcome data, the effect sizes for EFT are large and treatment outcomes generally exceed the reported average 50% success rate for couples therapy (Jacobson & Addis, 1993). The empirical evidence is consistent and clear: EFT is an effective treatment for marital distress.

In terms of research design, the studies completed on EFT have several strengths. They have, in general, used random assignment to group, valid control groups, treatment implementation checks with very acceptable interrater reliability, reliable measures of process and outcome, follow-up analyses, and appropriate research methodology. The size of the groups in these studies was relatively small, the largest being 45, but this is typical of the field of couples therapy as a whole. Outcome measures were mainly self-report; however, it has been argued that this is appropriate in this particular field (Jacobson, 1985a, 1985b). When EFT has been compared to other treatments (Dandeneau & Johnson, 1994; Johnson & Greenberg, 1985a), therapists have been nested within treatment, except for one study (Goldman & Greenberg, 1992). This decision was based on the ecological validity of the treatment and the clinical perception that therapists do best when they are trained in and committed to the interventions they use.

There are two important methodological limitations to the current body of research on EFT. The first is that all but one study involved one or both of the developers of EFT as a research investigator. Many meta-analytic

reviews of psychotherapy outcome have found that researcher allegiance to a treatment is positively associated with the treatment's effect size; moreover, this phenomenon may be particularly important in the early stages of evaluating a treatment (Gaffin, Tsaoasis, & Kemp-Wheeler, 1995). Accordingly, research is needed where EFT is evaluated by investigators less directly affiliated with its development. Such research is beginning to surface and report positive results (Denton, Burleson, Clarke, Rodriguez, and Hobbs, in press). The second limitation is one common to almost all current psychotherapies shown to have significant clinical effects in research trials, namely, the generalizability of the research findings to the routine use of the treatment in clinical settings (see Clarke, 1995). An important task facing us is to begin examining whether the strength of the reported EFT effects is maintained in clinical settings where therapists have received less training and supervision in EFT than the therapists in the RCTs and where clients may have greater marital and psychological distress or concomitant problems such as eating disorders or anxiety disorders.

The data on how change occurs in EFT are also limited. Dismantling studies, which identify and examine the effects of specific ingredients in a specific treatment approach, have not been conducted. Although a link between engagement in emotional experience, a specific kind of interactional shift, and treatment outcome was found in one study (Johnson & Greenberg, 1988), it would enhance the model if the contribution of different interventions and processes to positive outcome was delineated. In the process studies completed so far, the possibility exists that the process variables were the result of improvement rather than the mediator of improvement. Therefore, in a dismantling study, it would be useful to determine the effectiveness of simply naming the negative cycle and linking it to underlying attachment emotions. These interventions constitute Steps 2 and 3 in EFT and are designed to create a de-escalation of the negative cycle. The study might then examine how adding interventions designed to foster the reprocessing of emotional responses (Step 5) and the shaping of specific new interactions (Step 7) might add to treatment effectiveness. It may also be fruitful to examine the process of change in specific intermediate outcomes that partners face in therapy, such as achieving closure on past betrayals and learning to depend on the other partner again.

There has been little attention in the EFT research to the role of individual differences and how they affect the

EFT process. It is possible, for example, that EFT might be more effective for partners displaying an anxious attachment style (i.e., those who are prone to hyperactivation of attachment behaviors when distressed) than for those displaying an avoidant attachment style (i.e., those who minimize attachment behaviors when distressed). How EFT might be tailored to such individual differences is just beginning to be described in the literature (Johnson & Whiffen, in press).

Future research needs to address the limitations outlined above concerning what therapy ingredients are necessary and sufficient for clinically significant change, which couples are particularly suited to EFT, and how the process of treatment might be tailored to accommodate individual differences. Additional questions remain as to how successful EFT can be in reducing individual symptomatology that accompanies relationship distress and the effectiveness of emotionally focused interventions for different populations. Some recent research has attempted to test the limits of EFT by exploring the type of therapeutic effects possible when couples present with other problems in addition to marital distress (e.g., depression, stress due to a child's chronic illness). In our view, the testing of the limits of EFT's clinical utility is a crucial ingredient in further developing and refining an established treatment that has the promise to improve the ability of clinicians to alleviate marital distress.

A pilot evaluation has been conducted on the use of emotionally focused interventions to create change in families of eating-disordered adolescents (Johnson, Madeaux, & Blouin, 1998) and a pilot is planned on the use of EFT when one partner suffers from posttraumatic stress disorder. The work with traumatized couples is particularly interesting in that initial indications are that EFT interventions appear to not only improve the couple's relationship but to create a healing environment that allows the trauma survivor to deal more constructively with trauma symptoms such as flashbacks and emotional numbing (Johnson & Williams-Keeler, 1998). However, the change process with this population appears to be longer and to contain specific pitfalls and difficulties, particularly regarding the creation of trust.

A second research direction involves the continuation of our efforts to understand the process of therapeutic change in EFT by examining the effect of EFT on specific client cognitions, in this case schemas or working models concerning the acceptability and worthiness of self and the dependability of others. These types of cognitions are

cited in the attachment literature as crucial elements in defining the security of an attachment bond and as being significantly related to variables such as resilience in the face of stress and flexibility in information processing (Mikulincer, 1997; Mikulincer, Florian, & Weller, 1993). One preliminary study suggests that a change in how the partner is perceived is associated with success in EFT (Greenberg et al., 1993). Other process-oriented research is also underway to examine clients' experience of EFT compared to more cognitively oriented marital interventions.

One of the current criticisms of marital and family interventions is that the client's perspective on the change process has been largely ignored by researchers; this perspective needs to be more fully considered in subsequent studies of EFT. There are also plans to expand the work on predictors of success in EFT in order to facilitate the optimal matching of clients to treatments. Finally, we believe that research examining the in-session effects of specific therapist interventions, at specific points in therapy where clients are involved in particular tasks, would also be useful in this regard and would enhance the utility of EFT interventions to couple therapists.

REFERENCES

- Alexander, J. F., Holtzworth-Munroe, A., & Jameson, P. (1994). The process & outcome of marital & family therapy: Research review and evaluation. In A. Bergin & S. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 565–607). New York: Wiley.
- Bartholomew, K., & Perlman, D. (Eds.). (1994). *Attachment processes in adulthood: Advances in personal relationships* (Vol. 5). London: Jessica Kingsley.
- Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology, 66*, 53–88.
- Benjamin, L. (1986). Adding social and intra-psycho descriptors to axis I of DSM-III. In T. Millon & G. Klerman (Eds.), *Contemporary directions in psychopathology* (pp. 215–232). New York: Guilford Press.
- Blanchard, J. J. (1994). *Directory of research opportunities for clinical psychology interns*. Albany, NY: Graywind.
- Bowlby, J. (1969). *Attachment & loss: Vol. I. Attachment*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Clarke, G. N. (1995). Improving the transition from basic efficacy research to effectiveness studies: Methodological issues and procedures. *Journal of Consulting and Clinical Psychology, 63*, 718–725.
- Collins, N., & Read, S. (1990). Adult attachment, working models and relationship quality in dating couples. *Journal of Personality and Social Psychology, 58*, 644–663.
- Dandeneau, M., & Johnson, S. (1994). Facilitating intimacy: A comparative outcome study of emotionally focused and cognitive interventions. *Journal of Marital & Family Therapy, 20*, 17–33.
- Denton, W., Burleson, B. R., Clarke, P. E., Rodriguez, C. P., & Hobbs, B. V., (in press). Outcomes of emotionally focused therapy for couples in a training clinic. *Journal of Marital and Family Therapy*.
- Dessaulles, A. (1991). *The treatment of clinical depression in the context of marital distress*. Unpublished doctoral dissertation, University of Ottawa.
- Dunn, R. L., & Schwebel, A. I. (1995). Meta-analytic review of marital therapy outcome research. *Journal of Family Psychology, 9*, 58–68.
- Gaffin, E. A., Tsoussis, I., & Kemp-Wheeler, S. M. (1995). Researcher allegiance and meta-analysis: The case of cognitive therapy for depression. *Journal of Consulting and Clinical Psychology, 63*, 966–980.
- Goldman, A., & Greenberg, L. (1992). Comparison of integrated systemic and emotionally focused approaches to couples therapy. *Journal of Consulting and Clinical Psychology, 60*, 962–969.
- Gottman, J. (1979). *Marital interaction: Empirical investigations*. New York: Academic Press.
- Gottman, J. (1991). Predicting the longitudinal course of marriages. *Journal of Marital and Family Therapy, 17*, 3–7.
- Gottman, J. (1993). A theory of marital dissolution and stability. *Journal of Family Psychology, 7*, 57–75.
- Gottman, J. (1994). An agenda for marital therapy. In S. M. Johnson & L. S. Greenberg (Eds.), *The heart of the matter: Perspectives of emotion in marital therapy* (pp. 256–296). New York: Brunner/Mazel.
- Gottman, J., & Levenson, R. W. (1986). Assessing the role of emotion in marriage. *Behavioral Assessment, 8*, 31–48.
- Gottman, J. M., Coan, J. Carrere, S., & Swanson, C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the Family, 60*, 5–22.
- Greenberg, L. S., Ford, C., Alden, L., & Johnson, S. M. (1993). Change processes in emotionally focused therapy. *Journal of Consulting and Clinical Psychology, 61*, 78–84.
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York: Guilford Press.
- Gurman, A. S. (1978). Contemporary marital therapies: A critique and comparative analysis of psychoanalytic behavioral and systems theory approaches. In T. J. Poalino & B. S. McCrady (Eds.), *Marriage and marital therapy* (pp. 445–566). New York: Brunner/Mazel.

- Hahlweg, K., & Markman, H. J. (1988). Effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating marital distress. *Journal of Consulting and Clinical Psychology, 56*, 440–447.
- Hazan, C., & Shaver, P. (1987). Conceptualizing romantic love as an attachment process. *Journal of Personality and Social Psychology, 52*, 511–524.
- Heavey, C. L., Christensen, A., & Malamuth, N. M. (1995). The longitudinal impact of demand and withdrawal during marital conflict. *Journal of Consulting and Clinical Psychology, 63*, 797–801.
- Horowitz, L. M. (1979). Cognitive structure of interpersonal problems treated in psychotherapy. *Journal of Consulting and Clinical Psychology, 47*, 5–15.
- Jacobson, N. S. (1978). A review of the research on the effectiveness of marital therapy. In T. J. Paolino & B. S. McCrady (Eds.), *Marriage and marital therapy* (pp. 395–444). New York: Brunner/Mazel.
- Jacobson, N. S. (1985a). The role of observational measures in behavior therapy outcome research. *Behavioral Assessment, 7*, 297–308.
- Jacobson, N. S. (1985b). Uses versus abuses of observational measures. *Behavioral Assessment, 7*, 323–330.
- Jacobson, N. S., & Addis, M. E. (1993). Research on couples and couple therapy: What do we know? Where are we going? *Journal of Consulting and Clinical Psychology, 61*, 85–93.
- Jacobson, N. S., Follette, W. C., & Elwood, R. W. (1984). Outcome research in behavioral marital therapy: A methodological and conceptual reappraisal. In K. Hahlweg & N. S. Jacobson (Eds.), *Marital interaction: Analysis and modification* (pp. 113–129). New York: Guilford Press.
- Jacobson, N. S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York: Brunner/Mazel.
- Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*, 12–19.
- James, P. (1991). Effects of a communication training component added to an emotionally focused couples therapy. *Journal of Marital and Family Therapy, 17*, 263–276.
- Johnson, S. M. (1996). *The practice of emotionally focused marital therapy: Creating connection*. New York: Brunner/Mazel.
- Johnson, S. M. (in press). Emotionally focused couples therapy: Straight to the heart. In J. Donovan (Ed.), *Short term couples therapy*. New York: Guilford Press.
- Johnson, S., & Greenberg, L. (1985a). The differential effectiveness of experiential and problem solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology, 53*, 175–184.
- Johnson, S., & Greenberg, L. (1985b). Emotionally focused couples therapy: An outcome study. *Journal of Marital and Family Therapy, 11*, 313–317.
- Johnson, S. M., & Greenberg, L. S. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy, 14*, 175–183.
- Johnson, S. M., & Greenberg, L. S. (1992). Emotionally focused therapy: Restructuring attachment. In S. Budman, M. Hoyt, & S. Friedman (Eds.), *First sessions in time-effective psychotherapy: A casebook* (pp. 204–224). New York: Guilford Press.
- Johnson, S. M., & Greenberg, L. S. (Eds.). (1994). *The heart of the matter: Perspectives on emotion in marital therapy*. New York: Brunner/Mazel.
- Johnson, S. M., & Greenberg, L. S. (1995). The emotionally focused approach to problems in adult attachment. In N. S. Jacobson & A. S. Gurman (Eds.), *The clinical handbook of marital therapy* (2nd ed., pp. 121–141). New York: Guilford Press.
- Johnson, S. M., Maddeaux, C., & Blouin, J. (1998). Emotionally focused family therapy for bulimia. *Psychotherapy, 35*, 238–247.
- Johnson, S., & Talitman, E. (1997). Predictors of outcome in emotionally focused marital therapy. *Journal of Marital and Family Therapy, 23*, 135–152.
- Johnson, S. M., & Whiffen, V. (in press). Made to measure: Adapting emotionally focused couples therapy to partner's attachment styles. *Clinical Psychology: Science and Practice*.
- Johnson, S. M., & Williams-Keeler, L. (1998). Creating healing relationships for couples dealing with trauma: The use of emotionally focused marital therapy. *Journal of Marital and Family Therapy, 24*, 25–40.
- Klein, M. H., Mathieu, P. L., Gendlin, E. T., & Miesler, D. J. (1969). *The experiencing scale: A research and training manual* (Vol. 1). Madison: University of Wisconsin, Bureau of Audiovisual Instruction.
- Kobak, R., & Hazan, C. (1991). Attachment in marriage: Effects of security and accuracy of working models. *Journal of Personality and Social Psychology, 60*, 861–869.
- Lebow, J. L., & Gurman, A. S. (1995). Research assessing couple and family therapy. *Annual Review of Psychology, 46*, 27–57.
- MacPhee, D. C., Johnson, S. M., & Van der Veer, M. C. (1995). Low sexual desire in women: The effects of marital therapy. *Journal of Sex and Marital Therapy, 21*, 159–182.
- Mikulincer, M. (1997). Adult attachment style and information processing: Individual differences in curiosity and cognitive closure. *Journal of Personality and Social Psychology, 72*, 1217–1230.
- Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies and post-traumatic psychological distress. *Journal of Personality and Social Psychology, 64*, 817–826.
- Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

- Perls, F. (1973). *The gestalt approach and eyewitness to therapy*. San Francisco: Science & Behavior Books.
- Piercy, F. P., & Sprenkle, D. H. (1990). Marriage and family therapy: A decade review. *Journal of Marriage and the Family*, 52, 1116–1126.
- Rice, Z. N., & Greenberg, L. S. (1984). *Patterns of change: Intensive analysis of psychotherapy process*. New York: Guilford Press.
- Roberts, T. W. (1992). Sexual attraction and romantic love: Forgotten variables in marital therapy. *Journal of Marital and Family Therapy*, 18, 357–364.
- Rogers, C. (1951). *Client-centered therapy*. Boston: Houghton-Mifflin.
- Rosenthal, R. (1984). *Meta-analytic procedures for social research*. Beverly Hills, CA: Sage.
- Schover, L. R., & Lopiccolo, J. (1982). Treatment effectiveness for dysfunctions of sexual desire. *Journal of Sex and Marital Therapy*, 8, 179–197.
- Schwarzer, R. (1990). Meta-analysis Programs (Version 5.1) [Computer software]. Berlin: Author.
- Segraves, R. J. (1990). Theoretical orientations in the treatment of marital discord. In F. D. Fincham & T. N. Bradbury (Eds.), *The psychology of marriage* (pp. 281–298). New York: Guilford Press.
- Shadish, W. R., Montgomery, L. M., Wilson, P., Wilson, M. R., Bright, I., & Okwumabua, T. (1993). Effects of family and marital psychotherapies: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 61, 992–1002.
- Shadish, W. R., & Ragsdale, K. (1996). Random versus nonrandom assignment in controlled experiments: Do you get the same answer? *Journal of Consulting and Clinical Psychology*, 64, 1290–1305.
- Simpson, J. A., Rholes, W. S., & Nelligan, J. S. (1992). Support seeking and support giving within couples in an anxiety provoking situation: The role of attachment styles. *Journal of Personality and Social Psychology*, 62, 434–446.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15–28.
- Walker, J. (1994). *A marital intervention program for couples with chronically ill children*. Unpublished doctoral dissertation, University of Ottawa.
- Walker, J., Johnson, S., Manion, I., & Cloutier, P. (1996). An emotionally focused marital intervention for couples with chronically ill children. *Journal of Consulting and Clinical Psychology*, 64, 1029–1036.
- Walker, J., & Manion, I. (1998). *A two-year follow-up on an emotionally focused intervention for couples with chronically ill children*. Manuscript in preparation.
- Whisman, M. A., & Jacobson, N. S. (1990). Power, marital satisfaction, and response to marital therapy. *Journal of Family Psychology*, 4, 202–212.

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