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Emotionally Focused Couple Therapy

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Name of the Strategy

Emotionally focused couple therapy.

Synonyms

EFT; Emotionally focused therapy

Introduction

Emotionally focused couple therapy (EFT) is an approach to couple therapy that helps create attachment security in relationships by guiding partners to explore and share with one another their core attachment-related emotions and needs. EFT conceptualizes the negative interaction patterns between partners in distressed couple relationships and the associated strong negative emotions as arising from emotional disconnection and an insecure attachment bond. Core, primary attachment-related emotions are often blocked from awareness and expression in distressed

couple relationships by protective reactions such as numbing due to the triggering of attachment-related fears. In EFT, couples are encouraged to explore core primary attachment-related emotions and needs as they arise in the therapy session and express these to their partner. Partners are then encouraged to tune into their partners' emotions and needs and respond. As partners tune into one another's now clarified and explicit emotional realities, they are able to counter one another's attachment fears, establish emotional connection, and create a more secure bond. Since its development in the 1980–1990s, EFT has accumulated a strong evidence base and is practiced by couple therapists internationally.

Prominent Associated Figures

Sue Johnson developed EFT as she strove to understand and capture the complexity and intensity of her couples' experiences in therapy, alongside Les Greenberg. In the first study of EFT, Johnson and Greenberg (1985a) discovered that focusing explicitly on and regulating emotions in couple therapy sessions was beneficial in alleviating relationship distress, and in fact superior to a cognitive-behavioral problem-solving approach. Sue Johnson and colleagues have further developed the model to include a primary emphasis on attachment. Emotionally focused couple therapy developed by Johnson (2004) differs significantly from emotion focused therapy for couples

(EFT-C; developed more recently by Greenberg and Goldman 2008) in that it places emphasis on the attachment relationship and views emotions that arise in the relationship as related to the here-and-now attachment interactions between partners. Greenberg and Goldman (2008), in contrast, also place strong emphasis on identity, power, and individual emotional exploration and regulation.

Theoretical Framework

EFT draws on humanistic and systemic principles within an attachment-based framework (Johnson 2004). In EFT, the negative, rigid interaction patterns and strong negative affect and lack of positive affect – noted by Gottman (1993) to be a central feature of distressed relationships – are seen as constantly triggered attachment insecurity and a felt sense of isolation. Distressed relationships are typically characterized by a demand/withdraw pattern of interaction in which one partner pursues with criticisms and/or demands and the other partner withdraws (Gottman 1993). The emotions that arise when the attachment system is activated in couple relationships map onto demand/withdraw pattern such that the pursuing partner typically expresses intense distress and anger characterized by blame, criticism, and contempt and hyperactivates attachment signals to protest the distance in the relationship. The withdrawing partner downregulates affects and withdraws emotionally, consistent with deactivating strategies of affect regulation observed with attachment avoidance. Secure attachment relationships, in contrast, involve mutual emotional responsiveness, accessibility, and engagement (Johnson 2004).

In the EFT model, the intrapsychic focus of experiential approaches is combined with the interpersonal perspective of systems theory to slow down negative cycles of interaction, as well as increase emotional accessibility and responsiveness in the relationship. Change is thought to occur through the creation of moments of secure bonding as couples increasingly explore and express underlying attachment needs and the vulnerabilities that underlie secondary protective

emotional responses (Johnson 2004). As both partners engage in this process of intrapsychic exploration coupled with the direct expression of attachment-related emotions and needs in the relationship, this interrupts the demand/withdraw pattern seen in distressed relationships and allows couples to create new patterns of mutual responsiveness and deeper levels of engagement (Johnson 2004). Secure bonding potentiates effective caretaking and satisfying sexual connection.

Populations in Focus

Since attachment and associated emotions are universal in nature, a therapy that helps couples create more secure attachment, such as EFT, is a viable approach across diverse populations of adult couples (Zuccarini and Karos 2011; Liu and Wittenborn 2011). Liu and Wittenborn (2011) outline three principles for working with culturally diverse couples in EFT: (1) give attention to meanings and functions associated with emotional expression and attachment behaviors; (2) seek understanding of the socially constructed meanings of emotion; and (3) use words and metaphors to which clients can relate, especially clients' own words, and explore further to ascertain their intended meaning. As the meanings underlying attachment behaviors are investigated in session, core attachment-related emotions and needs become apparent and are then open to exploration in a way that can be understood by both partners. By remaining receptive to universal attachment emotions, meanings, and functions underlying behaviors – rather than taking responses at face value – therapists can adapt EFT for diverse populations of couples (Greenman et al. 2009).

In terms of clinical presentations, EFT is particularly relevant for couples with medical illnesses, depression, and posttraumatic stress. With the focus of EFT on building secure connection, effective affect regulation, and creating supportive interactions with loved ones, it is not surprising that EFT has been found to be effective for these populations (Wiebe and Johnson 2016). EFT has also been tailored and tested for use with

couples dealing with attachment injuries such as affairs and other betrayals (Zuccarini et al. 2013).

Contraindications to EFT involve situations in which it would not be safe for partners to become emotionally vulnerable with one another through the exploration and expression of core attachment-related emotions and needs. Unsafe situations may include physical violence, substance abuse, or ongoing infidelity.

Strategies and Techniques Used in Model

EFT draws on experiential and systemic interventions including empathic reflection of emotions and interactive patterns, validation, evocative responding and questioning, heightening emotional engagement, empathic conjecture, and reframing and restructuring interactions within a process of three stages, as outlined by Johnson (2004). Stage 1 is *cycle de-escalation*. In this stage, EFT therapists help couples develop an understanding of their negative dance and the distance it creates as the source of distress in their relationship. In this stage, therapists track and reflect how this pattern of interaction takes over the relationship and clarify each partner's core attachment fears, secondary emotions such as chronic anger, and behavioral reactions, such as turning against or away from the other and how these impact each partner. The completion of stage one is marked by the couple creating a meta-perspective and beginning to view their negative cycle as the source of insecurity and distress in the relationship as opposed to viewing their partner as the problem. Stage 2 is *restructuring attachment interactions*. This involves helping couples shape new positive interactional cycles where deeper primary emotions and attachment needs can be shared in structured enactments. Partners are encouraged to provide emotionally attuned support to one another. When blocks to emotional attunement and engagement arise, these are explored and understood in attachment terms. Partners who previously withdrew in the relationship begin to express their fears of rejection and failure and ask for their attachment needs

to be responded to, and become more responsive and engaged. In turn, partners who previously were blaming and critical begin to clearly express their attachment needs for comfort and reassurance in a way that invites the other partner to understand and respond. As the withdrawing partner reengages, and as the blaming partner softens into vulnerable sharing, new positive interactional responses are shaped in bonding moments. There are two key change events that are understood to occur in stage two of EFT: *Withdrawer reengagement* and *blamer-softening*. *Withdrawer reengagement* occurs when the partner who previously avoided open engagement with their partner can express their attachment needs clearly and directly, and becomes more responsive to their partner. *Blamer-softening* occurs when the partner who previously took a pursuing stance in the relationship, approaching their partner with blame and criticism, begins to express their more vulnerable primary emotions (hurt, sadness, fear, or shame) in a soft but clear and direct way. Their partner is then encouraged to listen and respond in an emotionally attuned way. These events generate new, more constructive, cycles of contact and caring, fostering secure attachment.

Stage 3 is *consolidation*. This stage involves integration of gains made during therapy into specific situations of conflict. During this stage, couples use their felt sense of more secure connection and increased trust to solve problems in their relationship and everyday lives, creating a story of resilience and mastery in their relationship. In this way, new interactional patterns are consolidated and adaptive attachment behaviors become increasingly frequent in the couple's daily interactions (Johnson 2004).

Research about the Model

Emotionally focused therapy has strong research support in terms of both outcome and process of change studies. Early EFT research established the value of focusing on emotion in couple therapy. In the first EFT studies, Johnson and Greenberg (1985a, b) discovered that exploring emotions and drawing on them to shape new

interactions resulted in significant improvements in relationship satisfaction for couples, and that these gains were more favorable as compared to a cognitive-behavioral problem-solving approach (PS). A meta-analysis by Johnson, Hunsley, Greenberg, and Schindler (1999) found a recovery rate from relationship distress of 70–73% with a Cohen's *d* effect size of 1.31 using data from four RCT studies of EFT. EFT has also been shown to be effective for couples facing depression, post-traumatic stress, and chronic illness (Wiebe and Johnson 2016).

The EFT literature has also outlined specific steps involved in working with couples facing relationship injuries such as affairs and other betrayals in the attachment injury resolution model within EFT (AIRM; Makinen and Johnson 2006; Halchuk et al. 2010). The AIRM model states that it is necessary for the injured partner to express and process feelings of anger, sadness, and fear due to the attachment injury in order to create secure attachment and in order for forgiveness to be possible. In an investigation of this model, Makinen and Johnson (2006) found that 63% of injured partners were able to successfully resolve the injury, forgive their partner, and resume the therapeutic process. Resolving the attachment injury was associated with significant improvements in relationship satisfaction and forgiveness. In a 3-year follow-up, couples who were able to resolve the injury continued to demonstrate improved relationship satisfaction and forgiveness (Halchuk et al. 2010). In a study of the process of healing attachment injuries in EFT, Zuccarini et al. (2013) found that couples who resolved their attachment injuries had demonstrated greater depth of emotional engagement in key sessions of therapy, a more reflective stance in processing of emotions around the injury, and greater levels of affiliative responding toward their partner as compared to nonresolvers. In terms of therapeutic interventions, resolved couples' therapists tended to have increased levels of reflecting primary emotions, evocative questions, and enactments in EFT sessions.

Furthermore, EFT has been found to be effective in reducing the neurological threat response to electric shock experienced by female partners

when their partner was present holding their hand (Johnson et al. 2013), suggesting that EFT may help couples coregulate threat, which may help explain the effectiveness of EFT for highly stressed couples.

Process research has explored the ingredients of change in EFT. The two main elements of the therapeutic process in EFT that have been identified as key ingredients of change are: depth of emotional experiencing and the process of shaping interactions such that partners begin to clearly express attachment needs and emotions and mutual affiliative responding (Greenman and Johnson 2013). In addition, the occurrence of a blamer-softening event – a key therapeutic event characterized by high levels of emotional experiencing and mutual affiliative responding – is associated with positive outcomes in EFT (Johnson and Greenberg 1988). Blamer-softening has been found to predict linear improvements in relationship satisfaction across EFT sessions (Dalgleish et al. 2015). Blamer-softening has also been tied specifically to reductions in attachment anxiety across EFT sessions (Burgess Moser et al. 2017). Research has confirmed that attachment security improves across EFT sessions (Burgess Moser et al. 2017) and during follow-up (Wiebe et al. 2016a), and that this change is predictive of continued improvements in the first 2 years after completing EFT (Wiebe et al. 2016b).

Case Example

The following is a snapshot of the EFT therapeutic process with Jack and Marie, illustrating a softening session within the context of forgiveness of an attachment injury:

Th: How did you enjoy your vacation?

Jack: It was good at first. Marie and I went out dancing and we were having a good time. Then we got back to our hotel room and we started kissing and then all of a sudden just like that she started yelling at me again about the affair and then got up and went to bed. The rest of our

vacation was shot. She was just withdrawn and sullen the whole time.

Th: Jack, it sounds like you were really enjoying being with Marie, and then something happened, and you want to try and understand. Yes?

Jack: Yes, I want to hear it, whatever it is (he gazes at Marie intently).

Marie: Don't act so innocent. The whole night you were staring at that other woman, but I know you don't want me to talk about it so I held it in, and then later when we were kissing I just felt like it wasn't me you wanted to be with. I'm never enough for you, just like the affair, I'm never enough (Marie speaks angrily, but with tears filling her eyes)

Th: Marie, I hear your anger and frustration, and at the same time I see your eyes well with tears. When you saw him glance at that other woman you said to yourself 'he doesn't really want me', and it brought back all the pain of the affair? And you held it in all night until you were back at your hotel room and you were making love, then part of you said, 'he doesn't really desire me' – that terrible fear came up, and you felt all alone with it, is that it?

Marie: Yes! So I just exploded, I let him have it.

Th – So can you stay with that hurt and fear that you are so bravely naming here – can you take a breath and share that fear with Jack, right here?

Marie: (She turns to Jack) It hurts so much to think that maybe you don't really desire me and then you try to make love anyway, I can't stand it!

Th: You really long to know that you are wanted and desired by Jack, and it's really hard to let him hear these vulnerable feelings and what ends up happening is you explode in anger, is that what happened?.

Marie: Of course, I want to be the one you think about, the one you turn to, but when you look at other women I just get scared and feel alone and rejected and so sad (She weeps).

Th: Can you turn to Jack and tell him this is how you feel? That you feel sad and scared and alone in those moments?

Marie: Jack, when I'm reminded of the affair, I'm just overwhelmed with sadness and feeling

alone. I know I explode in anger, but it's because I just feel so vulnerable and hurt.

Th: Jack – can you take that in? Can you help Marie with these vulnerable feelings?

Jack: You just seemed so cold and distant all night. Then when I went to kiss you, you exploded. I didn't know you were hurting. If I could take back the affair I would, in a heartbeat. It hurts me to see you in pain like this. I don't want you to hurt anymore, Marie you know you are the only one I really want to be with.

Marie: You know as I hear you say that it brings up a different sadness for me. What you did caused me a lot of pain, but now it's like you can feel that pain too and you understand what it is like for me. I don't want you to hurt anymore either.

In this excerpt, the therapist helps Marie stay with and articulate her softer, more vulnerable attachment longings and fears underlying her angry responses to Jack. She is then guided to turn to Jack with her core feelings of pain and sadness around the attachment injury in a way that pulls her partner closer. Jack is then able to turn to Marie and support her, and express a deep empathy with her experience and regret for having hurt her. Marie can experience and take in a sense that Jack understands and feels her pain, and this allows her to shift into a more loving and forgiving response.

Cross-References

- ▶ [Attachment in Couples and Families](#)
- ▶ [Attachment Injury Resolution Model in Emotionally Focused Therapy](#)
- ▶ [Attachment Theory](#)
- ▶ [Clarifying the Negative Cycle in Emotionally Focused Therapy](#)
- ▶ [Deepening Emotion and Restructuring the Attachment Bond in Emotionally Focused Therapy](#)
- ▶ [Emotion in Couple and Family Therapy](#)

- ▶ Emotionally Focused Couple Therapy and Physical Health in Couples and Families
- ▶ Emotionally Focused Couple Therapy and Trauma
- ▶ Emotionally Focused Family Therapy
- ▶ Emotion-Focused Therapy for Couples
- ▶ Goldman, Rhonda
- ▶ Gottman, John
- ▶ Greenberg, Leslie
- ▶ Hold Me Tight Enrichment Program
- ▶ Hold Me Tight/Let Me Go Enrichment Program for Families and Teens
- ▶ Johnson, Susan
- ▶ Training Emotionally Focused Couples Therapists

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