

Clinical Handbook of Emotion-Focused Therapy

Edited by
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EMOTION-FOCUSED THERAPY FOR COUPLES

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Helping partners in intimate relationships access and express their underlying vulnerable emotions to each other is at the heart of emotion-focused therapy for couples (EFT-C). Developed by Leslie Greenberg and Sue Johnson in the mid-1980s, this approach adopts a systemic view of interactions and sees couple dynamics through the lens of affect regulation. Stemming from the humanistic–experiential tradition, EFT-C considers each couple within their relational context and uses empathy to explore couple interactions, particularly as they occur in the moment while exploring the emotional experience of the partners. In keeping with a systemic view, neither partner is seen as at fault for the couple’s problems, but instead their difficulties are understood to be maintained by cycles of negative interaction that need to be changed.

A large number of studies have demonstrated the effectiveness of EFT-C in reducing relationship distress (e.g., Dalgleish et al., 2015; Greenberg, Warwar, & Malcolm, 2010; Johnson, Hunsley, Greenberg, & Schindler, 1999). Additional studies have found EFT-C to be effective in promoting forgiveness in couples presenting with unresolved emotional injuries (e.g., Greenberg et al., 2010; Mäkinen & Johnson, 2006). Moreover, EFT-C has shown success in treatment of couples presenting with a range of specific challenges including childhood sexual abuse (MacIntosh & Johnson, 2008), posttraumatic stress disorder (Greenman & Johnson, 2012), and terminal cancer (McLean, Walton, Rodin, Esplen, & Jones, 2013).

As mentioned above, Greenberg and Johnson developed EFT-C together; however, over time, differences in their theoretical understanding of EFT-C emerged. Whereas Johnson (2004) viewed couples’ functioning primarily through the lens of attachment theory, Greenberg, in collaboration with Goldman, viewed affect regulation as the central force that organizes

couples' dynamics (Greenberg & Goldman, 2008), governing three primary motivational systems: attachment, identity, and attraction and liking. This chapter focuses primarily on presenting the theoretical and research developments made by Greenberg and colleagues over the past decade (see Wiebe & Johnson, 2016, for coverage of research findings from Johnson and colleagues). Despite their theoretical differences, it should be noted that both Greenberg's and Johnson's versions of EFT-C remain highly similar at the clinical level as they each rely on the same core interventions, which are outlined in the original text (Greenberg & Johnson, 1988).

MOTIVATIONAL SYSTEMS IN COUPLES

The question of why human beings get involved in intimate relationships is a complex one encompassing a series of factors, one of which is the feel-good factor: It feels good to us to be close to another person and to feel as if this person knows and values us. Even if at times intimacy can be frightening, it is also one of the richest experiences a human being can know—to feel safe, to feel valued, is to feel loved. The motivation to seek out another person or to withdraw from him or her or to engage in a myriad of behaviors is fueled by how we feel. For instance, we like to feel calm, we experience a sense of satisfaction when our partner recognizes our efforts, and we enjoy the thrill of feeling sexually attractive to our partner. In contrast, we dislike feeling criticized, blamed, or worthless in the eyes of our partner. According to Greenberg and Goldman (2008), motivation is seen as deriving from affect. In the context of close relationships, Greenberg and Goldman argued that motivation works through three primary subsystems: attachment, identity, and attraction and liking.

Attachment

Attachment refers to the sense of security and closeness one experiences with a close other, and it includes the needs for availability and responsiveness from one's partner. Research on attachment was originally focused on the infant-caregiver relationship (Ainsworth, 1967; Bowlby, 1988), and over time it has also been conceptualized as an important process in adult romantic relationships (Hazan & Shaver, 1987). We monitor and appraise events for their relevance to attachment-related goals, such as our partner's physical or psychological proximity, availability, and responsiveness, then adjust our attachment behavior accordingly. For example, to regulate attachment-related anxiety, we either seek more closeness from the other or disengage momentarily to attempt to soothe this anxiety alone.

Greenberg and Goldman (2008) considered humans to be fundamentally relational beings that need to feel connected to others, and they proposed that affect regulation is a core motive that leads to attachment. That is, without fear at separation, joy at connection, and sadness at loss, there would be no attachment.

Identity

Another dimension important to human relatedness is the need for self-coherence, self-esteem, and mastery, which Greenberg and Goldman (2008) described as the need for *identity*. It is maintained by recognition and validation from others and as such is considered to be a relational need. There is a sense of satisfaction and pleasure that comes with having our thoughts and feelings recognized and validated by our partner. Conversely, feeling unseen, invalidated, or defined in ways that are damaging to one's identity evokes feelings of hurt, disappointment, and shame. Perceptions of threat to one's identity or fears of being dominated and controlled lead us to impose our view of reality over that of our partner. In other words, when we feel the discomfort of shame that arises when we feel diminished or the fear of loss of control, we attempt to exert our influence or control over our partner (Greenberg & Goldman, 2008).

Attraction and Liking

According to Greenberg and Goldman (2008), satisfaction in relationships is governed by *attraction and liking*—the positive feelings that are generated when people are interested in, like, and feel attracted to their partner. Gottman (2011) referred to this aspect of relationships as the *fondness and admiration system* and considered it central to the maintenance of relationships over time. Without positive feelings, a relationship may function, but it lacks excitement, joy, and expansion, and therefore its longevity is questionable.

DYSFUNCTION IN COUPLE DYNAMICS

Harmony in an intimate relationship can reign when partners have the ability to be aware of their emotions, know how to express these emotions and their corresponding needs adaptively to their partners, and have the skills to soothe their emotions when their partner is unable to respond in the way they would hope or wish for. When there is a breakdown in any of these areas, frustration builds and is either expressed as secondary anger or not expressed at

all, interfering with the spontaneous flow of emotions in the relationship and blocking closeness.

Partners engage in all sorts of behaviors in attempts to have their emotions attended to and corresponding needs met, not all of which are effective. Because one partner's behaviors typically elicit a complementary response from the other partner, over time ineffective attempts at getting these core needs met can result in the couple relating in a rigid, cyclical style that causes distress. For example, a wife begins to feel sad and abandoned after weeks of her husband returning home late in the evening. Seeing that her initial attempts to seek closeness by making a special dinner go unnoticed, she then moves to criticizing him, which propels him to become more distant. He attempts to make gestures of appreciation by buying flowers, which she criticizes as she prefers spending more time with him. He feels inadequate and withdraws in an effort to soothe the sense of shame that becomes activated, which she perceives as abandonment, leading her to criticize him more forcefully although she is actually feeling sad and alone. In this example, we see that each partner's attempted solution inadvertently serves to elicit from the other the very behavior that he or she had hoped to change.

Distinguishing Different Types of Emotions in Couples' Conflict

The aim of EFT-C is to help partners disengage from their negative interactional cycle by having them express the primary vulnerable emotions and unmet needs that underlie their blaming, controlling, distancing, and other hurtful patterns of behavior. This typically invites empathy and validation from the other partner, which gives way to a new way of relating and serves as an antidote to conflict.

Consistent with the emotion-focused therapy model for individual therapy, in EFT-C emotions are considered to fall into one of four categories: primary adaptive, secondary, primary maladaptive, and instrumental (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, Rice, & Elliott, 1993; Greenberg & Safran, 1987). *Primary emotions* can be understood as one's initial gut reaction in response to a situation, whereas *secondary emotions* are often reactions to a primary emotion (e.g., anger at feeling sad). A primary emotion is considered adaptive when it is congruent with the situation and promotes healthy behaviors and coping strategies (e.g., fear in response to an abusive parent). *Primary maladaptive emotions* are instances in which one's gut reaction is incongruent with the situation (e.g., fear in response to a loving partner). Primary maladaptive emotions are often the result of past trauma or unresolved wounds. *Instrumental emotions* are emotions that are expressed to achieve an aim (e.g., crying in order to pull for compassion and comfort). A partner may or

may not be aware that he or she is instrumentally displaying an emotion with the purpose of eliciting a desired response from others (Greenberg, 2002).

The EFT-C therapist aims to assess which types of emotions are being expressed and intervene accordingly. Partners are helped to access and express primary emotions and to communicate the needs associated with instrumental emotions overtly (rather than through emotional expression). Secondary emotions are acknowledged but contained with the goal of redirecting partners toward exploration and expression of underlying primary emotions.

Negative Interactional Cycles

In EFT-C, the focus is on understanding how each partner's emotional experience contributes to the negative interpersonal dynamics in the couple. Greenberg and Goldman (2008) conceptualized couple interactions as taking place along two dimensions, which they labelled *affiliation* and *influence*. Examples of behaviors occurring across the affiliation dimension range from expressions of love, warmth, and nurturance at one end of the continuum to hostile, indifferent, or withdrawn behaviors at the other end. With respect to the influence dimension, behaviors range from attempts to control, override, or dominate the other on one end of the continuum to submissive, deferential, and yielding behaviors at the other end. Negative behaviors from the affiliative dimension can be understood as counterproductive attempts to manage or shift the dynamics of closeness in the relationship. Likewise, negative behaviors from the influence dimension can be understood as counterproductive attempts to manage or shift the dynamics of power and influence in the relationship.

Negative interactional cycles develop when each partner's efforts to manage or shift the other's behavior inadvertently serve to reinforce the very behavior he or she is hoping will change. For example, the more one partner pursues for closeness, the more the other withdraws in order to protect himself or herself, and the more this partner withdraws, the more the other pursues. As another example, the more controlling one partner behaves, the more the other partner resists his or her influence, and in turn the more resistance this partner shows, the more extreme the first partner becomes in his or her attempts at gaining control.

When working with a couple to identify their negative interactional cycle, the EFT-C therapist frames each partner's problematic behaviors not as personal failings but rather as attempted solutions, which have now become the problem. This framework helps to externalize the blame onto the interaction rather than the individuals, so that rather than attempting to change one another, the couple's focus shifts toward changing their problematic interactional

patterns. Greenberg and Goldman (2008) identified attachment- and identity-related needs as being the two fundamental concerns driving negative interactional cycles.

Attachment Cycles

Negative interactional cycles falling into the attachment category are typically characterized by critical, demanding, blaming, or clinging behavior by one partner and defensive, withdrawing, or rejecting behavior by the other partner. Variations of attachment-related cycles include pursue–distance, demand–withdraw, and cling–pull away. Each partner’s negative interactional stances may be understood as secondary or defensive reactions used to regulate underlying affect. Beneath the pursuing partner’s anger, there is typically primary fear or sadness. Beneath the distancing partner’s defensiveness and withdrawal is typically fear or shame.

In this type of cycle, the pursuing partner’s behavior is typically driven by a need for greater closeness, security, availability, or responsiveness from his or her partner. When feeling insecure about the extent of the partner’s love and devotion to him or her, the pursuing partner may attempt to obtain reassurance through requests or demands that the other partner show greater interest in spending time together, behave more thoughtfully or lovingly, and so forth. Rather than experiencing closeness as soothing or comforting, the distancer may experience closeness as dangerous, potentially leading to boundary intrusion, engulfment, or increased pain in the event of future abandonment. Keeping his or her distance is thus an attempted solution to regulate anxiety and prevent heartache. This may manifest itself as shutting down, responding in an indifferent and detached manner, withdrawing to another room, and avoiding spending time together. This type of behavior is then likely to evoke further anxiety or anger in the pursuing partner, whose attempt to regulate his or her own negative affect may then escalate into angry, condemning, blaming, and attacking behaviors. Although the intention behind the pursuing partner’s behavior is to draw out increased levels of engagement and responsiveness in the distancing partner, frequently it results in pushing him or her further away.

Identity Cycles

The most typical negative interactional cycle in the identity category involves dominating or controlling behavior by one partner and deferential and submissive behavior by the other. Those in the dominant position typically make the decisions, define reality, and generally view themselves as knowing what is best or right. Those in the submitting position typically follow, defer, and look to the other for direction. Negative interactional positions in identity cycles can

be understood as efforts to regulate self-esteem and identity concerns by attempting to get the other partner to provide things such as validation, respect, and appreciation. Primary emotions commonly underlying the dominant partner's interactional stance are shame and fear. Primary emotions commonly underlying the submissive partner's interactional stance are fear, shame, and anger.

Early on in the relationship, submitting partners typically seek to please their partner and to avoid their disapproval. They may lack confidence in themselves and therefore look to the dominant partner for direction. This type of cycle can go on for years without becoming overtly conflictual. Problems typically arise when the submitter eventually grows resentful of the unequal dynamic in the relationship and begins to resist or stand up to the dominant partner. When challenged, dominant partners may experience their status or sense of self as under threat. They may also experience fear relating to the potential loss of control over their partner. It is difficult for dominant partners to admit to having been wrong or apologize, as for them being wrong is often experienced as akin to being stupid or worthless. Rather than face the sense of humiliation that comes with admitting defeat or acknowledging that they were wrong, they regulate their negative affect by exerting their powers of persuasion or coercion, maintaining their one-up position and their sense of being right or superior. Dominant partners often use intellect and rationality to convince the other that their views or actions are the correct ones. When intellectual arguments fail to sway their partner, they may then escalate into anger and contempt in order to achieve acquiescence.

Another variation of this cycle involves an overfunctioning–underfunctioning dynamic. Typically, the overfunctioning partner takes on the lion's share of the work, responsibility, and decision making in the relationship as a way of regulating his or her underlying feelings of anxiety. When paired with a partner with underlying feelings of inadequacy and fear of failure, this can lead to a cycle wherein the overfunctioning partner takes on increasingly more, leaving the underfunctioning partner with fewer and fewer opportunities to contribute, which intensifies his or her feelings of inadequacy or incompetency and is likely to lead him or her to rely on and defer to the overfunctioner even more.

For both attachment and identity cycles, helping partners access and express vulnerable underlying emotions such as shame and fear is viewed as key to initiating a more positive cycle of interaction, as these types of emotional expressions tend to beget more empathic and compassionate responses from the other. For some partners in the distancing and submissive positions, accessing and expressing underlying anger in an assertive manner is also important to producing change in the negative interactional cycle.

INTERVENTION STRATEGIES AND STAGES OF TREATMENT

Change in EFT-C is understood to occur not from insight, catharsis, or improved skills but from awareness and expression of primary emotions and corresponding needs. This is considered to be the key to transforming the couple's rigid cycle of relating and bringing partners closer together. The EFT-C therapist aims to help both partners realize that what they typically express to each other are secondary or instrumental emotions, which serve to keep them trapped in their negative interactional cycle. Helping partners become aware of and express the primary underlying attachment- and identity-oriented emotions (e.g., the fear underneath anger or hostility or the shame or inadequacy underneath contempt) is at the heart of this approach. Much of the work is spent on understanding each partner's underlying vulnerabilities and sensitivities in the relationship and focusing on how these may predate the couple's union (e.g., feeling sensitive to abandonment or to criticism).

The original model developed by Greenberg and Johnson (1988) has been reorganized by both authors. Johnson (1996, 2004) organized the 1988 model into three stages: cycle de-escalation, restructuring of interactions, and integration and consolidation. Greenberg and Goldman (2008) proposed a five-stage treatment model, outlined below. These stages do not proceed in a linear fashion, as some stages are revisited, sometimes there is overlap between stages, and some remain relevant throughout the treatment (e.g., validation and alliance formation stage).

Five-Stage Treatment Model

Validation and Alliance Formation Stage

During the validation and alliance formation stage, a collaborative alliance between the couple and the therapist is established. The therapist validates each partner's emotional pain and creates an emotional bond with each partner (Greenberg & Goldman, 2008). This fosters the safety that is needed for partners to reveal themselves emotionally and process their experiences freely in therapy (Greenberg & Goldman, 2008). In this stage, the therapist also attempts to understand the couple's core issues and how they relate to problems with attachment and identity.

Negative Cycle De-Escalation

The main objective at the negative cycle de-escalation stage is to reduce the emotional reactivity between the partners (Greenberg & Goldman, 2008). Externalizing the couple's

difficulties by framing their functioning in terms of a cycle aids with de-escalation as it serves to create distance between the partners and their problematic style of relating. The therapist observes how partners relate to each other, tracking their emotional reactions in the unfolding of the interactions. The therapist also explores each partner's sensitivities and vulnerabilities to understand how these contribute to the couple's interactional cycle. Each partner's position in the cycle is identified and then linked to its likely psychogenetic origins, which often are found in trauma experiences or in the unmet needs of early childhood or past relationships (Greenberg & Goldman, 2008). This allows the couple to reframe their problems in terms of vulnerabilities, sensitivities, and unmet needs rather than character flaws or defects, which helps to decrease emotional reactivity.

Accessing Underlying Vulnerable Feelings

The stage of accessing underlying vulnerable feelings emphasizes the revealing, experiencing, and owning of the unacknowledged feelings that contribute to each partner's position in the interactional cycle. In this way, the attachment- and identity-related needs associated with each partner's underlying emotions are accessed. Generally, blamers need to express fear, sadness, or loneliness, whereas distancers need to express anxiety or anger. Likewise, dominant partners need to express underlying shame, fear, or anger, whereas submissive partners need to express anger, shame, or fear. The interactional pattern in the couple changes as partners disclose their unacknowledged emotions to each other. This usually results in a more empathic, accepting space in which each partner can then ask the other for help getting his or her needs met.

An important skill that an EFT-C therapist must learn in order to help partners access underlying emotions is how to identify blocks to and interruptions of underlying feelings and how to help partners overcome these blocks. If the couple is ever to move beyond talking about their feelings to true revealing, they have to feel safe enough with both the partner and the therapist to overcome their usual avoidance of core feelings and fear of revealing them.

One of the main methods for dealing with interruptions and avoidances is to understand and voice their protective function. Therapist operations that are helpful in overcoming blocks to revealing, especially when an injury or betrayal has occurred or when there is a lot of distrust and vulnerability in one partner, are *reaching in and speaking for* and *focusing on the fear of opening*. Here the therapist needs to make explicit what is being protected and what is not being said and to say it for the partner. It is important to identify the nature of the fear that is organizing the protection. The therapist therefore needs to focus on the fear of reaching out or of letting the other in. The fear may be either of what the other may say or do (e.g., reject,

criticize) or of feeling worthless, ashamed, or afraid. Whatever the fear is, the therapist may need to formulate the partner's unformulated experience and say this for the partner. If one partner is having particular difficulty opening up and revealing vulnerability, the therapist may even have that partner say this to the other partner. For example, the therapist might say, "Can you tell him this now? 'I feel vulnerable and I need to protect myself. I just can't let you in right now. I am too afraid.'" Partners' interruptions of emotion, their avoidances or defenses, thus are validated as protective, and the need for them is empathized with and explored until such time as the readiness for change emerges.

Once emotions and needs have been accessed in the session, the therapist promotes the reowning of the previously disowned needs and aspects of self, integrating these into relationship interactions. This is often done with the use of homework, in which the partners are asked (a) to be aware during the week when these feelings and needs arise and what they typically do when they feel this way and (b) to try instead to reveal their underlying feelings and associated needs to the partner in nondemanding ways as they had in the session.

Restructuring the Negative Interaction and the Self

Responding to the revealed emotions with acceptance and validation is important to restructuring the couple's negative interactional cycle (Greenberg & Goldman, 2008). If there are any maladaptive emotional blocks to the acceptance of emotion based on the receiving partner's sense of mistrust or protection, these blocks need to be accessed, explored, and transformed. Once each partner is able to hear what the other is saying and needs, the restructuring process can progress at a deeper level as the emotional and behavioral patterns have changed (Greenberg & Goldman, 2008). This stage emphasizes the enactment of new ways of being with each other in which partners are asked to turn to each other and express their feelings and needs.

In restructuring the interaction, it is the partners' acceptance of the expressed vulnerable underlying feelings and needs that is paramount, and it is this that sets up a new interaction. When one partner has nonblamingly revealed a primary feeling about an identity vulnerability or an attachment insecurity and the listening partner is unable to respond with validation or caring, attention needs to be turned to what is blocking more bonding and validating responses from the listening partner. This is usually a two-step process. Working with the blocked partner, the therapist helps the client identify and acknowledge that there is a block, which in turn allows the therapist to "hold" and contain the vulnerable partner while exploring what may be blocking the listening partner from responding more acceptingly and compassionately to a revealed vulnerability.

Once acceptance has been achieved, the expression of and response to heartfelt needs are promoted. This is often expressed in an enactment in which the partners turn toward each other and express and respond to each other's feelings and needs. These expressions result in a change in interaction. For example, a blaming partner no longer expresses anger and attacks the other, but instead he or she expresses anxiety and fear of the partner's absence and is able to ask for comfort. The other partner is then able to respond in a different manner, no longer needing to protect himself or herself or withdraw.

Once partners are more accessible and responsive and interactions have been altered, to ensure enduring change individuals may also need to develop their own capacities to self-soothe and transform their own maladaptive emotional responses, often stemming from unmet childhood needs or past traumas (Goldman & Greenberg, 2013). The capacity to self-soothe is also important when the partner cannot be emotionally available or responsive. With less dysregulated couples, restructuring the interaction typically involves first developing more responsiveness to each other. With couples that become highly dysregulated in response to the other's nonresponsiveness or unavailability, the work of restructuring often requires helping partners with self-soothing at an earlier stage of the treatment. (Self-soothing work in the context of EFT-C is outlined in the next section.)

Integration and Consolidation

The aim of the final phase of therapy is to have partners integrate and consolidate their new interactional patterns in daily life. The changes and gains made in therapy are captured in the couple's narrative. Typically, this includes a comparison between the negative cycle that previously characterized their interactions and the new pattern of validating cycles. It may also involve reference to improvements in one's ability to regulate emotion for oneself and to attend to the other partner's emotion, awareness of one's self's and one's partner's vulnerabilities, and a sense of knowing how to deal with difficulties should they arise (Greenberg & Goldman, 2008).

The therapist encourages the articulation of a new relational narrative as well as self narratives of each partner by eliciting examples of their personal and relational growth. This is a point in therapy in which positive feelings are focused on and their expression is encouraged. The partners are also invited to practice new behaviors involved in their positive cycles. Furthermore, they are asked to identify what they could each choose to do to precipitate the negative cycle if they wanted to return to a more dysfunctional way of relating. This gives them a sense of their own role and responsibility in, and control of, their negative interactions.

Finally, the new ability to take a self focus rather than an other focus is emphasized and practiced.

Incorporation of Individual Self-Soothing Work Into Emotion-Focused Therapy for Couples

Recent developments in EFT-C involving further discriminations between attachment- and identity-related concerns have led to the incorporation of individual self-soothing work into EFT-C. Self-soothing is seen as complementing other soothing and a necessary capacity associated with overall healthy emotion regulation (Goldman, 2012; Goldman & Fox, 2010). In couple therapy, the capacity for self-soothing becomes especially important when the partner is unavailable (Greenberg & Goldman, 2008). In addition, in our observations of psychotherapeutic work with couples, we have found that problems or difficulties that can be traced to core identity concerns such as needs for validation or a sense of worth are often best healed through therapeutic methods directed toward the self rather than to the interactions. For example, if a person's core emotion is one of shame and they feel "rotten at the core" or simply fundamentally flawed, soothing or reassurance by the partner, although perhaps helpful, will not ultimately solve the problem, lead to structural emotional change, or alter the view of the self. In other words, hearing that one's partner will not leave if one chooses to reveal shame about the self may feel comforting but will not lead to healing of the shame itself. However, emotional changes made within the self, such as transforming the shame by accessing a sense of pride and self-confidence that are then witnessed and supported by a partner, can lead to a sustained change in one's view of oneself. This type of change, in turn, feeds back into the relationship as the individual has a more positive view of self and is seen in a new way by his or her partner.

The self-soothing task itself is initiated in therapy when there is a verbal indication that one partner is struggling with issues of self-worth and when reassurance by the partner does not result in change in his or her negative self-perceptions. At this time the therapist may intervene by putting out a hand to represent an "other" aspect of self and ask the person to direct expression toward it (a similar process to what would be done in individual emotion-focused therapy using an empty-chair dialogue). The "other" part of self is best represented as a small, often vulnerable, child. The therapist asks the person to assume the role of an adult caregiver version of themselves and to express compassion toward the small child. The therapist then asks the person to assume, in imagination, the position of the small child and express the experience of being soothed. Finally, the therapist validates and underscores the

importance of the needs (previously unmet) of the small child and reflects and validates whatever positive, internalized feelings have resulted from the intervention.

SELECTED RESEARCH EXAMINING MECHANISMS OF CHANGE PROCESSES IN EMOTION-FOCUSED THERAPY FOR COUPLES

Since the development of EFT-C, there has been a strong research focus aimed at understanding how in-session processes are related to outcome. The first intensive task analyses of couples' conflict resolution in EFT-C revealed that *accessing underlying self experience* and *softening of the critic* were central to conflict resolution (Greenberg & Johnson, 1986; Plysiuk, 1985). Johnson and Greenberg (1988) subsequently found that good sessions were characterized by (a) deeper levels of experiencing, as measured on the Experiencing Scale (Klein, Mathieu, Gendlin, & Keisler, 1969) and (b) interactions characterized as affiliative (e.g., disclosing, supporting, understanding), as coded by the Structural Analysis of Social Behavior system (Benjamin, 1974). Moreover, these in-session processes predicted outcome. The sections below detail findings of recent research studies conducted by Greenberg and colleagues, which have focused on furthering our understanding of the role of emotional vulnerability in promoting change in couples receiving EFT-C, as well as of the process of the resolution of emotional injuries via forgiveness.

Vulnerability

Research examining the relationships between vulnerability and session outcome in the context of EFT-C suggests that couples are likely to view sessions in which vulnerable emotion was expressed as being particularly helpful (McKinnon & Greenberg, 2013). Specifically, when partners' ratings of sessions containing vulnerable emotional expression were compared to their ratings of control sessions, the sessions containing vulnerable emotional expression were rated significantly more positively by both partners on a global measure of session outcome. Moreover, those partners in the listening position rated these sessions significantly more positively than control sessions on a measure of unfinished business and a measure assessing how understanding one feels toward one's partner (McKinnon & Greenberg, 2013).

Vulnerable emotional expression in the context of EFT-C has also been linked to greater levels of improvement at final outcome among couples seeking to heal from emotional injuries. McKinnon and Greenberg (2017) examined the proportion of variance in outcome predicted by two hierarchical regression models. The first model consisted of the injured partner's level of

observer-rated vulnerability combined with the offending partner's level of observer-rated supportiveness immediately following this vulnerability; the second model consisted of the offending partner's level of observer-rated vulnerability combined with the injured partner's level of observer-rated supportiveness immediately following this vulnerability. Both models were found to predict a significant proportion of the outcome variance on several measures of forgiveness and a measure of unfinished business. Of the four predictors examined, the offending partner's level of vulnerability and the offending partner's level of supportiveness emerged as the most influential. Overall the pattern of findings suggests that the resolution of an emotional injury is most likely to occur when (a) the offending partner shows a high level of supportiveness at those times when the injured partner expresses vulnerable emotion and (b) the offending partner expresses a high level of vulnerable emotion himself or herself.

The following excerpt provides an example of how one of the therapists in this study helped to facilitate vulnerable emotional expression in Susan (the injured partner) and supportive responses from Dave (the offending partner; McKinnon & Greenberg, 2017).¹ In the initial phase of therapy, Dave appeared uncomfortable and would begin using humor and other deflective behaviors at times when Susan began to express vulnerable affect. In the example below, from Session 3, Dave briefly responds directly to Susan's vulnerable emotional expression, but then quickly moves to speaking about how he feels awkward and unsure of what to do or say when Susan is like this. The therapist encourages him to try and stay present with Susan in these vulnerable moments even though it's difficult, providing him with some guidance and coaching about how he can do this.

Therapist: Uh-hmm. What are you trying to tell him?

Susan: I don't know.

Therapist: I think you know. I mean, not that you know, but your tears know; I mean, they come from someplace very—right, is it that, I think, “I am so hurt by this,” right?

Susan (crying): I don't know; I think it's how I'm feeling about myself. (sighs)

Therapist: Right, you just . . .

Susan: You know, not really angry, so much as I'm just hurt that . . . (sighs)

Therapist: Right, “I'm hurt that . . .”—

Susan: (sighs) That I don't matter.

Therapist: Uh-huh, right. Right.

Susan: And I guess it's, it's just the choices that just prove something, I suppose, that . . .

Therapist: Some old place of yours then, right? Like that "I don't matter, and then this made me feel like that was true, and this was a place where I thought that this wasn't true," right? "This is my marriage, and I thought I counted."

Susan: Or maybe I never did think that and (*Therapist:* Uh-huh) . . . and it was just having to, having to face that again.

Therapist: Right, because that was an old wound of yours, right. So like, his betrayal, it isn't really just "you did this, you did that," but it's like "you opened up a deep place of mine that is so deeply painful, where I don't matter."

Therapist (to Dave): So I just want you to take a breath as you hear it because this is different, right? This isn't just telling you what you did wrong; this is telling you her deep, dark place from her old life.

Dave: Um-hmm. (sighs)

Therapist: Mm-hmm, yeah, follow the sigh, Dave, because that's where a lot of your strength is, in your ability to tolerate this, right? To not have to let the discomfort pull you away. And I think just finding a way to speak into these tears of Susan's, right? Not the ones that criticize you, but the ones that tell you, this very vulnerable place, right? And inside, I mean, I think it looks on your face like it reaches you.

Dave: It's a, it's a very, uhh, you know . . . When she says those things, I feel, I feel very sad. My, uhh, just physically, I just feel really bad. (*Therapist:* Uh-hmm) I just feel, you know, I feel bad for Susan.

Therapist: Can you tell her?

Dave: I, I, no, I do feel bad for you, and I don't know how to, uhh, I feel very awkward in that situation, (*Therapist:* I see) you know, (*Therapist:* . . . that you're doing . . .) because I don't really know, you know, how does one— We've had a couple of situations where we've tried to help each other like this, and it's been very awkward, and I don't know how to do that.

Therapist: Stay in it, though, because . . .

Dave: I don't know how to do that.

Therapist: You're starting; you're trying.

Dave: I try. I don't know how to, though, because I never had that when I was (*Therapist:* OK) growing up, and it always was a very awkward situation.

Therapist: So let me try to help you now, because as you look at her and your own tears come, it's a start, right? (*Dave:* Um-hmm) It's a start of saying, "I see your pain, and I, and I see, and a part of it, it pains me to have pained you."

Dave: See, this right now is what I was talking about earlier when I said that, you know, I had these opportunities to work with Susan, but I chose not to, probably because it was a fearful place to go, it was an uncomfortable place (*Therapist:* Right) to go; it was, you know, I didn't work these things. I could've.

Therapist: But now, "but it's very hard, and I'm . . ."

Dave: I know it's hard; that doesn't mean you have to avoid it, though.

Therapist: And I'm sort of trying, I'm trying to hold you there now, because when I see her look like this, I see you—that you can attend to her, just by your presence, just by hearing it, and I see that it's awkward, but it's an opportunity to reach, you know, that part that is, I mean, part of it is triggered by you, partly it's an old, hurt place, right? And I see that it's hard to stay there, but for a minute, you kind of get there. (*Dave:* Yeah) It's like, "I wanna stay there, but I get uncomfortable, so I kind of, distract a bit."

Dave: And you know, maybe I have that place, too, perhaps, deep down inside, you know.

Therapist: You do, but I want you to hang on for a sec, and go to hers, so that eventually she can come back to yours.

With continued guidance and coaching from the therapist, Dave was eventually able to listen to Susan's pain without becoming uncomfortable or defensive and moving the conversation in another direction. In an interview with Susan conducted after completion of the therapy, she discussed how helpful it was to have their therapist mediate Dave's usual defensive reactions so that she was able to speak about her unresolved emotions and feel that he was truly hearing her:

Interviewer: So basically I just want to know what your experiences have been like in your own words, whether things have changed for you, what's changed for you, if anything.

Susan: I feel like the therapy came at a good time for us. I think we were ready to reach some kind of an understanding about what happened that certain amount of time has already passed. We have been working on it, in our own level, but having an unbiased therapist to help us through some of the unresolved parts was very helpful. In particular, being able to bring it all out again and having, like, for me, anyway, in particular being heard was important because so much

time had passed from the original incident that some things tend to get swept out of the rug, and, it's, like, it's not really proper to always bring it up in conversation or whatever, so there—I guess there was unresolved emotions, so therapy was helpful to resolve some of those emotions for me to be heard by my husband and, you know, in a way, kind of like having my date at court, that I could say what I needed to say and be heard with somebody there to mediate so that there would be no unnecessary reactions or defensive reaction, or if there was, there was, somebody was there to mediate the process, and that was helpful.

Forgiveness

To better understand the subtleties of how forgiveness unfolds in session, Woldarsky Meneses and Greenberg (2011, 2014) used a task analytic methodology. On the basis of their observations of videotaped therapy sessions of six couples (four couples who forgave and two who did not), they developed a model of interpersonal forgiveness, along with a rating system of the observed steps leading to forgiveness (referred to as *components* of the model).

The general sequence that was unique to couples who resolved their injury at the end of therapy began with the offending partner first “assuming responsibility for the emotional injury,” then either expressing “shame or empathic distress” or “offering an apology” (these were interchangeable) and, finally, “accepting forgiveness.” The injured partner revealed a “shift in the view of the other,” which sometimes followed the offender’s “acceptance of responsibility” and in other cases followed the offender’s “expression of shame” or “apology.”

Going Beyond “I’m Sorry”

A central part of the forgiveness process is the apology. In the initial phase of the task analysis of forgiveness, the primary author observed that apologies included expressions of guilt (“I feel bad for what I did”), remorse and regret (“I wish I had done things differently”), empathic distress (“I understand your pain, and it hurts me”), and shame (“I’m suffering because of what I did”). Rather than investigating all of the elements of the apology, Woldarsky Meneses and Greenberg (2014) focused their follow-up research (the validation phase of the task analysis) on the role of shame and its impact on the outcome of therapy. This decision was based on the preference for a well-differentiated and vividly expressed emotional state rather than a microprocess that is content based. This is congruent with the emotion-focused therapy spirit of prizing emotional expression over verbal content, and it was also done for the practical reason that it facilitated measurement (i.e., differentiating remorse from regret from guilt proved to be challenging, as they are closely related concepts).

Working from 205 videotaped segments from 33 couples therapies, and using hierarchical regression models, Woldarsky Meneses and Greenberg (2014) examined the impact of three core components on outcome: the “offender’s expression of shame,” the injured partner’s “accepting response to the shame,” followed by an “in-session expression of forgiveness.” They found that the offending partner’s “expression of shame” was the strongest predictor of forgiveness posttherapy (accounting for 33% of the variance on the Enright Forgiveness Inventory; Enright, Rique, & Coyle, 2000). This is an important finding suggesting that shame has an adaptive function in the reparation process for couples as it facilitates forgiveness. Whereas much of the emphasis in the literature is on guilt, Woldarsky Meneses and Greenberg (2011, 2014) argued that shame is transformative for couples attempting to resolve an emotional injury.

Facilitating Shame in Session

Therapists working with couples wanting to resolve an emotional injury should aim to have the offending partner express nondefensive responsibility for the injury, tolerate the injured partner’s anger, and respond to his or her pain before attempting to facilitate an expression of shame. This is a delicate process that requires the therapist to be highly attuned to the offending partner’s vulnerability in expressing shame and to be mindful to not judge or shame the offending partner. Rather than imposing an agenda on the session, the therapist is advised to be fully present to both partners and to the process that unfolds, listening attentively for the offending partner to express remorse or guilt in a self-focused manner, which is the entry into shame. Ideally, the offending partner will disclose how his or her behavior (the injury) has resulted in a profound sense of having let himself or herself down by failing to live up to his or her standards or values. (It is essential that the shame be about the behavior, not the person, because the latter [maladaptive core shame] can derail the process of interpersonal forgiveness as it pulls for reassurance from the injured partner). Slowing down the process is recommended so that the offending partner is in contact with the shame and expresses his or her suffering in a focused vocal quality (see the Client Vocal Quality measure; Rice & Kerr, 1986), such that the offending partner is speaking from his or her core with a sense of searching and newness (rather than a rehearsed quality). There is a clear sense that the offender feels distressed by and empathizes with the pain caused to his or her partner and that rather than simply making amends, he or she is genuinely suffering by having been the source of this pain. Lastly, the expression of shame is not instrumental (i.e., it cannot be used as an expression of self-flagellation or as an attempt to pull for comfort or to shift attention away from the injured partner’s pain).

Below is an excerpt from a therapy with Oscar and Isabel, who participated in the York Emotional Injury Project (Greenberg et al., 2010) wanting to address the difficulties that emerged following Oscar's extramarital affair 4 years earlier.

Therapist: So I know you said that he's apologized many times over this, but I wonder if we can just take a few moments and come back to that. I mean, when you hear Isabel talk about the pain of having felt discarded, what happens for you?

Oscar: It's hard, you know—it's really hard to know that I hurt her so much. (*Therapist:* Mm-hm) I'd rather just move on (*Therapist:* Yeah, yeah, yeah, mm-hm), wish it hadn't happened. I don't know what else to say, but I'm so sorry. I do feel bad, but I've already apologized many times that I'm at a loss for what else to say.

Therapist: It sounds like you're saying it's not easy to find a way or the words to take her pain away. (*Oscar:* Exactly) But can you try; I mean, I know it's—I guess—exasperating to have to revisit this, the apology, but can you try to tell her what it feels like for you inside? Actually, try to look at her; see how she's sitting attentively and looking sad about what happened. What happens when you see her like that?

Oscar: (pause) I don't know. (quiet voice) Um, I—it hurts me to see her so sad. It makes me say, "How could I have been so selfish! to have been so reckless and not realized how it would hurt her and damage what we worked so hard to build?" (*Therapist:* Mm-hm) and, uh—I'm not proud of those things, I'm actually very ashamed of those things. It's like this dark thing I have to carry with me now.

Therapist: Right, I think the shame is very important; you know, it's not an easy feeling (*Oscar:* Not at all.), but you know, in a way, it's like you're saying what you did then is not what you would do now, or could even imagine.

Oscar: Well, I still can't believe I did it, because (sigh) I had, you know, I swore I would never be like my father, um, and that's a really difficult thing to accept. (voice breaks) Um, I behaved like a bastard. I walked around thinking I would not destroy my family, and now when I see what it's done to us, uh (crying) I just feel so ashamed. (pause) I held these values so firmly, but I betrayed them. I betrayed myself (crying) when I betrayed Isabel, and I'm so very truly sorry. (crying)

Isabel: (inhale) I know you are. It's both comforting and hard to see you like this.

Therapist: Mm-hm, so it touches you to see how he's hurting, too.

Isabel: Yeah, because for so long (voice cracks) it just felt like (crying) he was angry. Like he has apologized, but in his “I’m sorry” and his sadness, there was also, like, resentment that I couldn’t just get over it, and this is the first time I’m seeing how it’s affected him. (crying) So thank you.

Therapist: Right; it’s like you’re saying that seeing his suffering is healing. Mm-hm—Oscar, can you tell her what was going on that led you to betray your values?

Oscar: I don’t think I was happy. I was very sexually frustrated; I think that was the primary thing that drove me into the affair—something was missing, and I should have spoken to her about it. I’m now seeing how cowardly I was to have done what I did.

CONCLUSION

Couples in distress can benefit immensely from EFT-C, an empirically supported approach that views affect regulation as the primary force organizing interpersonal interactions. This approach focuses on understanding how each partner’s emotional experience contributes to the negative dynamics in the couple, and it aims to transform these negative interactional dynamics by helping couples to access and express their underlying vulnerable primary emotions and needs.

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