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Becoming an Emotionally Focused Couple Therapist

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Becoming an Emotionally Focused Couples Therapist.

Emotionally Focused Couples Therapy of EFT (Johnson 1996; Greenberg & Johnson, 1988) is an effective short-term approach to modifying distressed couples constricted interaction patterns and emotional responses. The goal of EFT is to foster a secure emotional bond between partners. Secure bonds are powerfully associated with physical and emotional health and well being, with resilience in the face of stress and trauma, and with optimal personality development (Willis, 1991; Feeney& Ryan, 1994; Burman and Margolin, 1992). Perhaps because of this focus on the creation of secure bonds, over the last decade EFT has also been used to successfully address marital distress complicated by other problems such as depression, post-traumatic stress disorder, and chronic physical illness (Johnson & Williams Keeler, 1998). EFT is now one of the best empirically validated approaches to changing distressed relationships (Baucom, Shoham, Mueser, Dauito & Stickel, 1998; Johnson, Hunsley, Greenberg & Schindler, 1999). Research has clarified key event in the process of change (Johnson & Greenberg, 1988) and who is best suited to this kind of intervention (Johnson & Talitman, 1997). A version of EFT is also used with families (Johnson, 1996). EFT also compares very well with the other approaches in terms of treatment effect sizes (Johnson et al., 1999), rate of recovery (70-75% of couples recovered from distress) and evidence of long-term effectiveness after relatively short treatment (Gordon Walker et al., 1996; Gordon Walker & Manion, in press).

Therapists have been trained in EFT in graduate programs in Canada and the United States as well as in continuing education programs including workshops, and intensive externships. In particular, over the last

decade, the Marital and Family Therapy team led by the second author at the Ottawa Hospital has offered ongoing training in EFT. The team has been composed of a number of different disciplines including psychology, social work, psychiatry, and counseling and has included both students and experienced therapists interested in learning how to apply the EFT model. This team offered an opportunity to the authors to observe many therapists learning the model through a variety of methods. These methods including live supervision, co-therapy, and audio and videotape review. The description of the evolution of an EFT therapist in this paper is taken largely from this experience. We will discuss how a beginning therapist effectively implements EFT interventions, the special qualities of the therapist and the alliance, and how such a therapist develops over time. Finally limitations and blocks to treatment, including transference and counter transference issues will be highlighted.

In the present climate in the mental health field, therapists need to be able to create meaningful change in a brief and efficient manner. How does the EFT model do this? First, EFT with its focus on attachment theory, offers therapists a clear, empirically validated theory of close relationships to guide intervention. Second, it also offers a view of marital distress and health that parallels recent research (Gottman et al., 1998) and identifies the pivotal processes in relationship definition. EFT helps the therapist find her/his way through the multilayered drama of relationship distress and repair. It directs the therapist to privilege and restructure key emotional responses that maintain distress and to foster the specific interactional patterns that promote secure bonding. This approach also clearly specifies interventions and stages in the process of change, allowing the therapist to formulate not only what to do and how to do it, but to know when particular interventions are required. Given all of these strengths, couples therapy is still more of an art than a science and becoming a competent couples therapist is a challenge no matter what model is followed. What does this challenge look like for the novice EFT therapist?

THE EFT MODEL AND THERAPIST FIT.

Becoming an EFT therapist will be less of a challenge if the therapist's general perspective on relationship problems and therapeutic change is consonant with, or at the very least not contrary to the assumptions of EFT. These key assumptions are that:

1. The therapeutic alliance the therapist creates with each partner (or each family member) should be as egalitarian as possible. The therapist is a process consultant who works with rather than on people. The alliance is collaborative and the clients are the experts on their inner and interactional worlds. EFT is a humanistic approach. Therapists must then be open to being genuine and willing to learn from their clients, rather than taking a distant "professional expert" stance.
2. The philosophical stance of EFT therapist is a non-pathologizing one. A humanistic approach such as EFT is one that believes in the individual clients capacity to grow and change (Johnson & Boisvert, in press; Rogers; 1951). Human behavior is therefore seen as fluid rather than static and open to change and growth. An EFT therapist believes in the human capacity for change and attempts to provide a safe haven where clients can tolerate the inevitable pain and confusion of change. Problems are seen as arising from potentially wise ways of dealing with difficulties that have now become inflexible and constricting. DSM 1V formulations do not occupy much space in the EFT model and therapists who like to work with diagnostic labels or in a medical model may not necessarily find EFT a good fit.
3. There is a focus on process in EFT. It is a constructivist approach. The therapist then has to be willing to track each persons experience and discover how they construct their reality from moment to moment. A certain flexibility is required to be able to move easily between leading and following. There is also a focus on how couples construct their inner experience of relatedness and their corresponding interactional dance. The therapist has to be able to move between exploring inner experience and elucidating and restructuring the moves in the dance between partners.
4. EFT emphasizes the need for a secure connection to significant others and views attachment insecurity as a key factor in the maintenance of marital distress. The accessibility and responsiveness that are the building blocks of a sense of felt security and secure couple bonds should be a part of the therapist style as well. An attachment perspective on love relationships also implies that dependency is seen as an

innate part of being human rather than a sign of immaturity. It seems logical to assume that the therapist who has experienced safe attachment and a sense of being able to depend on others will find it easier to show others the way there. At the very least, the ability to see through an attachment lens requires a willingness to accept peoples need to connect with and lean on other, and to view dependence and autonomy as two sides of the same coin, rather than as dichotomies.

5. EFT privileges emotion. Emotion is a primary link between self and the system; it primes key responses to intimate others, orients people to their basic needs, and colors the meaning of their interactions by evoking key schemas about the nature of self and other. When expressed, emotion pulls for specific responses from partners, and so plays a major role in organizing interactions around key dimensions such as affiliation and dominance. The EFT therapist focuses upon either the most poignant emotion that arises in the therapy process, or the emotion that is most salient in terms of attachment needs and the organization/reorganization of interactions. Fear is addressed extensively in EFT, primarily because fear especially constrains information processing and interactional responses. When partners are preoccupied with regulating fear and protecting themselves from threat, they are often unable to see and respond to relationship cues. This focus requires that the therapist becomes comfortable with engaging with client's emotional realities and joining them in processing their emotion in the present moment. The therapist learns to trust the process of following, elucidating, expanding, integrating and/or regulating emotion and learns to use new elements of emotional communication to restructure the couple's interactions. Emotion has been quite marginalized in couple and family therapy and at first many therapists might say of emotion, as one young therapist did, "but what do I do with it"? Intense emotion can confuse and overwhelm novice therapists. This is less likely however when such therapists are given a clear set of interventions and ways of dealing with emotional responses, a map of the change process and a theory of relationships to provide a meaning framework for such emotions.

Implied in all of the above is a certain kind of engagement, with clients, in the process of therapy, and with ones own and the client's emotions. We believe this engagement can be learned and in fact naturally becomes easier as the therapist grows in confidence. However, there are therapists for whom this kind of

engagement does not fit with their style or sense of self. The following will be an exploration of how each assumption of EFT challenges the beginning therapist and the process of growth that occurs as the EFT therapist develops.

THE THERAPEUTIC ALLIANCE

The therapeutic alliance is healing in and of itself and the building of safety and trust for each member of the couple in the therapy process constitutes a large part of the beginning work. Studies have shown that the quality of the alliance is a strong predictor of success in psychotherapy in general and with this model (Johnson & Talitman, 1997) Consequently the EFT therapist's first task is to find a way to empathically attune to and connect with both partners in a troubled relationship in a manner that provides a secure base for the couple to explore and expand this relationship. The challenge for the beginning therapist is how to validate each partner's experience of the relationship and the other without invalidating the other's perspective. The EFT therapist must then be willing to enter into a fully personal relationship with each partner in a compassionate, non-judgmental manner.

This issue became particularly relevant for a young single female student who was completing her graduate practicum on the marital and family therapy team She had considerable experience working in the field of addictions prior to her academic training and had developed a warm and personable style in working with clients and an ability to treat difficult and complex problems successfully. She however became distressed when she began her work with couples as she found it particularly difficult to create and maintain a strong alliance with her male clients, whom she generally saw as angry, rigid and "unworkable". In supervision, this student was able to identify her own counter-transference issues as related to her father and his relationship with her mother and how her years in addiction work had reinforced her perceptions of men as being unreliable and undependable. Through her training she was however able to utilize the EFT perspective that specific fears and defenses narrow people's processing of their experience and the ways they habitually engage with their spouse. Instead of judging her male clients, she began to be able to see them as people struggling with their own unmet

attachment needs and relationship insecurities. This allowed her to piece together how her clients created the relationship dance that maintained their distress and frame the dance, not the man, as the problem.

The EFT therapist must establish a working relationship with both partners as individuals and be able to provide support for each partner's position in the relationship even though those positions may oppose each other. The therapist sensitively tracks and reflects one partners experience while holding and reassuring the other. He/she is always aware that any intervention made with one partner is being witnessed and accessed by the other and therefore weighs and titrates the impact on both. The therapeutic alliance is continuously monitored through collaboration and mutual endeavor with the couple and any disruptions are addressed immediately and directly. EFT therapists endeavor to be open and transparent in their interactions and react authentically as individuals to the couples' struggle. It is important that the therapist is open to feedback and correction by clients and is able to acknowledge mistakes and openly share the rationales behind interventions. The quality of the alliance can perhaps be captured by a piece of dialogue between a therapist and a traumatized partner. The female partner looks at the therapist and says, "I hate you". The therapist pauses and then asks quietly, " Is it okay if I guess what that is about, that you hate me right now "? The client leans back in her chair and with a cynical smile says "sure". The therapist says very quietly, "You hate me because I see you". The client replies softly "Yes, that's right". The therapist asks, "So why do you stay "? The client replies, "Because, occasionally, you let me see you too".

A HUMANISTIC PERSPECTIVE

EFT is a humanistic approach in that it emphasizes the strengthening of relational bonds, the creation of empathy with one's own emotional experience and with intimate others. As such the EFT therapist looks beyond the couples problems and symptoms and works to foster personal growth through secure relationships. The EFT therapist focuses on validating a couple's strengths and articulating the positive life tendencies (for example, the longing for connection) behind the couple's negative feelings and disturbing behavior. The essence of the approach is a faith in people's ability to grow, develop new meanings and enrich their sense of

self. This therapeutic stance can become strained when a beginning therapist is faced with complex problems or becomes entangled in her counter-transference issues.

An example of the first struggle became apparent in the supervision of a graduate student on the team. This was a married woman with children who had returned to school and came to study psychotherapy after an attempt to enter a career in medicine. She was confident and open in her style and was able to engage her clients and quickly establish a therapeutic alliance. She worked well with problem identification and solution focused methods but had difficulty working at an affective level with her clients. When confronted with complex problems, for example an anorexic adolescent and his family, she tended to focus on who was to blame and had difficulty looking at the attachment issues and systemic problems. Upon further exploration, her reductionistic thinking was identified by her as a defense she employed to deal with her own emotions around her own marital distress and reflected the comfort she found in providing explanations and solutions for her own personal issues. Mahoney writes, "trainees are often impatient for simple answers to complex questions"(1998). This is particularly true regarding important themes in their own development where they are less likely to show patience and a "respectful tolerance of ambiguity and complexity." For this woman, supervision helped her widen her vision of herself and others and hear the "information and answers" inherent in her own emotions and in her patterns of engagement in attachment relationships. An EFT therapist offers distressed couples hope and direction through naming and validating their strengths and natural strivings for growth and connection.

A CONSTRUCTIVIST APPROACH

EFT is a process-oriented therapy with the therapist attending to how clients construct their experience on both an intrapersonal and interpersonal level. The EFT therapist consistently looks both "within and between" at how people construct context and how context influences people. The EFT therapist is therefore challenged to move with her couple on both levels and not get caught in one perspective. Individually trained psychodynamic therapists are stretched with the fluidity of the EFT approach, as are therapists that have been trained primarily in systemic theories. The EFT therapist moves between helping partners reprocess and

reorganize emotional responses (so that; for example, reactive anger expands into helplessness or desperation) and using these reprocessed responses to expand interactions in the direction of increased connection.

In each stage of the change process the therapist moves between helping partners crystallize their emotional experience in the present and setting interactional tasks that add new elements to the interactional cycle. The therapist will track, reflect, and expand the inner experience of an individual partner and then use the expression of this experience to create a new dialogue and new interactions. There is more and more emphasis on meaning shifts in couple and family therapy (Sprinkle, Blow & Dickey, 1999). However, from the EFT perspective, a focus on changing intrapsychic meaning without engagement in new emotionally significant interactions misses the point. As Einstein suggests, "Knowledge is experience. Anything else is just information". The therapist has to know how to turn new meanings and new emotional responses into new experiences of relatedness in the session.

The EFT therapist needs to possess the confidence to both lead and follow distressed partners and to not get lost in content or pragmatic issues. She needs to be able to use the model to focus on the present process in a way that leads the couple to greater emotional engagement. A novice therapist learning the model can get caught by the lure of the stages of change and can, as one young male student did, become absorbed by what stage his couple was at and how could he move them through the steps. His concern with being able to perform the model successfully and therefore have his couple complete the nine steps of therapy obscured his vision of what was happening in the moment in the session. As he became more familiar with the model and more confident in himself as a therapist, he was abler to loosen his grip on the map and enter more personally into the therapy with his couple. Certainly becoming an EFT therapist, like learning any other model is a process of development and there is a tendency for beginning therapists to rely more heavily on external authorities rather than using their own experience. (Skovolt and Ronnestad, 1986)

THE ATTACHMENT PERSPECTIVE

Attachment theory states that compelling fear, anger, and sadness will automatically arise, when an attachment figure is perceived as inaccessible or unresponsive. These emotions have what Tronick (1989) terms

control precedence; they override other cues and compellingly organize responses to others. Seeking and maintaining contact with others is viewed as a, if not the, primary motivating principle for human beings. This theory suggests that typically protest and anger will be the first response to a threat to attachment security. This is followed by some form of clinging and seeking, which then gives way to depression and despair. Finally, if the attachment figure does not respond, detachment and separation will occur. The potential loss of an attachment figure, or even an ongoing inability to define the relationship as secure, is significant enough to prime automatic fight, flight or freeze responses that limit information processing and constrict interactional responses (Johnson, 1996). So a husband corners his wife and yells "kiss me" in enraged protest at his wife's unresponsiveness, and so ensures that she will completely shut him out.

This theory also implies that there are a very finite number of ways to deal with the thwarting of an innate need for felt security with key others. People mostly become highly anxious and often blaming and coercive in their pursuit and protest behaviors or they tend to avoid others when they feel vulnerable, withdrawing and shutting down emotionally. Attachment theory helps the beginning therapist both understand his or her clients and their behaviors and to know how to help them. In our experience in training therapists, the attachment perspective generally "makes sense" to trainees as they identify with the universality and innateness of attachment needs. However when such needs are expressed in abusive and coercive ways therapists have to develop the judgement to focus on addressing the violent behavior. EFT is not used with violent couples except under clear and limited circumstances (see Bograd & Mederos, 1999).

Attachment theory also assists the therapist in tailoring the therapy to fit with the attachment styles of their clients. Partners with different attachment tendencies demonstrate differing attitudes and behaviors, for example avoidant partners tend to not identify feelings or attachment needs and often make disparaging remarks about signs of dependency or vulnerability in others. With avoidant partners then the therapist has to ask emotionally evocative questions, heighten any emotional response and probe and suggest responses one step beyond the partner's awareness (Johnson & Sims, 2000). Research suggests that EFT is effective with "inexpressive" male partners (who are often avoidant). To be effective however the therapist has to see beyond the denial and numbing of attachment needs and emotions and help the client reach for unarticulated and

disowned attachment responses. With highly anxious clients who tend to exaggerate and inflate their attachment needs, the therapist may be containing emotions and helping such clients organize and integrate them. The EFT therapist learns to tailor interventions to fit with each partner's way of being in a relationship (Johnson & Whiffen, 1999).

A FOCUS ON EMOTION

How does the therapist know which of the basic emotions to focus on? The basic emotions most commonly identified by theorists are anger, fear/helplessness, shame and disgust, joy, and sadness/grief. The therapist focuses on (1) the most poignant emotions that arise in the therapy process, the nonverbal gesture or the "hot" image (2) the emotion that is most salient in terms of attachment needs and fears and (3) the emotion that seems to organize problem interactions or has the potential to organize positive ones. Fear is addressed extensively in EFT, primarily because fear especially constricts and constrains both information processing and interactional responses.

For example, attachment responses are essentially healthy and adaptive; it is the way these desires and responses are enacted in a context of perceived danger and fear that becomes problematic. The EFT therapist works with the couple to unearth emotional experiences that activate core beliefs about self and other, and create new corrective emotional experiences that will subsequently organize new relationship events. The therapist is not looking for catharsis or an unloading of emotion but a reprocessing, expanding and integration of emotional experience.

It is perhaps in the use of emotion that beginning therapists become most anxious because of the intensity and power of the experience and their uncertainty of "what to do with it". There is often a fear that emotion will overwhelm the client and that the therapist will not be able to contain the experience. An example of this struggle was evident with one of our more mature members of the team who had a career in medicine before studying psychology. In supervision, we identified that she wanted to develop her capacity for working with emotion in a therapeutic way. She was able to establish strong alliances with her clients and motivate them for therapy, however her interventions were more cognitive in focus. She tended to give advice, teach and move

quickly toward resolution not allowing for emotion to develop in the session or giving her clients the opportunity to process and symbolize their affective experiences. While she was aware of her difficulty in this area, she was not aware of any blocks other than not knowing where to go with strong emotion and how to use it to create change. Her medical training had lead her to think scientifically about diagnosis and treatment plans and she had not been trained to trust emotion as a cue to her client's needs. As she developed in her knowledge of the model and developed the skills necessary to track her client's experience, she was better able to trust the process, and elicit, heighten and evoke emotional responses from her clients. Many couples are frightened and disorganized by their feelings and the EFT therapist helps them develop a more accepting relationship with their own emotions and their attachment needs. For example, the therapist's validation can help clients feel entitled to the comfort and empathy that they do not give themselves or ask for from others. Certainly therapists who are relatively more aware of and engaged with their own emotions are in a better position to guide and comfort their couples in such explorations. In particular, therapists who are aware of their own attachment longings and attachment fears are more likely to be able to foster and elicit the same in their clients. EFT therapists need to have the capacity to join with their couples and to feel "with" them and be able to tolerate confusion and ambiguity while discovering with their clients how the relationship will evolve.

As well as being able to resonate with the tenants of EFT, the therapist has to address the basic tasks of this approach and master the interventions used to address each task. Some of these interventions are particular forms of generic techniques (Sprenkle et al., 1999), such as reframing and externalizing problems (both narrative and EFT models view the negative cycle of interactions as the problem), normalizing and validating clients' responses and creating enactments (Nichols & Fellenburg, 2000). Some interventions, such as heightening, are more specific to EFT. What are the common difficulties therapists face in each of the tasks of EFT?

THERAPEUTIC TASKS

The two main therapeutic tasks in EFT are, first eliciting and expanding core emotional experiences that prime partners' interactional positions; and second, restructuring interactions.

In Task I, the therapist must employ interventions that will: 1) elicit emotion in a way that opens the door to exploring internal emotional experiences and 2) brings to life each partner's position and possible new positions in the interactional dance. In Task II, the therapist helps each partner take small steps to turn newly articulated responses into a new and more engaged stance with the other partner. In both tasks, the therapist must empathically attune to each client's emotional experience and employ interventions that are accurately timed to the stages of change and ongoing therapeutic process. For example, after the first stage, de-escalation, is completed the couple enters the second stage of therapy, restructuring interactions and creating bonding events. Attachment longings and desires now begin to be much more clearly articulated. As strong emotions arise they prime key schemas about each partner's sense of self, particularly concerning the loveableness and worthiness of self. This is a time of vulnerability. This is true not only for the experiencing partner who might suddenly realize, for example, "I have never asked anyone for what I need. I have always been alone", but also for the spouse who is suddenly married to a stranger and so becomes disoriented and dismayed. The therapist then focuses upon emerging aspects of a partner's experience and helps this partner to vividly grasp and hold this experience by unfolding it in the here-and-now of the session. The therapist learns to use vivid, specific and concrete language, often images and metaphors to assist the person in encapsulating his/her experience. At the same time, the therapist must support the other partner to struggle with and hear the new elements the experiencing spouse uncovers. This process takes time. Affectively loaded experience takes longer to process and organize and the therapist has to continually repeat interventions and hold up a mirror for partners to see and come to terms with their new experiences.

An example of when this process can become blocked occurred when one of our team members was working with a couple where both members suffered from depression and were in individual therapy. They were now presenting with acute marital distress and were on the brink of separation. The wife was feeling discouraged and resigned, framing her husband as "incapable" of closeness. The husband was generally quiet and passive in the interaction but would, on occasion have bursts of anger directed at his wife. In the first few sessions the couple had been able to identify their interactional cycle of pursue/withdraw, with the wife in the position of critical pursuer and the husband in the stonewalling withdrawn position. The wife had been able to

talk about her loneliness in the relationship and her need to be "known" by her husband. The husband stated more directly his anger at what he perceived as his wife's dominance over him and began to be more direct in identifying his own needs in the relationship. There had been a de-escalation of the negative interactional cycle and the couple was less reactive and more hopeful. The therapist then began to move this couple into stage two of the change process where the withdrawn partner is encouraged to re-engage and actively define the his /her part in the relationship. The critical partner is then encouraged to "soften" and ask for attachment needs to be met in a way that pulls for contact and caring. An incident then occurred which primed the cycle again so that the therapist was faced with a very critical wife and a husband firmly positioned in a withdrawn stance.

In the following transcript, the therapist then began to work with the husband to expand his experience and encourage him risk new interactions with his wife but did it in such a way that the man became further ensconced in his withdrawn position. The session begins with the husband describing a fight that he had been hesitant to talk about but which revolved around feeling criticized by his wife.

TRANSCRIPT: DEALING WITH WITHDRAWAL IN EFT

Therapist: What was going on for you at the time?

Bob: I didn't like to be told that I was judging Mary when I wasn't, and starting to talk about it in only negative terms, and her saying that I was judging her.

Therapist: So when Mary said that to you your reaction was?

Bob: I didn't give one (barely audible)

Therapist: And your feeling around that- how did you feel when she said you were judging her?

Bob: I felt accused and I …(silence) that's the most I can say about that.

Therapist: You felt accused?

Bob: And angry.

Therapist: And you attempted to clarify your position with Mary, that you weren't judging her. Was that heard? Did you get a sense that that was heard?

Bob: Not at all and I left the room. I was pissed off and walked away.

Therapist: You felt accused, and? Bob: It didn't matter what I said. It was going to be that way and that's all there is.

Therapist: You couldn't make a difference in the way May saw things?

Bob: That's right. Therapist: That feeling that it doesn't matter what you said has come up here before in other situations. It happens in other places in your arguments with Mary? (Bob nods) Does it happen here? Can you remember feeling that here?

Bob: I can feel it right now.

Therapist: You can feel it right now that it doesn't matter what you say…what's going to happen? It doesn't matter what I say and?

Bob: I am going to be judged.

Therapist: That you're going to be judged and that does seem to be close to that sense of powerlessness you have talked about before (Bob nods).

Therapist: And does that make you afraid?

Bob: Yes (silence)

Therapist: And you go away inside your self (He nods again). Is that how it feels?

Bob: Yes, I am in a fog. There is nowhere I can turn to. I just give up. I go away and I do something else and get myself distracted and forget about it.

Therapist: When you talk about it now, about being judged, how does it feel?

Bob: I'm in the wrong, that I have done something bad and I don't have anything to say.

Therapist: And the way out of that is to make it go away?

Bob: But it never completely goes away. It's all there.

Therapist: Have you talked to Mary about how it is for you?

Bob: Yes (silence)

Therapist: Maybe we could ask you to say more, about how you feel; I know that it is hard but-

Bob: (He turns to her) It doesn't matter what I say. No matter where I go there is nowhere to put my foot down. When that happens I feel that I am nowhere.

Therapist: And when you say that now, when you say that right now, you feel that you are going to be wrong. What's that like for you?

Bob: It doesn't matter what I say.

Therapist: When you look at Mary now, is that how you feel?

Bob: I am looking at her.

Therapist: Is there something that you need from Mary right now?

Bob: Every time we get into these disputes it's always about me and what I do and there is nowhere for me to go (silence).

Therapist: So you hide (He nods vigorously). What do you need from Mary right now?

Bob: I don't know…we're talking about it rationally and …(protracted silence)

Therapist: What is going on for you?

Bob: I feel pushed down.

The therapist in this sequence was attempting to clarify and elicit Bob's underlying feelings of helplessness and fears about his unworthiness (feeling bad and wrong). While the therapist made some attempts to reflect and validate, there was a lack of expansion of the images and metaphors offered in a way that Bob could build more of a platform for himself. For example, when Bob talked about being in the fog, the therapist could have expanded on this metaphor, stating how scary it is for anyone to be in a fog, how lost someone feels when they are not able to see anyone else or reach out to anyone else, how lonely and alone one can feel in a fog etc. The building of this imagery will help Bob form a composite of his emotional dilemma. The therapist needed to provide him with more support and a sense of really being with him in his experience in order for Bob to feel able to expand his underlying feelings without needing to continue to defend himself. The therapist could have validated and reframed his need to hide within himself as a reaction that many people have when they feel powerless and inadequate. The therapist attempted to modify the interactional pattern between Bob and Mary when she asked Bob to look at Mary, reach out to her and ask for what he needed. This was done with the sense that Mary was available to Bob, however Bob had not yet fully accepted his feelings or acknowledged his position. This was then a premature intervention.

The therapist would have been more effective if she had stayed with Bob in a way that validated and heightened his emotion and supported him more so he could take the risk of reaching out to his spouse. The therapist could have slowed this sequence down and acknowledged first how scary it would be to take a chance in the "fog". The steps that Bob took in this session needed to be acknowledged, as he did take a number of risks in this sequence that could have been heightened, expanded and restructured. One way of conceptualizing the support the therapist gives to partners in key moments when change events such as withdrawer re-engagement are evolving is to use the concept of scaffolding from developmental psychology. This concept refers to the external structuring that helps people acquire responses that are just beyond their reach. As a first rung in such a scaffold, Bob's ability to recognize and share his feelings could have been framed as a strength and as a first step in moving out of his shell. The therapist also needed to provide Bob with more frames that would help him to accept his feelings and move into experiencing his powerlessness in a way that evoked an assertion of his needs for respect and safety

As the therapist gains in experience she/he will more and more trust the process and feel more confident dealing with affect and using it to create new interactions. Perhaps because emotion has been marginalized in the couple and family therapy field for many years, this may be the greatest discovery and greatest single step in a therapist's training in this model. The therapist will also need to learn how to contain emotion if it does become overwhelming, for example in a flashback in a session with a traumatized couple (see Johnson & Williams-Keeler, 1998 for an example of containment). The manner in which emotion is evoked is also crucial. The skilled EFT therapist will use her voice to help clients connect with their experience and speak slowly and in soft tones. These cues signal the therapist's readiness to join with clients in their experience. While this therapist recognized in supervision that she did not understand what was happening with her client, an open acknowledgement of this and a request for Bob to help her understand may have assisted the process and helped Bob not to feel "pushed down". In the next session, after supervision, the therapist was able to help Bob talk about how powerless he felt and how "hiding" seemed to be the only way to cope. As he felt more and more entitled to and sure of his reality, he then was able to assert his need for respect from his wife and express his desire to be close to her again.

IMPLICATIONS FOR TRAINING:

EFT attempts to tap the power of compelling emotional responses and of basic attachment needs and processes to create a difference in a brief format. The EFT therapist is then required to be able to skillfully tap into these resources in a purposeful, systemic way in order to create change. In order to be an effective EFT therapist the theory and underlying assumptions need to have some personal appeal. Creating new interpersonal realities can be seen as risky and potentially threatening to novice therapists and consequently has implications for training and supervision. There is a certain amount of cognitive learning that is needed in order to understand the model and the assumptions underlying it. A therapist's degree of comfort with the model will be tied to the therapist's personal and professional level of development and until the model is assimilated there will be a mechanical element to its execution. Those therapists who know themselves well, including their strengths, conflicts and issues that activate countertransference will be more able to effectively implement EFT.

Supervision must also be a key support in and stimulus for becoming comfortable and adapt at working with affect and attachment needs. The supervisory relationship needs to be characterized by mutuality, collaboration and respect in order for the learning to take place in an atmosphere that allows for creativity and risk taking. The supervisor must work to create a nurturing holding environment to allow for an acknowledgment of the therapist's own internal states. Problems brought to supervision may not be of a technical nature or the result of insufficient knowledge, but the result of the therapist's personal sensitivities and blocks in awareness. The novice therapist needs then to feel not only heard, but also held and resonated with by the supervisor. The supervisor can model for trainees his/her own internal processes and reactions which encourage self-reflection and regulation. The isomorphic nature of supervision and therapy has been illustrated by a number of authors (Haley, 1976,1980; Liddle & Saba, 1982; Munuchin & Fishman, 1981) and therefore the assumptions underlying EFT also apply to the training and supervision process. The evolution of an EFT therapist occurs on multiple levels and includes cognitive formulations of attachment theory and systemic dynamics as well as emotional and experiential understanding. EFT stresses the healing power of genuineness, empathy and positive regard. It signals a return to an emphasis on the therapist's empathic responsiveness and a willingness to learn with and from clients about the mystery that is a loving bond with a life partner. It is

perhaps this process of continual discovery and sense of connection with each client in his/her unique way of being in the world that makes EFT so rewarding not only for clients but also for therapists.

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