Foundations for COUPLES' THERAPY

Research for the Real World

Edited by
Jennifer Fitzgerald

ROUTLEDGE

Foundations for Couples' Therapy

As a quality resource that examines the psychological, neurobiological, cultural, and spiritual considerations that undergird optimal couple care, *Foundations for Couples' Therapy* teaches readers to conduct sensitive and comprehensive therapy with a diverse range of couples. Experts from social work, clinical psychotherapy, neuroscience, social psychology, and health respond to one or more of seven central case examples to help readers understand the dynamics within each partner, as well as within the couple as a system and within a broader cultural context. Presented within a problem-based learning approach (PBL), these cases ground the text in clinical reality. Contributors cover critical and emerging topics like cybersex, emotional well-being, forgiveness, military couples, developmental trauma, and more, making it a must-have for practitioners as well as graduate students.

Jennifer Fitzgerald, PhD, is a clinical psychologist in Brisbane, Australia, who works as a certified EFT couples' therapist, supervisor, and trainer. She is also a senior lecturer at the University of Queensland.

Foundations for Couples' Therapy

Research for the Real World

Edited by
Jennifer Fitzgerald, PhD

Routledge
Taylor & Francis Group
NEW YORK AND LONDON

First published 2017
by Routledge
711 Third Avenue, New York, NY 10017

and by Routledge
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

Routledge is an imprint of the Taylor & Francis Group, an informa business

Library of Congress Cataloging-in-Publication Data
Names: Fitzgerald, Jennifer, editor.
Title: Foundations for couples' therapy : research for the real world / edited by Jennifer Fitzgerald, PhD.
Description: New York, NY : Routledge, 2017. Includes bibliographical references and index.
Identifiers: LCCN 2016038881 | ISBN 9781138909625 (hbk : alk. paper) | ISBN 9781138909632 (pbk : alk. paper) | ISBN 9781315678610 (ebk)
Subjects: LCSH: Couples therapy.
Classification: LCC RC488.5 F678 2017 DDC 616.89/1562—dc23
LC record available at https://lccn.loc.gov/2016038881

ISBN: 978-1-138-90962-5 (hbk)
ISBN: 978-1-138-90963-2 (pbk)
ISBN: 978-1-315-67861-0 (ebk)

Typeset in Bembo
by Apex CoVantage, LLC

Contents

Tables and Figures

Tables

Figures

Contributors

Bianca Acevedo (BA, Psychology, New York University; PhD, Social/Health Psychology, Stony Brook University) is a researcher at the University of California Los Angeles's Semel Institute for Neuroscience and Human Behavior, where she conducts research on yoga/meditation interventions for cognitive disorders. Her research has mostly focused on romantic love, including the first neuroimaging studies of long-term romantic love and newlyweds. In addition, she has carried out research on the brain basis of sensory processing sensitivity (HSP); personality dimensions; and substance use prevention and program evaluation. She has taught courses including Interpersonal Relationships, Positive Psychology, and Research Methods; has received funding from the National Science Foundation and the NIH, and was awarded the 2012 International Woman in Science Award. In 2015, she was a lead speaker at the First HSP Congress and launched the science-based Love Smart App to help individuals self-assess their relationships.

Dr. Sheila Addison (LMFT) is a visiting faculty member in the Clinical Counseling program at Alliant International University San Francisco and a clinician in private practice in Berkeley, CA. Her clinical and scholarly work focuses on the needs of gender and sexual minorities, culturally competent mental health training, sex and gender issues, Emotionally Focused Therapy, and introducing the principles of Size Acceptance and Health at Every Size® to psychotherapy. She recently published an article on intersectional therapy with queer couples in *Family Process* as well as chapters in *Multicultural Couple Therapy* and *Clinical Casebook of Couple Therapy*. She currently serves as the president-elect for the Association for Family Therapy of Northern California. drsaddison@gmail.com.

Christopher R. Agnew is Professor and Head of the Department of Psychological Sciences at Purdue University. He received his undergraduate degree from Georgetown University and his PhD in social psychology from the University of North Carolina at Chapel Hill. His research focuses on close, interpersonal relationships. He has published and presented his

research widely, and served on numerous editorial boards. He is a Fellow of the Association for Psychological Science, American Psychological Association, the Society of Experimental Social Psychology, and the Society for Personality and Social Psychology, and he served as President of the International Association for Relationship Research.

Arthur Aron (BA, MA, University of California, Berkeley; PhD, University of Toronto, Social Psychology) is Research Professor of Psychology at Stony Brook University and a visiting scholar at the University of California, Berkeley. His research centers on the self-expansion model of motivation and cognition in personal relationships, including the neural underpinnings and real-world applications to marriage, family, and intergroup relations. He currently serves on the editorial boards of *Personal Relationships* and *Journal of Social and Personal Relationships*. He is a Fellow of the American Psychological Association, Association for Psychological Science, Society for the Psychological Study of Social Issues, and Society of Personality and Social Psychology. He has received major grants from the National Science Foundation, Fetzer Foundation, Templeton Foundation, and Social Science and Humanities Research Council of Canada. He is a recipient of the Distinguished Research Career Award from the International Association for Relationship Research.

Donald H. Baucom (PhD, Distinguished Professor of Psychology at University of North Carolina–Chapel Hill) is one of the developers of cognitive-behavioral couple therapy (CBCT). Over four decades, he has conducted couple-based intervention research for a wide variety of couple issues, including relationship distress, relationship education to prevent distress, and working with couples in which one partner has a significant psychological difficulty (e.g., anxiety, depression, eating disorder) or health concern (e.g., cancer, heart disease). Along with Douglas Snyder and Kristina Gordon, he has developed and evaluated a couple-based intervention for infidelity. Professor Baucom conducts workshops on CBCT to practitioners around the world, and he is a practicing clinician himself.

Marlene Best (PhD, C. Psych) is a clinical professor in the School of Psychology at the University of Ottawa, where she teaches and provides clinical supervision to practicum students and predoctoral interns in clinical psychology. She is the Director of Training at the Ottawa Couple and Family Institute, where she provides clinical supervision to psychologists in supervised practice. Marlene is an ICEEFT Certified Therapist, Supervisor, and Trainer in Emotionally Focused Couple Therapy (EFT). She has a private practice in Ottawa, and she teaches and supervises licensed therapists learning EFT, locally, nationally, and internationally.

Vickie Bhatia (MA) is a doctoral candidate in clinical psychology at Stony Brook University. Her broad research interests involve examining the relationship between mental health and interpersonal functioning among adolescents and emerging adults as well as the mechanisms underlying these associations. Specifically, she is interested in examining how individual differences (e.g., personality traits, cognitive biases, emotion regulation skills) influence the association between romantic relationship functioning and depressive and anxious symptoms.

Alexander Blaszczynski (BA, Economics, University of New South Wales; MA (University of Sydney), Diploma of Psychology (University of Sydney), PhD, University of NSW; MAPS) is Professor of Psychology and Director of the University of Sydney's Gambling Treatment Clinic and Chair, Responsible Gambling Research Group. He has evaluated randomized treatment outcomes studies using behavioural interventions, assessed the prevalence of depression and suicidality, determined the relationship between crime, gambling, and highlighted the role of impulsivity in pathological gamblers. He developed a conceptual pathways model explaining the etiology of pathological gamblers, and has reviewed responsible gambling and harm minimisation strategies. He is the editor-in-chief of International Gambling Studies. In 1995, Dr. Blaszczynski received the American Council of Problem Gambling Directors Award; in 2004, the National Centre for Responsible Gambling senior investigator's research award; in 2013, the NSW Government's Responsible Gambling Fund's excellence award for contributions to gambling; and, in 2014, the American National Council on Responsible Gambling's Lifetime Research Achievement award.

Alice D. Boyes (PhD) is a former New Zealand clinical psychologist turned blogger and writer. She is author of *The Anxiety Toolkit: Strategies for fine-tuning your mind and moving past your stuck points*, published by Perigee/Penguin Group US and recommended by Oprah's Book Club 2.0. She writes a popular blog for PsychologyToday.com and is a contributor for various magazines including as emotions expert for *Women's Health*.

Thomas N. Bradbury (PhD) is a professor in the UCLA Department of Psychology and a fellow of the Association for Psychological Science, and he conducts longitudinal studies on how couples develop and change. His work has been recognized with the Early Career Award from the American Psychological Association, the Reuben Hill Award from the National Council on Family Relations, and an honorary degree from Universita Cattolica del Sacro Cuore in Milan.

Paula Brough (BA, Hons; Bangor; MSc, Cranfield; PhD, Bristol) is Professor of Organizational Psychology in the School of Applied Psychology, Griffith University, Australia. Paula's research focuses on occupational

stress, coping, the psychological health of high-risk workers (e.g., emergency service workers), work-life balance, and the effective measurement of psychological constructs. Paula has published over 80 books, journal articles, and book chapters, and she is the chief investigator on numerous national and international research grants.

Lorrie L. Brubacher (M.Ed., LMFT, RMFT) is the Founder and Director of the Greensboro Charlotte Center for EFT. She is certified with the International Centre for Excellence in EFT (ICEEFT) as a therapist, supervisor, and trainer. She practices therapy and provides EFT Training and Supervision in North Carolina and Winnipeg, Canada. For over 20 years she has taught counseling courses in Canada at three universities and has worked in private practice in couple and family therapy since 1989. Lorrie is an AAMFT Approved Supervisor, has published in the *Journal of Marriage and Family Therapy*, has several publications in press, and is on the editorial board for the ICEEFT newsletter. Together with Dr. Sue Johnson she has written three other chapters on Emotionally Focused Therapy, including a chapter in Sexton and Lebow's *Handbook of Family Therapy* (2nd ed). Additionally, she is co-developer of the first EFT interactive video training program, on EFT's attachment injury resolution model, accessible through www.iceeft.com. She also teaches emotionally focused individual therapy. For additional information please see www.lbrubacher.com and www.gcceft.com.

Rowan Burckhardt (BA, Psych, University of Wollongong; M1Psych, Université de Bordeaux II; MClin (Psych, University of Wollongong) is a clinical psychologist and PhD candidate at the University of Sydney. He works at the University of Sydney Gambling Treatment Clinic (using CBT and ACT), his private practice, and the Black Dog Institute. At the Gambling Treatment Clinic he also provides couples' counselling to problem gamblers and their partners to work on relationship issues arising as a result of gambling. When working in this capacity he uses an emotion-focused couples' therapy approach. He recently appeared on ABC national news as part of his work at the Gambling Treatment Clinic.

Dean M. Busby (PhD) is the Director of the School of Family Life at Brigham Young University. He received his PhD in family therapy from Brigham Young University. Following his schooling he taught at Syracuse University and Texas Tech University, where he was the department chair, before returning to Brigham Young University. He is a published author of books, book chapters, and research articles in the area of marriage relationships, assessment of couples, family of origin, sexuality, and relationship trauma. His research has garnered university and national awards and been funded by federal and state grants. Dr. Busby has taught at the university level for 25 years, primarily in the area of couple relationships, research methods, and sexuality.

Pamela Lassiter Cathey is the founder and CEO of The Institute for the Prevention of Relationship Violence and A Frog in the Pot, a non-profit organization dedicated to preventing child abuse, dating/domestic violence and elder abuse. She currently develops curricula and teaches trauma advocacy as adjunct faculty for Buena Vista University and is the lead author on *Voices of Hope: Breaking the Silence of Relationship Violence*, an anthology and play that focus on the transformative potential of trauma. Ms. Lassiter Cathey earned her bachelor's degree at the College of Idaho, graduating summa cum laude.

Jason Cencirulo (MA) is currently a doctoral student in psychology at Pepperdine University's Graduate School of Education and Psychology, where he focuses on research regarding the demand-withdraw interaction pattern between couples.

Dr. Deborah Coolhart (LMFT) is Assistant Professor in the Marriage and Family Therapy Department at Syracuse University. She is also a private practice clinician, specializing in work with transgender people and their couple and family relationships. Her scholarship focuses on LGBTQ couples and families, with a particular focus on family/couple dynamics and well-being of transgender people. Her most recent publications include a manuscript on intersectional therapy with queer couples in *Family Process* and *The Gender Quest Workbook: A Guide for Teens & Young Adults Exploring Gender Identity*.

Dr. Joanne Davila is Professor of Psychology and the Director of Clinical Training in the Department of Psychology at Stony Brook University. Her expertise is in the area of romantic relationships and mental health in adolescents and adults, and she has published widely in this area.

Emily Edwards (MA) is a graduate of American University, where she earned a bachelor's degree in psychology. She received her master's degree in marriage and family therapy and is currently obtaining her doctorate in psychology at Pepperdine University's Graduate School of Education and Psychology.

Kathleen Eldridge (PhD) earned her doctoral degree in clinical psychology at UCLA. She is a licensed clinical psychologist and an associate professor at Pepperdine University in the Graduate School of Education and Psychology.

Norman B. Epstein (PhD) is Professor of Family Science and Director of the Couple and Family Therapy program at the University of Maryland, College Park. He is a Fellow of the American Psychological Association, Clinical Fellow and Approved Supervisor of the American Association for Marriage and Family Therapy, Founding Fellow of the Academy of Cognitive Therapy, and diplomate of the American Board of Assessment Psychology. His research, writing, teaching, clinical practice, and training

of therapists have focused on the assessment and treatment of couple and family relationship problems. He is a pioneer in the development of cognitive-behavioral couple and family therapy. Dr. Epstein's expertise lies in treatment of domestic violence, development of measures of cognitive factors (standards, attributions) affecting couple relationships, couple and family coping with life stressors, psychopathology within the family context, treatment of post-traumatic stress disorder in military service members, and cross-cultural studies of couple and parent-adolescent relationships.

Mariana K. Falconier (PhD) is Associate Professor and Clinical Director in the Marriage and Family Therapy program at Virginia Tech. She has conducted clinical work with individuals, couples, and families for 20 years and is an AAMFT Clinical Fellow and Approved Supervisor. Her research, published and presented nationally and internationally, has focused on couples coping with stress, particularly economic and immigration stress. She developed the program TOGETHER to help couples improve their coping, communication, and financial management skills. Dr. Falconier is the lead editor of the book *Couples Coping with Stress: A Cross-Cultural Perspective* and principal investigator of a $7.5 million grant from the Administration of Children and Families, US Department of Health and Human Services to deliver and evaluate a program to help low-income couples achieve relationship and economic stability.

George Faller is a retired lieutenant of the New York City Fire Department, a licensed marriage and family therapist in New York and an approved supervisor for the American Association of Marriage and Family Therapists. He is the President of the New York Center for Emotionally Focused Therapy (EFT). As an EFT Trainer, George teaches several classes at the Ackerman Institute for the Family, is a board member of the Porter Cason Institute at Tulane University, and is the Director of Training at the Center for Hope and Renewal in Greenwich, CT. George is the author of many articles, chapters, and the book *Sacred Stress*. For more information go to www.georgefaller.com.

Judith A. Feeney (PhD, MA, Dip Ed., Dip Sch. Couns.) is Associate Professor of Psychology at the University of Queensland. She has co-authored five books on close relationships and has over 100 other publications in peer-reviewed outlets. She has received research awards for her work on attachment insecurity and the transition to parenthood and on child protection matters. She has also worked extensively in school guidance and counselling.

Catrin Finkenauer is Full Professor at Clinical Child and Family Studies, Vrije Universiteit Amsterdam, The Netherlands. She is currently Associate Editor of the *Personality and Social Psychology Bulletin*. Her research on interpersonal relationships includes basic research on relationship

processes (e.g., trust, understanding) and applied research on interventions targeting children who have been witness to or target of domestic violence and abuse.

Julie Fitness, after obtaining her PhD in social psychology from the University of Canterbury, New Zealand, in 1991, joined the Psychology Department at Macquarie University, where she is now Professor of Psychology. Over the last 25 years she has pursued a research program in the broad field of human relationships, with a particular focus on issues relating to betrayal, revenge, and forgiveness in close relationships. She has also addressed a number of community groups on topics such as the emotionally intelligent marriage and the causes and consequences of familial rejection.

Garth J. O. Fletcher is Professor of Psychology at Victoria University Wellington in New Zealand. He is a social psychologist with a primary interest in the study of romantic relationships. He is a fellow of five societies including the Royal Society of New Zealand, the Association for Psychological Science, and the Society for Personality and Social Psychology. He has recently been an editor for three different social psychology journals, including the *Journal of Personality and Social Psychology*. He has published over 100 articles and book chapters, and has authored and edited six books, including his most recent (co-authored) book: *The Science of Intimate Relationships*.

James L. Furrow (PhD) is the Evelyn and Frank Freed Professor of Marital and Family Therapy at the Fuller Graduate School of Psychology, Pasadena, California. His research and writing focus on Emotionally Focused Therapy with couples and families, including the *EFT Casebook: New Directions in Couple Treatment*, *Becoming an EFT Therapist: The Workbook*, and *Emotionally Focused Couple Therapy for Dummies*.

Tamara Goldman Sher (PhD) is a licensed clinical psychologist, affiliate therapist, and clinical professor at The Family Institute at Northwestern University. Over the course of her career, Dr. Sher has trained and supervised over 100 students on working with couples. Clinically, Dr. Sher has seen individuals and couples at all stages of their relationships. She is the author of dozens of research publications and a co-editor of *The Psychology of Couples and Illness* and serves on multiple editorial boards. She is the co-editor with Kim Halford, PhD on the Springer book series entitled *Couples and Health* and a co-author of a book in the series entitled *Couples and Heart Disease*.

Wind Goodfriend is a professor of psychology and the Director of the Gender and Women's Studies program and the Trauma Advocacy program at Buena Vista University in Storm Lake, Iowa. She also serves as the Principal Investigator for The Institute for the Prevention of Relationship

Violence. She earned her bachelor's degree at Buena Vista University, then her master's and PhD in social psychology from Purdue University. Dr. Goodfriend has won the "Faculty of the Year" award at BVU three times and was awarded the Wythe Award for Excellence in Teaching, one of the largest teaching awards in the nation.

Kristina C. Gordon (PhD) received her doctorate in clinical psychology from the University of North Carolina–Chapel Hill after completing her internship at the Brown University Consortium. She is currently Full Professor in the Department of Psychology at the University of Tennessee, where she directs the couple therapy clinical practicum. She is President and Fellow of the Society for Couple and Family Psychology, (APA Division 43). She serves on the editorial board for three family journals and has co-authored numerous publications on couple distress. She lives in Knoxville, TN, with her husband and two daughters, where she maintains a small private practice.

Dr. John Gottman is world renowned for his work on marital stability and divorce prediction, having conducted 40 years of breakthrough research with thousands of couples. He is the author of over 200 published academic articles and author or co-author of 40 books, including the best-selling *The Seven Principles for Making Marriage Work*. Dr. Gottman's media appearances include *Good Morning America*, *Today*, *CBS Morning News*, and *Oprah*, as well articles in *The New York Times*, *Redbook*, *Glamour*, *Woman's Day*, *People*, *Self*, and *Psychology Today*.

Dr. Julie Gottman is co-founder and President of The Gottman Institute. A highly respected clinical psychologist, she is sought internationally by media and organizations as an expert advisor on marriage, domestic violence, gay and lesbian adoption, same-sex marriage, and parenting issues. She is the co-creator of the immensely popular The Art and Science of Love weekend workshop for couples, and she also co-designed the national clinical training program in Gottman Method Couples Therapy.

Leslie S. Greenberg (PhD) is Distinguished Research Professor Emeritus of Psychology at York University in Toronto. He has written the major texts on emotion-focused approaches to treatment including *Emotion in Psychotherapy* (1986*), Emotionally Focused Therapy for Couples* (1988) and more recently *Emotion-focused Couples Therapy: The dynamics of emotion, love and power* (2008) and *Emotion-focused therapy: Theory and practice* (2010). He has received the Distinguished Research Career award of the International Society for Psychotherapy Research as well as the American Psychology Association Award for Distinguished Professional Contribution to Applied Research. He conducts a private practice and trains people in emotion-focused approaches to therapy.

Paul S. Greenman (PhD) is an EFT therapist, supervisor, and trainer. He is a full-time professor of clinical psychology at the Université du Québec

en Outaouoais (UQO) in Gatineau, Québec. Paul provides services to clients at the Ottawa Couple and Family Institute (OCFI) and is a member of the clinical health psychology team at the Montfort Hospital in Ottawa, Ontario. Over the past decade, Paul has been heavily involved in the teaching and supervision of EFT at the Montfort, at the Psychological Services Clinic of the UQO, and at the OCFI. Paul has a strong interest in the application of psychological treatments to patients in medical settings; he is currently overseeing a research project on the impact of EFT on couples in which one partner suffers from diabetes and is also collaborating with Sue Johnson and colleagues at the University of Ottawa Heart Institute on the adaptation of the Hold Me Tight program to couples facing cardiac illness. Paul has been the principal author of and a major contributor to a number peer-reviewed articles, book chapters, and presentations at scientific conferences on the process and efficacy of EFT for couples. Paul works in French, English, German, and Italian.

Laura K. Guerrero (Professor, Arizona State University) studies communication in close relationships, with a special emphasis on emotional and nonverbal communication. Her research focuses on how communication affects relationships in positive and negative ways. She has studied how people communicate intimacy and forgiveness as ways to keep relationships healthy. She has also looked at how people communicate in situations where they are jealous, hurt, or angry. In these situations, certain forms of communication can enhance understanding and improve relationships, whereas other forms of communication can make problems worse. Dr. Guerrero has published over 100 articles and chapters on these topics and has received several research awards. She has created questionnaires that measure communicative responses to jealousy, conflict styles, and attachment styles. She has also developed an observational technique for coding behaviors showing nonverbal intimacy from videotapes.

W. Kim Halford (PhD) is Professor of Clinical Psychology at the University of Queensland and a licensed clinical psychologist. Kim has published six books and over 190 articles, primarily focused on couple therapy and couple relationship education. He works with clinically distressed couples; couples adjusting to major life challenges, including developing committed relationships; couples struggling with severe physical and mental health problems in a partner; couples becoming parents, couples forming stepfamilies, couples transitioning to retirement, parents negotiating co-parenting after separation, and intercultural couples. Kim is the co-editor with Tamara Sher, PhD on the Springer book series titled *Couples and Health*.

Danika N. Hiew received her PhD in clinical psychology from the University of Queensland, Australia, in 2014. Her doctoral research focused on the communication and relationship standards of Chinese, Western, and intercultural Chinese-Western couples. As part of her research, Danika

developed and validated the first measure of Chinese and Western couple relationship standards (published by *Psychological Assessment*) and observed and coded the communication of 123 couples (published in the *Journal of Family Psychology*). Danika has presented and published on the topics of intercultural and cross-cultural couple relationships, relationship standards, dyadic coping, and couple communication. Danika is also a practicing psychologist, working with individuals and couples coping with a variety of psychological and physical health conditions and family and couple relationship difficulties.

Sarah R. Holley (PhD) is Assistant Professor of Clinical Psychology at San Francisco State University. She is also a licensed psychologist and serves as an Adjunct Assistant Clinical Professor and Staff Psychologist in the Department of Psychiatry at the University of California, San Francisco. Dr. Holley received her doctoral degree from the University of California, Berkeley, then completed a postdoctoral fellowship at the University of California, San Francisco. Her research utilizes a range of self-report, behavioral, and physiological methodologies to examine the bidirectional connections between intimate relationship processes, emotional functioning, and mental and physical health. Dr. Holley is a member of a number of professional organizations and holds an elected position within the Mental Health Professional Group of the American Society of Reproductive Medicine.

Amy Holtzworth-Munroe (PhD) is Professor in Indiana University's (IU) Department of Psychological and Brain Sciences. She has been conducting research on the problem of intimate partner violence (IPV) for over 30 years, including examining the social skills deficits of violent husbands and identifying subtypes of male batterers. More recently, she has been conducting research on family law, including developing and testing the best methods of screening for IPV in family mediation settings and conducting randomized controlled trials testing the effectiveness of various family law interventions (e.g., different mediation approaches, online parent programs). She currently is a principal investigator on a National Institute of Justice funded ongoing research project comparing the outcomes of shuttle mediation, videoconferencing mediation, and return to court (without mediation) for parties who have a history of high levels of IPV.

Kyle Horst (PhD) is an assistant professor of psychology at California State University, Chico, in the Marriage and Family Therapy program, where he also manages an educational stipend program funded by the state of California. He has published on the topic of violence/conflict in close relationships as well as mindfulness. He recently developed a program using mindfulness-based interventions to reduce body-image dissatisfaction and is currently developing a mindfulness-based program for couple conflict.

Emilie Iliff is a master's student in the Marriage and Family Therapy program at Brigham Young University. She is studying human sexuality in her research and developing clinical skills in working with couples and families where there are struggles with sexuality, culture, gender, and addictions.

Benjamin Inouye (IMF) currently is a doctoral candidate at Alliant International University. Clinical Intern supervised by Dr. Lisa Palmer-Olsen.

Lisa M. Jaremka (PhD) utilizes a social psychological approach to understand the effects of social disconnection on motivation, physiology, and health among both breast cancer survivors and healthy adults. Her expertise lies at the interface between physiology and psychology, with a specialization in psychoneuroimmunology and psychoneuroendocrinology.

Susan M. Johnson (EdD) is the leading developer of Emotionally Focused Therapy. She is a Professor Emeritus of Clinical Psychology at the University of Ottawa, Distinguished Research Professor in the Marital & Family Therapy Program at Alliant University in San Diego, Director of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) and Director of the Ottawa Couple and Family Institute. She is a registered psychologist in the province of Ontario, Canada, and a member of the editorial boards of the *Journal of Marital and Family Therapy*, the *Journal of Couple and Relationship Therapy* and the *Journal of Family Psychology*. Dr. Johnson has received a variety of awards acknowledging her development of EFT and her significant contribution to the field of couple and family therapy and adult attachment. Her numerous honors include the Outstanding Contribution to the Field of Couple and Family Therapy Award from the American Association for Marriage and Family Therapy. She is a Fellow of the American Psychological Association. Her best known professional books include, *The Practice of Emotionally Focused Couple Therapy: Creating Connection* (2004) and *Emotionally Focused Couple Therapy With Trauma Survivors* (2002). Her most recent book, *Love Sense: The Revolutionary New Science in Romantic Relationships*, outlines the new understanding of why and how we love based on scientific evidence and cutting-edge research. Sue is also the author of the bestseller, *Hold Me Tight: Seven Conversations for a Lifetime of Love*. Sue trains counselors in EFT worldwide and consults to the 35 international institutes and affiliated centers who practice EFT. For additional information see: www.drsuejohnson.com.

Rebecca Jorgensen has a PhD in Clinical Psychology with specialized training in treating compulsive sexual behavior and trauma. She is co-founder and Director at the Training and Research Institute for Emotionally Focused Therapy (TRI EFT) and a faculty member at Alliant International University. Dr. Jorgensen is a certified EFT trainer, supervisor, and therapist, initially trained in EFT by Dr. Sue Johnson; she is honored to present

alongside her several times annually. She is best known for providing training and consultation, online and in-person, and for her best-selling video *Emotionally Focused Therapy: A Complete Treatment*. She facilitates the Hold Me Tight Workshop for Therapists and Their Partners in various international locations. In addition to providing consultation and training, she maintains a clinical practice and can be found online doing webinars and hanging out on various virtual platforms advancing online education and training on attachment, healthy sexuality, and Emotionally Focused Therapy.

Gery C. Karantzas (PhD) is Senior Lecturer in the School of Psychology at Deakin University. He is the past convenor of the Australian Psychological Society Psychology of Relationships Interest Group. He has published numerous studies in the area of close personal relationships, with a specific interest in investigating couple and family relationships during transitions and in adult attachment. His research activities have been funded by grants from the Australian Research Council, the National Health and Research Medical Council, the Academy of Social Sciences in Australia, the Office of Learning and Teaching, and beyondblue. He is the recipient of numerous university and national awards for his research and teaching into the science of relationships including the 2010 Australian Psychological Society Early Career Teaching Award, a 2011 Australian Learning and Teaching Council Citation for Distinguished Teaching, and a 2015 Office of Learning and Teaching Excellence Award.

Louise J. Keown (PhD) is a developmental psychologist, senior lecturer, and Deputy Director of the Parenting Research Group at the University of Auckland. Louise conducts research on parenting and children's behavioral development, particularly the role of fathers, and the family relationships of children at risk for ADHD. She also carries out family intervention research aimed at preventing behavioral and emotional problems in children.

Dr. Keith Klostermann is a licensed marriage and family therapist and mental health counselor. Dr. Klostermann is an assistant professor and Director of Clinical Training for the Marriage and Family Therapy program at Medaille College in Buffalo, NY. He is a nationally/internationally recognized expert in behavioral couples' therapy for substance abuse and is considered a master trainer in this approach. Dr. Klostermann has published and presented extensively on the behavioral couples' therapy approach.

Roeline G. Kuijer is Associate Professor in the Department of Psychology at the University of Canterbury, New Zealand. Her specialist field is health psychology. Her research is centered around two main topics: individual and partner/spouse adaptation to stressful life events (serious illness and trauma), and self-regulation of health behaviors (e.g., losing weight, eating healthy, adhering to medical treatment).

Dr. Jessica Larsen is a licensed clinical psychologist at the Oklahoma VA Health Care system, where she works with veterans across the life span and their family members. Dr. Larsen received her PhD with an emphasis in Clinical Psychology from the University of California, Santa Barbara, and completed her predoctoral internship and fellowship training at the University of Oklahoma Health Sciences Center. Dr. Larsen's research interests include systems-based interventions to promote healthy functioning among those impacted by stress and trauma.

Patrick W. L. Leung (PhD) is currently Professor and Chair of the Department of Psychology, The Chinese University of Hong Kong (CUHK). He completed his PhD at University of Sheffield, UK. In the beginning of his career, he worked as a professional clinical psychologist in a children's hospital for 10 years before joining the Department of Psychology, CUHK in 1992. He had been the Director of Graduate Studies in Clinical Psychology at the Department for over 10 years. On the research side, he has two lines of research. One is on neurodevelopmental disorders, such as attention deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). The other is on psychological intervention, particularly cognitive-behavioral therapy (CBT).

Gary W. Lewandowski Jr. is Professor and Department Chair at Monmouth University, Director of the Relationship Science Lab, as well as the co-editor/co-creator of www.ScienceOfRelationships.com. Dr. Lewandowski has published over 30 journal articles and over 15 book chapters, received 12 grants, and has given more than 90 conference presentations. His work, including a TED talk, has been featured in media outlets such as: *The New York Times*, CNN, *The Atlantic*, Huffington Post, the *Washington Post*, *Cosmopolitan Magazine, Men's Health*, *Scientific American Mind*, and *USA Today*. Dr. Lewandowski is also a nationally recognized teacher who *The Princeton Review* recognized among its Best 300 Professors from an initial list of 42,000.

Barry W. McCarthy (PhD) is a professor of psychology at American University. He has published 107 articles, 25 book chapters, and 15 books, including the latest, *Sex Made Simple*.

Heather MacIntosh (PhD) is Assistant Professor in the MScA Couple and Family Therapy at McGill University. Dr. MacIntosh is a clinical psychologist and principal investigator on SSHRC- and FQRSC-funded research projects examining the difficulties faced by childhood trauma survivors in their adult relationships. She is specifically interested in emotion regulation and mentalizing and is in the process of pilot testing a manualized treatment for childhood trauma survivor couples: Developmental Couple Therapy for Complex Trauma. Dr. MacIntosh is the author of a number of peer-reviewed articles and chapters in the area of trauma and couple therapy. Dr. MacIntosh maintains a small private practice in Montreal.

Michael A. McNulty (PhD) is a psychotherapist in private practice in Evanston and Highland Park, IL, USA. He is a master trainer with The Gottman Institute and an adjunct faculty member of the Institute for Clinical Social Work and Huntington University. He teaches courses in trauma, couple therapy, and international intervention. Since the tsunami in 2005, he has traveled to Batticaloa, Sri Lanka, twice a year to teach paraprofessionals basic counseling skills, and has received five Fulbright Senior Specialist grants for this work.

Dr. Joshua Madsen received his PhD from the University of Colorado, Boulder, in 2006. He was exposed to—and "hooked" by—emotionally focused couple therapy (EFT) during his postdoctoral residency in the San Diego VA Family Mental Health Program. Dr. Madsen then served as director of this program, which provided rich (and challenging) opportunities to reflect on effective ways to supervise trainees diverse in clinical experience, professional discipline, and theoretical background in EFT. He is currently a clinical supervisor and family therapist at the Calgary Family Therapy Centre, adjunct faculty in psychology at the University of Calgary, and Director of Training for the Calgary Clinical Psychology Residency.

Tiffany Midgat received her bachelor's degree in Communications. After spending several years working in the profession of advertising and marketing, she decided to change careers and is currently pursuing a master's degree in Marriage and Family Therapy at Brigham Young University. Her research interests include the physiology of marital relationships, social bonding, and health psychology.

Richard B. Miller (PhD) is Professor in Marriage and Family Therapy Program in the School of Family Life at Brigham Young University. He conducts research on the importance of healthy marital relationships on societal well-being in the US, Taiwan, and China and marital relationships over the life course. In addition, he is part of a research team doing process research in couple therapy. He has published research articles in numerous journals, including *Journal of Marriage and the Family*, *Family Relations*, *Journal of Marital and Family Therapy*, *International Journal of Aging and Human Development*, *Journal of Comparative Family Studies*, *Family Process*, and *Journal of Health Psychology*.

Wendy A. Muller (PhD) is registered and endorsed as an organizational psychologist, with extensive experience working within the private, academic, and not-for-profit sectors. With additional postgraduate qualifications in human resources management, Wendy's areas of consulting expertise include recruitment and selection, mentoring, coaching, team facilitation, and the implementation of strategic workplace interventions. Wendy's research interests involve the exploration of interventions that enhance both individual performance in the workplace and intimate relationships at home.

Teresa P. Nguyen (MA) earned her undergraduate degree in psychology from Stanford University and is currently pursuing her PhD in clinical psychology at the University of California, Los Angeles. With support from a National Science Foundation Graduate Research Fellowship, she conducts research on how stress and economic disadvantage influence dyadic processes.

Dr. Timothy O'Farrell is Professor of Psychology at Harvard Medical School and psychologist in the VA Boston Healthcare System. Dr. O'Farrell's clinical and research interests focus primarily on couple and family therapy in alcoholism and drug abuse treatment. His books include *Behavioral Couples Therapy for Alcoholism and Drug Abuse* and *Treating Alcohol Problems: Marital and Family Interventions*.

Gail Palmer is one of the founding members of the Ottawa Couple and Family Institute and Co-Director of the International Center of Excellence in Emotionally Focused Therapy. She holds a master's degree in social work and is a registered marriage and family therapist in Canada. Over the past 25 years, Gail has worked closely with Dr Sue Johnson, co-creator of Emotionally Focused Therapy for Couples. She is an experienced trainer in EFT, currently offering workshops, externships and advanced core skills training to therapists across Canada, the USA, and Europe. She has written a number of articles and chapters on EFT and EFFT and has a particular interest in applying the model in work with families. Gail is an Approved Supervisor with the American Association of Marriage and Family Therapy and is a sessional lecturer at the School of Social Work, Carleton University in Ottawa and Wilfrid Laurier Seminary in Waterloo, Canada.

Lisa Palmer-Olsen (PsyD) is a licensed marriage and family therapist in San Diego California. She is a certified EFT trainer and supervisor and is a founder and one of the directors of the Emotionally Focused Couples Training and Research Institute at Alliant International University. Dr. Palmer-Olsen's primary clinical and research interests are in the areas of couple and family therapy, specifically with those couples and families dealing with trauma and attachment-related struggles. She is an AAMFT clinical member and approved AAMFT supervisor.

Lauri A. Pasch (PhD) is a clinical psychologist with clinical and research expertise in psychological aspects of the use of medically assisted reproduction. She received her PhD from the University of California, Los Angeles, and completed fellowship training at the University of California San Francisco in behavioral medicine. She is Attending Psychologist in the Center for Reproductive Health at the University of California, San Francisco, where she counsels individuals and couples regarding infertility, alternative family building, polycystic ovarian syndrome, high-risk pregnancy, and parenting, as well as Adjunct Professor in the Department

of Psychiatry. She has published over 50 peer-reviewed articles and 10 book chapters and given many invited addresses. She is actively involved in the development of best practices in psychosocial aspects of reproductive medicine through her involvement in the Mental Health Professional Group of the American Society for Reproductive Medicine. Dr. Pasch's primary research focuses on the psychological consequences of infertility and its treatment, funded by the US National Institute for Health.

Kimberly Z. Pentel (BS) is a doctoral graduate student in Dr. Donald Baucom's lab at the University of North Carolina at Chapel Hill. She is involved in a number of research projects focused on developing and implementing couple-based treatments for individual psychopathology and relationship distress including coordinating a study at the UNC Center of Excellence for Eating Disorders on a couple-based intervention for binge eating disorder. She serves as a co-editor for the Association for Behavioral and Cognitive Therapy's newsletter for the Couples Special Interest Group.

Christopher A. Pepping (PhD) is a lecturer in Clinical Psychology at La Trobe University in Melbourne, Australia. Prior to this he was a lecturer in Clinical Psychology at Griffith University. Chris is a clinical psychologist working primarily with distressed couples, as well as individuals with mood and anxiety disorders. His primary research areas are close relationships and couple therapy, attachment theory, and mindfulness.

Ani R. Poladian is a doctoral student in Indiana University's Clinical Science program within the Department of Psychological and Brain Sciences. She received her bachelor's degree at Northwestern University in 2014. Her research at Indiana University focuses on divorcing and separating couples and evaluating the effectiveness of family law interventions, such as online parenting programs, for separating parents.

Tila M. Pronk is Assistant Professor at the department of Social Psychology of Tilburg University, Tilburg, The Netherlands. She studies romantic relationships and specializes in the role of cognitive processes in dealing with relationship difficulties. Her research showed that people rely on self-regulation in order to constructively deal with a wide array of relationship-threatening situations, such as interpersonal conflict and attractive alternatives.

Madeleine Redlick is a doctoral student at the University of Texas at Austin. Her work focuses on communication in romantic couples. She has pursued research in the areas of deception, affection, jealousy, uncertainty, avoidance, and other "dark side" topics. She hopes to continue to her research in the context of romantic relationships in these content areas.

Dr. Rory Reid received his master's degree in Social Work from the University of Utah and his doctorate degree in Clinical Psychology from

Brigham Young University. After completing a postdoctoral fellowship in the Department of Psychiatry at UCLA, Dr. Reid pursued postdoctoral education and training in clinical research through Harvard Medical School's Global Clinical Scholars Research Training Program. Dr. Reid is a licensed therapist and has expertise in treatment for hypersexual behavior, pornography problems, gambling disorders, and adult ADHD. He has received specialized training in Emotionally Focused Therapy, marriage and family therapy, neuropsychological assessment, and neurofeedback. Dr. Reid is involved in academic research and mentoring students at UCLA and serves on several editorial boards for scientific journals. He has published articles and research on hypersexual behavior and pathological gambling.

Harry T. Reis is Professor of Psychology at the University of Rochester. He received a BS from CCNY in 1970 and a PhD from New York University in 1975. Reis has edited *the Journal of Personality and Social Psychology* and *Current Directions in Psychological Science*. He also served as Executive Officer and President of the Society for Personality and Social Psychology. Reis is a Fellow of the American Psychological Association, the Association for Psychological Science, the Society for Experimental Social Psychology, and a former Fulbright Senior Research Fellow. He received a Career Contribution Award from the Society for Personality and Social Psychology as well as a Distinguished Career Award from the International Association for Relationship Research. His research concerns the processes that govern close relationships.

Lana Wald Ross (MA) is a PhD candidate in clinical psychology at American University. She has published more than 10 articles or book chapters on topics of relationships and sexuality.

Fernanda S. Rossi is a doctoral candidate in Indiana University's Clinical Science program within the Department of Psychological and Brain Sciences. She received her bachelor's degree at the University of North Carolina at Chapel Hill in 2011. Her research at Indiana University focuses on families seeking divorce mediation services with a history of intimate partner violence (IPV). She has tested IPV assessment tools within the divorce mediation context and examined the implications of the mediation process for families reporting IPV. In her dissertation, she is further developing an IPV screening measure and testing models of IPV in mediation settings.

Brittany N. Rudd is a doctoral candidate and National Science Foundation Graduate Research Fellow in Indiana University's Clinical Science program in the Department of Psychological and Brain Sciences. She received her bachelor's degree at California State University, Fresno, in 2011. Her research at Indiana University focuses on divorcing and separating couples. More specifically, she has evaluated the effectiveness

of multiple family law interventions (e.g., different forms of mediation, online parent education programs) and, in her dissertation, is investigating the mechanisms through which parental partnership instability negatively impacts child development.

Alemka Russell (Grad Dip Applied Psych, M Psych (Health)) is a psychologist at Cairns Hospital in far North Queensland and has spent 10 years working on the Mental Health Unit there. She has also completed placements as a psychologist working in viral hepatitis, sexual health, and persistent pain. Alemka has worked on promoting the value of psychology, particularly in the recovery process of clients diagnosed with mental health issues. She finds emphatic listening and a nonjudgmental approach together with a cognitive behavioural therapy modality to work well when dealing with clients that present with emotional and psychological distress.

Darren Russell (MBBS FRACGP DipVen FAChSHM FRCP (London)) is a sexual health physician and the Director of the Sexual Health Service at Cairns Hospital in far North Queensland. He holds the positions of Clinical Associate Professor in the School of Population Health at The University of Melbourne and Adjunct Associate Professor in the School of Medicine and Dentistry at James Cook University. He is a co-editor of the textbook *Sexual Health Medicine*, and a co-author of *Talking With Patients about Sex*.

Matthew R. Sanders (PhD) is Professor of Clinical Psychology and Director of the Parenting and Family Support Centre, The University of Queensland. He is Director of the Parenting Research Group at the University of Auckland and holds honorary appointments at the University of South Carolina, University of Manchester, and Glasgow Caledonian University. He is the founder of the world-renowned Triple P-Positive Parenting Program. He is considered a world leader in the field of evidence-based parenting and family interventions. He is former Queenslander of the Year (2007) and has received an award from the Australian Psychological Society for Distinguished Contributions to Psychology. He is Former Honorary President of the Canadian Psychological Association and a Fellow of the Australian Psychological Society and the New Zealand Psychological Society.

Michelle D. Sherman (PhD) is a licensed clinical psychologist who has dedicated her career to studying the effects of trauma and mental illness on the family. After directing the Family Mental Health Program at the Oklahoma City VA medical center for 16 years, she is now a Professor at the University of Minnesota in the Department of Family Medicine and Community Health. She graduated from the University of Notre Dame and later earned her doctoral degree in clinical psychology from the University of Missouri at Columbia. Dr. Sherman has worked extensively with families dealing with a range of traumatic experiences, including

military combat, domestic violence, and sexual assault. She co-chaired the American Psychological Association's (APA) Presidential Task Force on Military Deployment Services for Youth, Families and Service Members and is a Fellow of the APA Division 43 (Society of Family Psychology).

Douglas K. Snyder (PhD) is Professor and previous Director of Clinical Psychology Training at Texas A&M University in College Station. He is a Fellow of the American Psychological Association, and has co-edited several books including *Treating Difficult Couples*, *Couple-Based Interventions for Military and Veteran Families*, and the *Clinical Handbook of Couple Therapy* (5th ed.).

Chelsea Spencer is a graduate student in the Marriage and Family Therapy program at Kansas State University. She has experience researching intimate partner violence perpetration and victimization in a variety of populations, as well as sexual assault prevention and reporting on college campuses.

Sandra Stith (PhD) is a university distinguished professor and Director of the Family Therapy program at Kansas State University. Her research focuses on partner violence. In 2011, APA published her book, *Couples Treatment for Domestic Violence: Finding Safe Solutions*, describing a treatment program developed with NIMH funding.

Ileana Ungureanu (MD, PhD) is Assistant Professor, Department of Couple and Family Therapy at the Adler University. She obtained both her MA and PhD in Marriage and Family Therapy from Syracuse University with a dissertation on the impact of fibromyalgia on couple relationship satisfaction when at least one of the partners is diagnosed with the syndrome, looking at the moderating aspects of attachment styles and alexithymia. Ileana also holds an MD from the Victor Babes University of Medicine and Pharmacy, Timisoara, Romania. She is pursuing her certification in EFT, and her special interests include couples' therapy with partners who are trauma survivors, grief and loss therapy and education and medical family therapy as well as cross-cultural training in family therapy.

Anita L. Vangelisti (PhD) is the Jesse H. Jones Centennial Professor of Communication at the University of Texas at Austin. Her work focuses on the associations between communication and emotion in the context of close, personal relationships. She has published numerous articles and chapters and has edited or authored several books including *The Routledge Handbook of Family Communication* and *The Cambridge Handbook of Personal Relationships*. Vangelisti was editor of the Cambridge University Press book series on *Advances in Personal Relationships*, was associate editor of *Personal Relationships*, and has served on the editorial boards of over a dozen scholarly journals. She has received recognition for her research from the National Communication Association, the International Society

for the Study of Personal Relationships, and the International Association for Relationship Research and served as President of the International Association for Relationship Research.

Geri D. Weitzman (PhD) is a psychologist in private practice in the San Francisco Bay Area. She has authored a number of prior academic papers on counseling polyamorous clients, including the seminal piece "What Psychology Professionals Should Know About Polyamory." She also created the Bisexuality Aware Professionals Directory and co-authored *A Guide to Choosing a Kink-Aware Therapist*. She lives in a polyamorous household with her partner, his wife, their grown children, and two cats.

Stephanie Wiebe holds a PhD from the University of Ottawa in Clinical Psychology. She is currently a Postdoctoral Fellow at the Ottawa Hospital in Ottawa, Ontario, and EFT therapist at the Ottawa Couple and Family Institute. Stephanie is a couple therapy researcher with a focus on process and long-term outcomes in emotionally focused couple therapy.

Hannah C. Williamson (MA) earned her undergraduate degree in psychology at the University of Rochester. She was awarded a National Science Foundation Graduate Research Fellowship and is now completing her PhD in clinical psychology at UCLA. She conducts research on basic processes in intimate relationships and preventive relationship interventions, with a focus on high-risk couples and families.

Catalina Woldarsky Meneses (PhD) completed her doctorate degree in clinical psychology at York University under the direction of Dr. Leslie Greenberg. She has extensive training in Emotion Focused Therapy (EFT) for individuals and couples and has been dedicated to studying how forgiveness unfolds in couples. Dr. Woldarsky Meneses is involved in training and supervising therapists learning EFT in Canada and Europe. She is currently based in Switzerland and works in private practice, while also teaching at Webster University (Geneva campus) and dedicating time to her family and yoga practice.

Xiaomeng Xu received a BA in Psychology from New York University, an MA in Psychology from Stony Brook University, and a PhD in Social Health Psychology from Stony Brook University. She completed a Postdoctoral Research Fellowship sponsored by the National Institutes of Health at The Warren Alpert Medical School of Brown University and The Miriam Hospital. Dr. Xu conducts research in neuroscience (utilizing MRI and fMRI methodologies), cardiovascular behavioral medicine (particularly weight control, physical activity, and smoking), and social psychology (especially close relationships), as well as the intersections between these fields. Dr. Xu also conducts research on self-expansion, motivation, and self-control, as well as basic, applied, and cross-cultural research on romantic love. She is currently an Assistant Professor of Psychology at Idaho State University.

Acknowledgments

Several people have helped make this book ready for publication.

Firstly, I would like to express warm gratitude to my academic mentors, Professors Jim Furrow, Patricia Noller, Kim Halford, and Susan Johnson, for helping me finalize the list of chapter topics and source appropriate authors for them all.

For their valued review comments on drafts of my own chapters, my sincere thanks to Professor Patricia Noller (Chapter 16) and Dr. Cassandra Shields (Chapters 1 and 46).

Thank you also to Routledge staff, initially Marta Moldvai and then Elizabeth Graber, and their team for wise guidance and friendly support throughout.

Finally, loving thanks to my husband and family for their encouragement and interest in the book's development, and for their understanding and patience throughout the many months of its creation.

Jenny Fitzgerald

1 Beyond Models and Interventions

What Else Do Couples' Therapists Need to Know?

Jennifer Fitzgerald

Couples come in all shapes and sizes, metaphorically speaking. As couples' therapists, we need to be ready and able to respond therapeutically—scientifically and empathically—to the differing "shapes and sizes" of our clients. On a daily basis, couples' therapists worldwide are challenged to consider a broad range of problems, needs and circumstances that are raised by the couples who present to them. While it is impossible for any book to consider every possible clinical complexity, the contributors to this book have been invited to report research relevant to their topic because their topics have been prioritised as highly relevant to the practice of couples' therapy.

This book is inspired, at least in part, by Engel's biopsychosocial model of care (1977). Just as illness and disease are influenced by multiple levels of organisation from the societal to the molecular, I propose that couples' therapists need to draw on a body of scientifically informed knowledge that transcends a simple toolkit of standard interventions or one tightly held theory. In a review of the biopsychosocial model, Borrell-Carrio, Suchman, and Epstein (2004) suggest that the model has helped *expand the clinical gaze* of health practitioners, thereby expanding understanding of patients' subjective experience. In similar vein, my hope is that this book will assist us all, the people to whom our distressed couples turn for help, to listen and intervene effectively with greater breadth and depth of understanding and knowledge.

In terms of language, throughout this book, readers will encounter the use of terms "marital" and "couple/s," which refer to long-term, committed unions of romantic partners whether or not these are recognised by the state as marriage (Lebow, Chambers, Christensen, & Johnson, 2012).

Seven Clinical Cases

So let me begin immediately by introducing you to seven couples who have made appointments at a relationship clinic. They might live in a big city or a small country town. The good thing for them is that there is professional help available to support them in their distress.

Judy and Sam Munro are in their early fifties and have been married for 19 years. Judy is overweight and was diagnosed with Type II diabetes

five years ago. She has difficulty adhering to the exercise and diet regime that was recommended to her at time of diagnosis. They have two teenage children together and an older son, Joshua, from Sam's previous relationship. In the early years of their marriage, Judy and Sam had a lot of conflict over raising Joshua and the negative behaviours of Joshua's mother. The couple report that their son, Thomas, has given them "a lot of grief" through his involvement with drugs, alcohol and two car accidents (which were alcohol related). Judy reports feeling overwhelmed and helpless most of the time. Sam is angry and fed up from earning a living, managing Thomas as best he can and trying to support Judy. He often feels like he doesn't succeed. Judy recently found a chat history on their computer of Sam's six-year "friendship" with an old girlfriend from his school days.

Kevin and Andrea Wong have been married for five years. Kevin is Chinese and Andrea is Caucasian. They met at University in Hong Kong as students and have moved to Sydney (Australia) for Kevin's job in an international bank. Despite a happy courtship, they have encountered much stress and strain as newlyweds. Andrea resents Kevin's long hours at work and lack of interest in family activities. The situation has become more difficult since their first baby arrived recently, and Kevin's mother has arrived from Hong Kong to "help."

Jonathon Siegel and Dino Bongiletti have been together for two years. Jonathon is HIV positive. Their "coming out" stories differ in that Jonathon's family were supportive and accepting whereas Dino's family were rejecting and angry. Despite his family's negative behaviours, Dino elects to have frequent (and usually upsetting) contact with them. The couple have recurring conflict around two important issues; namely Dino's involvement with his family and their differing views on what is an acceptable open relationship.

Ellie and Joseph Rumbold are both 75 years of age and have been married for 52 years. Ellie was pregnant when they married (under pressure from her parents and the local priest). They had two children who have not caused them any trouble. They however have had a lot of ups and downs in their relationship. The shift from working to retirement was particularly trying for them both, with an increased amount of conflict over seemingly small issues. Ellie resented having Joseph "under her feet" all day, and he missed his work buddies a lot. In a recent argument that got more heated than usual, Joe pushed Ellie and she fell, bumping her head on the edge of the kitchen cupboard. Joe was mortified and left the house for hours to calm down. They both looked nervous as they waited in the waiting room for their first consultation.

George and Dianne Humphries have "battled it out" for 32 years. George has problems with alcohol and gambling, both of which get worse when he is out of work or feeling particularly estranged from his wife and family. Dianne is being treated for hypertension. Dianne and George have five children, and despite recurring conflict from the earliest days of their

relationship, Dianne made a pact with herself that she would never "break up the family." From time to time, when George is intoxicated the arguments get very heated, with George typically shoving or shaking Dianne and accusing her of infidelity. Their eldest son made the initial contact with the couples' therapist, imploring the therapist to do something to help his parents. He and his siblings are in agreement that if something can't be done soon, their mother should and must leave their father. The couple have agreed it is time to seek help.

Janie Reynolds and Mark Snyder met and moved in together just a few months before the 9/11 crisis in New York. Subsequently, Mark was in the first deployment of American troops to Iraq. On his second tour of duty, Mark was seriously injured, with resultant amputation of his left leg. Mark also has PTSD and depression. Despite regular sessions with his psychologist, Mark and Janie feel increasingly distant from each other and sadly describe their relationship as close to dead. Their two children (Jess and Will) are at primary school. Janie complains that Mark hardly notices them.

Carl and Sylvia Svensson are in their mid-thirties. They have been together for seven years and feel very dissatisfied with their relationship. They sometimes fight, and Sylvia hates how Carl sulks after the fights, but mostly Sylvia just complains (to Carl, her mother and her sisters) that Carl is more interested in work and making money than being with her. Carl, on the other hand, states angrily that it would help a lot if Sylvia could show a bit of interest in him once in a while. From his viewpoint, their sex life disappeared when their first baby was born two years ago. The more Sylvia complains, the more Carl defends himself.

What Does This Book Aim to Do?

In this book, experts in different areas of psychology, social work, medicine and neuroscience will report relevant research that informs the practice of couples' therapy. In the spirit of problem-based learning (Barrows & Tamblyn, 1980), the contributing authors have been asked to apply their research findings to clinical reality by commenting on the particular experiences and problems of one or more of the couples mentioned earlier. This means that the authors also have licence to conjecture about hypothetical possibilities or influences for the couples about whom they are offering comment. By so doing, a broad range of clinically relevant ideas will be gathered.

Forty-five chapters on from this introduction, I will draw together these comments, with the intention of reflecting on the likely experiences, needs and therapeutic possibilities for each of the seven couples described. These seven couples will no doubt prompt readers to think of dozens of other couples treated recently or long ago, with similar distress, challenges and resources. These couples are introduced with the intention to raise questions, maybe more than one book can fully answer. The inclusion of these couples aims to ground thousands of words of important and relevant research

in clinical reality, the reality of couples' therapy for relationship distress in the world today. The thousands of words of relevant research aim to offer a foundation for working with couples whose relationships are defined by very diverse features.

Even just a cursory reading of the descriptions of the seven couples has likely raised some questions about the role of thoughts, beliefs, emotions, conflicts and communication patterns for these distressed couples. Some readers may already be pondering the impact on these couples of possible developmental trauma, mental or physical health problems, substance use, military service, and major life events such as the diagnosis of infertility, the death of a child or the discovery of infidelity. What about life transitions to parenthood, to an empty nest, or to retirement? How might these transitions be relevant to couples and their experience of relationship satisfaction or distress? And what about attachment, caregiving, commitment, sexuality and trust? How might these concepts influence a couple's life together? These are some of the questions that this book will aim, at least in part, to explore and/or answer.

Further, to what extent might relationship distress impact on the individual partners in the couples' relationships? In a large population-based sample of married and cohabiting adults, Whisman and Uebelacker (2006) indicated that in comparison to people who were not in discordant relationships, individuals in discordant relationships described greater social role impairment with relatives and friends and greater work role impairment. These individuals also reported higher levels of general distress, poorer perceived health and, of particular concern, were more likely to report suicidal ideation. There is also evidence that marital distress leads to poorer outcomes in the treatment of mental health conditions (e.g., depression, anxiety and substance use) and greater likelihood of relapse (O'Farrell, Hooley, Fals-Stewart, & Cutter, 1998; Whisman, 2001).

These and other issues relevant to couples will be examined through the lens of research; it is envisaged that research helps all therapists to transcend their differences in personal opinions about gender, religion, cultural diversity, sexual orientation and approaches to intervention. By gathering in the current research findings of a wide range of relevant factors, it is hoped that these discussions about the application of science to couples' therapy will result in enhanced outcomes for both clients and therapists.

Evidence-Based Approaches to Couples' Therapy

In their review of systemic therapy research, Heatherington, Friedlander, Diamond, Escudero, and Pinsof (2015) report there is strong evidence for both Emotionally Focused Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 2004) and the behavioural approaches to couples' therapy, namely traditional behavioural therapy (TBCT; Jacobson & Margolin, 1979) and integrative behavioural couples therapy (IBCT; Jacobson & Christensen, 1998). These

two evidence-based approaches will feature predominantly throughout this book. A number of contributing authors will offer suggestions for clinicians, from either or sometimes both of these approaches.

IBCT

Christensen, Atkins, Baucom, and Yi (2010) investigated marital status and satisfaction following a clinical trial involving 134 distressed couples comparing traditional (TBCT) versus integrative behavioural couple therapy (IBCT). Effect sizes (pre- to posttreatment) of 0.90 were reported for IBCT and 0.71 for TBCT, which were not significantly different. Follow-up at two years revealed superiority of ICBT over TBCT in relationship satisfaction, but these differences were not sustained at five years. These results are encouraging for couples' therapy.

More recently, prediction of treatment response at five-year follow-up in an RCT of behaviourally based couple therapies was reported (Baucom, Atkins, Rowe, Doss, & Christensen, 2015). Results indicated that higher levels of pre-therapy commitment and being married for a longer time were associated with decreased likelihood of divorce or separation and associated with increased likelihood of positive change. For moderately distressed couples in the IBCT group, higher levels of wife-desired closeness were associated with increased positive change and decreased likelihood of divorce, whereas the opposite results were found for couples in the moderately distressed TBCT group. It is suggested that the emphasis on emotional acceptance and empathy in IBCT may foster increases in desire for closeness to a greater extent than TBCT does.

EFT for Couples

A meta-analysis of four outcome studies in EFT for couples (Johnson, Hunsley, Greenberg, & Schindler, 1999) reported a 73–75% recovery rate for relationship distress and an effect size of 1.3. Follow-up studies suggest that couples maintain their treatment gains and demonstrate trends towards increased satisfaction or forgiveness at two- or three-year follow-up (e.g., Clothier, Manion, Walker, & Johnson, 2002; Halchuk, Makinen, & Johnson, 2010). These results are very promising, especially given the tendency for couples' therapy outcomes typically to reduce over time (Snyder & Halford, 2012).

Heatherington et al. (2015) also comment on findings across the field of couple and family therapy, indicating the positive contribution of therapist variables such as warmth and authenticity. Relevant to this very brief review of evidence-based couples' therapy, a recent pilot study of EFT couples' therapy examining within and between variables identified that while there was no significant relationship between therapist warmth toward wife and wife warmth toward husband, 62.9% of the variance in husband warmth

toward wife was accounted for by therapist warmth to husband across time in therapy (Schade, Sandberg, Bradford, Harper, Holt-Lunstad, & Miller, 2015). Such findings point to the value of supervision and peer review for couples' therapists, not only for the purpose of reflection on case conceptualization and interventions, but also for support and care of the therapist and the therapeutic alliance between therapists and their couples.

Arrangement of the Book

All the contributions to this book are relevant to clinical practice. Readers will find the contents of this book arranged alphabetically according to a key word in the title. A discussion of all seven couple cases will be threaded throughout the chapters, resulting in a meaningful review of research for the real world of couples' therapy.

References

Barrows, H., & Tamblyn, R. (1980). *Problem-based learning: An approach to medical education*. New York, NY: Springer.

Baucom, B., Atkins, D., Rowe, L., Doss, B., & Christensen, A. (2015). Prediction of treatment response at 5-year follow up in a randomised clinical trial of behaviourally based couple therapies. *Journal of Consulting and Clinical Psychology, 83*, 103–114.

Borrell-Carrio, F., Suchman, F., & Epstein, R. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annuls of Family Medicine, 2*, 576–582. doi: 10.1370/afm.245.

Christensen, A., Atkins, D. C., Baucom, B., & Yi, J. (2010). Marital status and satisfaction five years following randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology, 78*, 225–235

Clothier, P., Manion, I., Walker, G., & Johnson, S. (2002). Emotionally focused interventions for couples with chronically ill children: A two-year follow-up. *Journal of Marital and Family Therapy, 28*, 391–397.

Engel, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*, 129–136.

Greenberg, L. S., & Johnson, S. M (1988). *Emotionally focused therapy for couples.* New York, NY: Guilford Press.

Halchuk, R., Makinen, J., & Johnson, S. M. (2010). Resolving attachment injuries in couples using emotionally focused therapy: A 3 year follow-up. *Journal of Couple and Relationship Therapy*, *9*, 31–47.

Heatherington, L., Friedlander, M., Diamond, G., Escudero, V., & Pinsof, W. (2015). 25 years of systemic therapeutic research: Progress and promise. *Psychotherapy Research*, *25*, 348–364.

Jacobson, N. S., & Christensen, A. (1998). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships.* New York, NY: Norton.

Jacobson, N. S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles.* New York, NY: Brunner/Mazel.

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York, NY: Brunner-Routledge.

Johnson, S. M., Hunsley, J., Greenberg. L. S., & Schindler, D. (1999). The effects of emotionally focused marital therapy: A meta-analysis. *Journal of Clinical and Counselling Psychology*, *6*, 67–79.

Lebow, J., Chambers, A., Christensen, A., & Johnson, S. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, *38*, 145–168. doi: 10.1111/j.1752–0606.2011.00249.x.

O'Farrell, T., Hooley, J., Fals-Stewart, W., & Cutter, H. (1998). Expressed emotion and relapse in alcoholic patients. *Journal of Consulting and Clinical Psychology, 67*, 744–752.

Schade, L. C., Sandberg, J. C., Bradford, A., Harper, J. M., Holt-Lunstad, J., & Miller, R. B. (2015). A longitudinal view of the association between therapist warmth and couples' in-session process: An observational pilot study of emotionally focused couples therapy. *Journal of Marital and Family Therapy*, *41*(3), 292–307. doi: 10.1111/jmft.12076.

Snyder, D., & Halford, W. K. (2012). Evidence based couple therapy: Current status and future directions. *Journal of Family Therapy, 34*, 229–249. doi: 10.1111/j.1467–6427.2012.0599.x.

Whisman, M. (2001). The association between depression and marital dissatisfaction. In S. R. H. Beach (Ed.), *Marital and family processes in depression: A scientific foundation for clinical practice* (pp. 3–24). New York, NY: Guilford Press.

Whisman, M., & Uebelacker, L. (2006). Impairment and distress associated with relationship discord in a national sample of married or cohabiting adults. *Journal of Family Psychology, 20*, 369–377.

2 Romantic Love as an Attachment Process

Shaping Secure Bonds

Lorrie L. Brubacher and Susan M. Johnson

Attachment theory (Ainsworth & Bowlby, 1991; Bowlby, 1973), having been extensively applied to adult relationships in the last 30 years (Mikulincer & Shaver, 2016), offers a clearly articulated theory of the science of adult love and close relationships and a map of an effective process to move couples from distress and disconnection to increasingly resilient and secure bonds. Based on Bowlby's claim that attachment needs remain active "from the cradle to the grave" (1988, p. 62), adult romantic love is viewed as an attachment bond that provides a *safe haven* of comfort for regulating emotional distress and a *secure base* for growth, maturity and autonomy. Studies of romantic love as an attachment bond found that romantic partners' interactions represent the same defining features of attachment-related processes that Bowlby and Ainsworth originally identified in infant-caregiver dyads—seeking proximity to an attachment figure when under stress and desperate separation protest when the attachment figure is unavailable or unresponsive.

Framing romantic love as an attachment process at once depathologizes commonly viewed dysfunctions and provides a process, delineated in Emotionally Focused Couple Therapy (EFT), with which to shape romantic love into satisfying and lasting bonds. Individual mental health problems such as depression, anxiety, trauma survival reactions, relational conflict, substance use and other addictive processes can all be framed as ineffective attempts to cope with separation distress and to change the partners' responses in the direction of increased accessibility and responsiveness.

In this chapter we will present the attachment perspective on romantic love and bonding by examining the clinical implications for two very different case examples. We will show how attachment theory defines the essential problem of romantic relationship distress, paints a clear picture of a secure attachment bond and provides empirically validated guidance for a couple therapist as to what is necessary and sufficient to shape secure and lasting emotional bonds. EFT integrates attachment theory with systemic and humanistic experiential approaches in a pragmatic manner that respects clients' ability to change and grow. The attachment perspective keeps a therapist on track and focused on the goal of shaping bonding moments that

respond to partners' wired-in need for secure emotional connection. The benefits of secure attachment are many (Johnson, Lafontaine, & Dalgleish, 2015; Mikulincer & Shaver, 2015), including the capacities to retain emotional balance during times of stress and threat, to seek and receive care and support in ways that constantly renew attachment bonds and to implicitly access the powerful mental and physical health benefits of social connections (Feeney & Collins, 2014).

Romantic Love Viewed Through an Attachment Lens

George and Dianne, married for 32 years, battle with depression, addiction, heart disease, accusations of infidelity and escalating bitter conflict. There is growing distance between gay partners Jonathon and Dino, who struggle with homophobic rejection from Dino's family, a HIV-positive diagnosis and disagreements over openness to other sexual partners. Both couples are highly distressed and question if their relationship has a future. The revolutionary perspective on romantic love offered by attachment theory and supported by research from the fields of social science and neuroscience (Johnson, 2013; Mikulincer & Shaver, 2016) offers a practical reframe of relationship distress as essentially being *ineffective patterns of emotional engagement*. Responses to threats of disconnection or loss can send unclear signals that perpetuate attachment insecurities and block secure bonding.

Relational Distress

An attachment theorist views distress in romantic love as *separation distress* (Bowlby, 1973). When romantic partners George and Dianne and Jonathon and Dino do not receive sensitive responses from their attachment figures that are in synchrony with their basic needs for comfort and care, a special kind of fear—a "primal panic" (Panksepp, 2003)—sets in motion the predictable process of separation distress. Like the infants in Ainsworth's studies, the romantic partner in distress over an attachment figure's lack of response resorts to one of two insecure, "secondary attachment strategies" (Mikulincer & Shaver, 2016): relentlessly seeking support with increasing protest and frustration or shutting down, avoiding closeness and becoming fiercely self-reliant.

The more Dianne protested and hyperactivated her attachment needs and longings for engaged support, the more George heard criticism, controlling demands and messages that he had failed her and the more he retreated, early in the relationship to drinking and gambling and more recently to his 12-step groups. Dianne never stopped trying to reach George. Their volatile fights continued for years, as did his depression and her increasingly high blood pressure and fatigue. When partners cannot reach to one another for support and comfort, the disconnection and emotional isolation they experience is literally traumatizing and is at the root of many emotional and

physical health problems (Johnson, 2013). Marital distress is linked to depression and heart health (Hawkley, Masi, Berry, & Cacioppo, 2006).

Jonathon and Dino were also caught in separation distress, where the more Jonathon became overwhelmed by Dino's insistence that they fight for his family's acceptance, the less he reached to Dino for emotional and physical support and the more he became depressed, lonely and eager for sex outside the relationship. Dino sensed Jonathon's withdrawal and became increasingly panicky, persistent and demanding of Jonathon. Each partner's different separation distress responses heighten and trigger more primal panic and distress reactions in the other, in an escalating and increasingly negative and rigid cycle.

A Different Picture: Secure Attachment

A dramatically different picture of secure attachment is possible for these couples, had they received intervention earlier, and is achieved after they complete attachment-oriented Emotionally Focused Therapy (EFT). EFT reshapes ineffective patterns into secure bonds. Negative emotions and negative interaction patterns between distressed couples represent a struggle for attachment security, whereas the mutual accessibility, responsiveness and supportive behaviors of secure attachment bonds contribute to a "broaden-and-build cycle of attachment security" (Mikulincer & Shaver, 2015, p. 135) that can alleviate distress and addictive processes, create emotional stability, enhance caregiving and sexuality and positively impact factors such as high blood pressure and depression.

In a picture of secure attachment, George would move towards Dianne and participate in shaping their relationship, asking for what he wants and needs. Assured of his presence and caring, Dianne's loneliness would be replaced by a sense of having an active partner. She would reach to him and receive comfort. They would become one another's source of distress regulation and emotional equanimity. Given that blood pressure can lower when interacting with partners (Mikulincer & Shaver, 2015), Dianne's blood pressure can be expected to lower as their bond strengthens.

Clinical Implications of an Attachment Frame for Romantic Love

An attachment orientation:

(1) impacts the therapeutic alliance
(2) gives precedence to emotion and
(3) forms the necessary and sufficient interventions and change events for shaping secure attachment bonds.

Forming a Secure Base Alliance

First and foremost, an EFT clinician guided by attachment theory seeks to provide attuned and responsive presence to both partners so as to create

a *safe haven and secure base* (Bowlby, 1982), that is, a safe haven of comfort, acceptance and understanding and a secure base platform from which partners can explore their relationship and create emotional bonding experiences. Attachment theory guides a therapist to create a very specific version of a collaborative alliance with the emotional presence and attunement of a responsive, safe haven attachment figure. The therapist also provides safe base validation for partner responses that could otherwise be seen as negative: anger is seen as desperation to get a partner's response and silence is understood as a partner's best attempt to avoid rejection or suffocation. Equally important for secure base therapy is assessing whether safety can be established in session.

During initial sessions, George and Dianne's relationship story unfolds and confirms for the therapist that in spite of extreme escalation, it is possible to create enough safety in sessions to collaboratively unpack the volatile cycle that dominates their relationship. To establish a secure base alliance with Jonathon and Dino, the therapist is particularly sensitized to the fact that as gay men they are part of a population stigmatized for seeking connection. Dino, a more critical, pursuing partner, is very concerned about their lack of connection and Jonathon's casual sex with other men. Jonathon shrugs, with a palpable sense of defeat that he can never live up to what Dino wants. His depression over his HIV diagnosis is unmistakable. Both partners express feeling safe and understood by the therapist and eager to work together.

Giving Precedence to Emotion

Attachment theory and science depathologize attachment anxieties and longings and normalize extreme emotions and the emotional territory of romantic love. Emotions are seen as the motivating force, the music that organizes the dance between intimates. EFT therapy resounds with the six basic universal emotions identified by Eckman (2007) and other emotion theorists: *anger*, which in couple therapy is typically reactive anger, or what Bowlby (1973) called the anger of despair at a partner's unresponsiveness; *surprise* and *joy* as when a partner responds to a bid for connection; *sadness* about one's own loneliness or for a partner's pain; *guilt or shame* when negative models of self as unworthy and unlovable are triggered; and *fear* of abandonment or rejection. This special kind of fear or "primal panic" (Panksepp, 2003) that is triggered at the loss or threat of loss of a significant other is registered in the brain as a danger cue.

Emotion is viewed as a series of elements unfolding in rapid succession (see Ekman, 2007). The unfolding process begins with *perception* of an external cue, (typically some nonverbal cue from the partner as to his or her accessibility or safety), followed by an immediate *appraisal* (pre-verbal, limbic) of danger or safety, followed by immediate *bodily arousal* if threat is sensed (as in fight, flight or flee reactions), followed by a covert or overt *action tendency* and neocortical *meaning-making* of self-worth and trustworthiness of

the other. This rapid process of emotion is essentially *felt experience in motion* and sends a signal to an attachment figure for a response.

An attachment orientation helps to order and make sense of extreme emotional responses that are commonly misunderstood. For example, without an attachment perspective, partners and therapists frequently misperceive silent fear or shame, such as that experienced by the more withdrawn partners George and Jonathon, as indifference. Desperate anger, such as that shown by the more anxious, demanding partners, Dianne and Dino, is often not recognized for its intention to connect or to force engagement from an unresponsive partner and is seen instead as malice or mental illness. The attachment frame helps a therapist to recognize the *action tendency* element of emotion during moves of separation distress as well as the underlying *primal panic* priming that action. When partners cannot reach for, receive and give comfort to one another they get caught in cyclic repetitions of hyperactivating the attachment system with anxious, demanding pursuits or deactivating it with avoidant shutting down and turning off all needs for connection. Romantic love dramas of frequent fighting and days of "silent treatment" are understood as responses to an unresponsive attachment figure.

Shaping Secure Attachment Bonds

The practical, optimistic guidance of attachment theory is creating a paradigm shift in couple therapy (Johnson, 2007). There is a shift from *coaching* people to change, to *facilitating bonding events* of transformative, lasting change. Detailed descriptions of the attachment-oriented map for reshaping romantic love into relationship satisfaction and secure connection are readily available in numerous texts (Johnson, 2004; Johnson & Brubacher, 2016). The basic model is comprised of three stages: de-escalation of the negative cycle, restructuring the attachment bond and consolidating change and maintaining the bond.

Throughout the EFT model therapists are continually helping partners to expand emotional awareness, both of inner experience and of the impact on their partner. Partners learn to tune into deeper, softer emotions so as to send new signals to each other that evoke more positive responses, thereby creating a new dance of secure bonding. The therapist facilitates this by using empathic reflections and tracking emotional/behavioral responses and reactions, asking evocative questions to access deeper awareness and coherence, validating and reframing responses in the attachment context, heightening emotional experience and conjecturing just beyond the leading edge of awareness. The most powerful reshaping intervention is that of structuring and slowly processing interactions between partners called *enactments*, where partners are asked to disclose newly formulated core emotions, specifically fears and longings.

A metaphor of an attuned flow of interventions used recursively throughout the stages of EFT is the *EFT Tango.* The *EFT Tango* consists of five basic moves:

(1) Reflecting the present process, including both *within* and *between* elements of emotion.
(2) Exploring deeper or more primary emotions or fuller awareness of how action tendencies are linked to danger cues and underlying fears.
(3) Setting up coherent *enactments* to express these clear simple messages directly to the partner.
(4) Processing the enactment with each partner ("How did it feel to tell her?" "How does it feel to hear it?").
(5) Integrating by reflecting and heightening the moves the partners just made together and validating that indeed they are competent to shape their love relationship moment by moment like they just did.

The therapist intentionally remains slow, simple, soft, specific, vivid, explicit and engaged in the present moment, throughout the five tango moves.

Reshaping George and Dianne's Unraveled Attachment Bond

George and Dianne's attachment bond has slowly unraveled over years of repetitive negative patterns. Their interactions seem to have gradually morphed from Dianne pushing for closeness and connection and George turning away and turning off any needs or longings for closeness to Dianne almost stepping right out of the relationship. "My high blood pressure is increasing, and I can't take much more!" sighs Dianne. In response, George becomes jealous and anxious, making demanding attempts to hold onto the woman he feels is slipping away.

Their current cycle is identified as: The more lonely Dianne feels, the more she steps back and says, "It's all up to you now." In return, the more jealous and accusatory George becomes, the more adamantly he insists that Dianne must be interested in someone else. The therapist conjectures with an attachment reframe, "To cope with the thought that you've already lost her, you've gone back to your old familiar place of shutting her out and cutting yourself off from everyone, to the extent of sometimes numbing out with alcohol and sometimes getting aggressive with Dianne, is that it?" The therapist validates the shame and pain at the edge of George's story, reflects Dianne's exasperation and evokes and heightens the loneliness at which she hints.

From an attachment perspective, addiction is viewed as a search for comfort and positive feelings, particularly in a context of emotional isolation. This view is supported by the *positive incentive model of addiction* (Landau-North, Johnson, & Dalgleish, 2011). George's addictive behaviors are framed

as part of the negative cycle. He developed an increasing sense of isolation and loneliness during his career difficulties and after the birth of their first child, hearing Dianne's attempts to support him as disappointment in him. To cope with his growing sense of shame, he increasingly withdrew into addictive processes. Dianne ignored his gambling and use of alcohol as best she could—and eventually of course sent more and more cues of disappointment and anger. The view that separation distress can promote addictive processes and depression is supported by affective neuroscientists (Panksepp, Solms, Schläpfer, & Volker, 2014), who show how addictive processes to alleviate the pain of social loss can deplete the desire to seek connection and in turn promote depression.

In de-escalating their negative cycle (in Stage 1), the therapist helps George and Dianne identify the fears underlying their negative pattern. Dianne admits, "So yes—I do get angry—who wouldn't! I'm still all alone in this marriage!" Loneliness and fear of abandonment underlie her angry protests. Shame and fears of rejection are hidden in George's withdrawal and defense, which recently became aggressive: "I just have to get out when she looks so busy and capable and fine without me! I get so tense. So afraid I've already lost her. I hear the drum beating—'Bad dad, bad husband.' I just have to shut out that sound and go away."

George shows the gradual change in attachment orientation, which is typical of withdrawers (Johnson et al., 2015), and the therapist recognizes markers that the couple has de-escalated. The cycle is much less hostile than previously. Each one links what he or she does in the cycle to his or her mostly unspoken fears. Dianne can own that when she fears she does not matter to George, she criticizes and demands, while George acknowledges that when he fears he has "blown it," and feels "totally inadequate in her eyes" and is certain that she no longer wants him, he blasts her and shuts down or sometimes numbs out with alcohol.

The therapist guides George and Dianne through the Stage 2 EFT change events, which reshape their bond. George is able to ask for Dianne's acceptance and assurance that she can love him when he lets her down. Dianne asks for him to move much closer—especially when she gets lonely and fearful. They move from increasingly rigid and negative affect regulation patterns to becoming effective sources of comfort and regulation for one another. In Stage 3 they integrate this broaden-and-build cycle into their lives, strengthening their bond.

Restoring Attachment Security After an "Attachment Injury"

Dino and Jonathon follow a similar path from distress to secure connection. Despite differences between same-sex and heterosexual couples and the trauma of societal stigmatization, an attachment-based couple therapy is relevant for same-sex couples (Josephson, 2003). They name their negative cycle the "Burnt Toast Tango." Jonathon says, "My cheeks burn with shame

when you rage at me for not wanting to visit your family. I feel like the little boy scolded by my mom for burning the toast. My stomach churns with sickness that I'll never satisfy you, and I sink out of sight." Dino identifies his utter terror whenever Jonathon disappears emotionally, "I feel eight years old again—seeing my father drive away with all his bags packed—the loneliness pierces through me like a knife." Understandably, Dino's complaints and frustration trigger Jonathon's shame and disappearance; and Jonathon's freeze and flee response triggers Dino's piercing sense of having lost Jonathon.

The couple gradually de-escalates their negative cycle (in Stage 1); however, they seem to reach an impasse. Just when Jonathon seems willing to step fully into the relationship and closer to Dino (in Stage 2), he stops himself, recalling a pivotal moment that he says changed everything! The therapist hears this as an attachment injury—a specific incident in which one partner is inaccessible and unresponsive in the face of the other partner's urgent need for support and caring—a *relationship trauma* that defines the relationship as insecure (Johnson, 2013; Makinen & Johnson, 2006). Jonathon recalls, "The day I found out I was diagnosed with HIV, I panicked—I knew how much I needed you and I came home to tell you, and you were all upset that I didn't want to go to your family dinner that evening. Just when I really, really needed you, you literally discarded me. Like I was nobody to you. I went cold that day. I told you later about the HIV, but we've never talked about it—really. I'm too numb and angry to discuss it—with *you* at least."

Relying upon the empirically validated blueprint for attachment injury repair (Makinen & Johnson, 2006; Zuccarini, Johnson, Dalgleish, & Makinen, 2013), the therapist supports Jonathon to share the scene of the *attachment injury*, reflecting, validating and tracking his emotional experience of that pivotal moment when he decided never to open up to Dino again. After the therapist helps Dino to hear and understand the significance of the injurious event, she invites Dino to expand on how it happened. Jonathon needs to hear this, so that Dino can become a predictable partner once again. Jonathon listens in amazement as Dino is visibly touched by his anguish and appears to grasp the enormity of that crucial moment. He sees on Dino's face that he literally feels his pain. He begins to see Dino as someone he can trust. The therapist choreographs a series of enactments that have the power to shape new cycles of emotional engagement, leading to forgiveness and trust again. The relationship is redefined as a safe haven. Both feel more confident and hopeful and more able to offer sensitive caregiving to one another.

In Stage 3 consolidation, they co-create a narrative of their relationship repair and explore how their newly shaped secure attachment bond integrates into their daily life. Consistent with studies on the interconnectedness of the three systems of attachment, caregiving and sex (Shaver & Mikulincer, 2006), strengthening their attachment system also strengthens their caregiving and sexuality systems. Now, when Dino's attachment system is activated,

Jonathon's caregiving system is activated. Jonathon understands Dino's pain and longing for family acceptance and supports his requests to engage with them. Dino is now confident of Jonathon's love and of being a priority to him. Differences regarding an open sexual relationship no longer threaten to divide them. Jonathon says, "It really isn't that important to me. Besides, now that I feel I really make a difference to Dino and that he actually likes and accepts me, our sex life is better!" Jonathon's decreased wish to have sex outside the relationship fits with the findings that similar to heterosexual relationships, gay men in a securely bonded relationship more flexibly accommodate to their partner's needs and wishes. Their enhanced sexual relationship appears to be strengthening their attachment in a broaden-and-build cycle.

Attachment Orientations Can Change

Some attachment studies suggest stability of attachment orientation across the life span, linking adult attachment orientations to infant attachment relationships (Feeney, 2016). Bowlby (1973, 1988) acknowledged however, that attachment orientations should not be viewed as permanent and that working models of self and other can be revised and updated throughout life. There is enough recent research supporting the notion that attachment orientation is amenable to change (Mikulincer & Shaver, 2016) and specifically that the emotionally corrective bonding experiences of EFT, which create more emotional accessibility and responsiveness between partners, do indeed change attachment orientations (Burgess Moser et al., 2015; Johnson et al., 2015).

The attachment orientations of Jonathon and Dino change through the EFT process. As the research shows, Jonathon's previous avoidant orientation decreases with every session (Johnson et al., 2015). Jonathon becomes increasingly able to express his own emotions and needs to Dino and to be available to hear Dino's fears and needs. The pivotal moments of intrapsychic and interpersonal change, which shift attachment orientations and relationship satisfaction, are the actively structured *emotionally corrective softening events*. The attachment injury repair process is itself an injury-specific blamer-softening process (Zuccarini et al., 2013). The vulnerable expression of needs pulls for a new emotional connection between partners.

Conclusion

An attachment perspective on romantic love reframes relationship problems and numerous individual presenting problems as *separation distress responses* in the face of an unavailable and unresponsive primary attachment figure—the romantic partner. The cases described are illustrative of the EFT change process, shown to successfully move 70–75% of couples from distress to recovery and lead to significant improvements in approximately 90% of the couples treated. No other empirically validated approach has yet exceeded its effect

size of 1.3 and been found to be stable over time (Johnson, Hunsley, Greenberg, & Schindler, 1999; Lebow, Chambers, Christensen, & Johnson, 2012). Additionally, one study shows improvement continuing after therapy ends (Johnson & Talitman, 1997). EFT treatment results go beyond relationship satisfaction and restoration of trust to changing relationship-specific attachment orientations and the way partners' brains respond to contact comfort and perceived threat (Burgess-Moser et al., 2015; Johnson et al, 2013).

The change process delineated in EFT is focused on the emotional territory of love relationships, including the universal need for safe and secure connection, and on two primary, *in session elements* needed for lasting change to occur: (1) clients' moment-to-moment engagement with emotional experience and (2) affiliative disclosures and responses between partners (Greenman & Johnson, 2013). In the case of George and Dianne, the positive impact of attachment security and enhanced relational satisfaction positively impacted her health and his depression and need for addictive processes to regulate his emotions. The case of Jonathon and Dino illustrates how attachment orientations can change and how strengthening the attachment security also strengthens caregiving and sexuality. Guided by attachment science, couple therapy can reshape distressed romantic love, creating lasting transformative change in the arena of attachment bonds—the most important element for survival as partners and as a species (Bowlby, 1988; Johnson, 2013).

References

Ainsworth, M. D. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*, 331–341.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. New York, NY: Basic Books.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York, NY: Basic Books.

Bowlby, J. (1988). *A secure base*. New York, NY: Basic Books.

Burgess-Moser, M., Johnson, S. M., Dalgleish, T. L., Lafontaine, M. F., Wiebe, S. A., & Tasca, G. A. (2015). Changes in relationship-specific attachment in emotionally focused couple therapy. *Journal of Marital and Family Therapy*, Oct. 2015. doi: 10.1111/jmft.12139, http://onlinelibrary.wiley.com/doi/10.1111/jmft.12139/abstract.

Ekman, P. (2003/2007). *Emotions revealed: Recognizing faces and feelings to improve communication and emotional life*. New York, NY: St Martin's Griffin.

Feeney, B. C., & Collins, N. L. (2014). A theoretical perspective on the importance of social connections for thriving. In M. Mikulincer & P. R. Shaver (Eds.), *Mechanisms of social connection: From brain to group* (pp. 291–314). Washington, DC: American Psychological Association.

Feeney, J. A. (2016). Adult romantic attachments: Developments in the study of couple relationships. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (3rd ed., pp. 435–463). New York, NY: Guilford Press.

Greenman, P. S., & Johnson, S. M. (2013) Process research on emotionally focused therapy (EFT) for couples: Linking theory to practice. *Family Process 52*(1), 46–61doi: 10.1111/famp.12015.

Hawkley, L. C., Masi, C. M., Berry, J. D., & Cacioppo, J. T. (2006). Loneliness is a unique predictor of age-related differences in systolic blood pressure. *Psychology and Aging, 21*(1), 152–164. doi: 10.1037/0882–7974.21.1.152.

Johnson, S. M. (2004). *Creating connection: The practice of emotionally focused couple therapy* (2nd ed.). New York, NY: Brunner/Routledge.

Johnson, S. M. (2007). A new era for couple therapy: Theory, research, and practice in concert. *Journal of Systemic Therapies, 26*, 5–16.

Johnson, S. M. (2013). *Love sense: The revolutionary new science of romantic relationships*. New York, NY: Little Brown.

Johnson, S. M., & Brubacher, L. L. (2016). Emotionally focused couple therapy: Empiricism and art. In T. Sexton & J. Lebow (Eds.), *The handbook of family therapy* (pp. 326–348). New York, NY: Routledge.

Johnson, S. M., Burgess Moser, M., Beckes, L., Smith, A., Dalgleish, T., Halchuk, R., Hasselmo, K., Greenman, P. S., Merali, Z., & Coan, J. A. (2013). Soothing the threatened brain: Leveraging contact comfort with emotionally focused therapy. *PLoS ONE, 8*(11), e79314. doi: 10.1371/journal.pone.0079314.

Johnson, S. M., Hunsley, J., Greenberg, L., & Schindler, D. (1999). Emotionally focused couples therapy: Status & Challenges. *Clinical Psychology: Science & Practice*, 6, 67–79.

Johnson S. M., Lafontaine, M-F., & Dalgleish, T. L. (2015). Attachment: A guide to a new era of couple interventions. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes.* (pp. 393–421). New York, NY: Guilford.

Johnson, S. M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital & Family Therapy*, 23, 135–152.

Josephson, G. J. (2003). Using an attachment-based intervention with same-sex couples. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 300–317). New York, NY: Guilford.

Landau-North, M., Johnson, S. M., & Dalgleish, T. L. (2011). Emotionally focused couple therapy and addiction. In J. L. Furrow, S. M. Johnson, & B. A. Bradley (Eds.), *The emotionally focused casebook: New direction in treating couples* (pp. 193–218). New York, NY: Routledge.

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the Treatment of Couple Distress. *Journal of Marital and Family Therapy*, *38*, 145–168.

Makinen, J. A., & Johnson, S. (2006). Resolving attachment injuries in couples using EFT: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology, 74*, 1055–1064.

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). New York, NY: Guilford Press.

Mikulincer, M., & Shaver, P. R. (2015). Boosting attachment security in adulthood: The "broaden-and-build" effects of security-enhancing mental representations and interpersonal contexts. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes* (pp. 124–144). New York, NY: Guilford.

Panksepp, J. (2003). Feeling the pain of social loss. *Science, 302*, 237–239.

Panksepp, J., Solms, M., Schläpfer, T. E., & Volker, A. (2014). Primary-process separation-distress (panic/grief) and reward eagerness (seeking) processes in the ancestral genesis of depressive affect and addictions. In M. Mikulincer & P. R. Shaver (Eds.), *Mechanisms of social connection: From brain to group* (pp 33–53). Washington, DC: American Psychological Association.

Shaver, P. R., & Mikulincer, M. (2006). A behavioral systems approach to romantic love relationships: Attachment, caregiving, and sex. In R. J. Sternberg & K. Weiss (Eds.), *The new psychology of love* (2nd ed., pp. 35–64). New Haven, CT: Yale University Press.

Zuccarini, D. J., Johnson, S. M., Dalgleish, T. L., & Makinen, J. A. (2013). Forgiveness and reconciliation in emotionally focused therapy for couples: The client change process and therapist interventions. *Journal of Marital & Family Therapy*, *39*, 148–162.

3 Assessment of Relationship Quality

Alice D. Boyes and Garth J. O. Fletcher

Relationship quality assessment typically includes an interview with the couple together, interviewing each partner separately, use of psychometric measures, and, ideally, videoing the couple interacting. In the first section of this chapter, we cover the types of information that need to be gathered as part of an initial relationship quality assessment. In the second section, we describe specific modes of assessment in more detail, including the use of standardised scales.

Early career therapists should remember that the highest priority in initial interactions with a couple is to build rapport with each partner and assess any potential risk issues. Assessment is a valuable opportunity to start the psychoeducation process. In a nutshell, let your clients know why you are asking the questions and how the working model that you will together build of their relationship through assessment will inform therapy. This helps demonstrate your competence as a therapist and your communication skills and thus builds rapport.

What to Assess

Why Now?

Couples who present for therapy have often endured relationship problems for several years or more before seeking help. This invites the question, why now? Find out first what precipitated their decision to seek help. A good initial question is simply "What brings you to therapy?" (Halford, 2003). You can get a brief description of the presenting problems at this point, including the views of both partners. Doing this upfront avoids the risk of the clients feeling unheard if you don't give them an opportunity to discuss their problems at the outset. Ask the couple if they have sought professional help before. If yes, what did each partner find most and least helpful? Clients seem to appreciate these two questions as it clearly demonstrates that you intend to tailor treatment to their preferences rather than a one-size-fits-all approach.

During a joint interview, one way to quickly assess insight and perspective-taking capacity is to use the following questioning technique: If Partner A is the one describing a relationship problem/complaint, also ask Partner A how Partner B views the problem. You can then ask Partner B if that sounds about right, and what he or she would like to change or add. Give each person a turn at being in each role (Christensen & Jacobson, 1999). For example, in the case of Andrea and Kevin Wong, if Andrea Wong is describing her complaint about Kevin's mother coming to stay, you would ask her how Kevin views the situation.

When asking about any conflict topic, you can also ask the partners how a neutral observer might view the situation. Research has shown that there are therapeutic benefits to writing about conflict topics from a neutral observer's perspective (Finkel, Slotter, Luchies, Walton, & Gross, 2013). It is useful to quickly assess clients' likely capacity to do this type of perspective taking.

Positive Bond and Shared Activities

Modern relationship therapy is not just about helping couples negotiate better and reach compromises on their recurrent topics of conflict. Even happy couples have perennial conflicts that go unresolved. However, happy couples who have positive attachment bonds are able to emotionally recover, deal with, and move on from the related transgressions. The main enabling factor that buffers the relationship against the impact of unresolved conflict is the existence of a strong, healthy bond. Indeed, there is some evidence that when relationships deteriorate, the erosion in the positive bond occurs before negative interactions increase and may precipitate rather than follow the slide in positive interactions (Huston, Caughlin, Houts, Smith, & George, 2001). Early in the assessment process, asking questions about the process of how the couple fell in love can help start to reignite their positive bond. You may need to use your discretion in the timing of these questions, for example, if one or both clients is very angry at initial presentation or highly distressed after a recent event, like the discovery of an affair.

Questions you can ask to get a sense of current and historical positive bond include:

- How did you first meet?
- What was your first date like?
- What qualities first attracted you to [partner's name]?
- What was the high point in your relationship with each other?
- What activities do you enjoy sharing, or have you enjoyed in the past?
- When was the last time you did something challenging together, such as you worked on a project together or did an activity that took you both out of your comfort zone?