

SYSTEMATIC CASE STUDIES OF EMOTIONALLY-FOCUSED THERAPY (EFT) FOR
COUPLES FOR CAPTURING THE ADAPTATION OF A GENERAL MODEL TO THE
LOCAL CONDITIONS OF THE CASE

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Abstract

Emotionally-Focused Therapy for Couples (EFT for couples) is an evidence-based, short-term (8-20 sessions) treatment developed by Johnson and Greenberg (1994). This therapy has been shown to be effective in randomized control trials (RCTs; Johnson et al., 1999). Despite the evidence supporting this intervention, there is a lack of process research that would allow practitioners to translate RCT support into more effective application of the therapy. The present study represents an effort to address this lack of process-oriented research by detailing the process and outcomes of courses of EFT therapy I conducted with two couples: “Nancy and Tom,” and “Brian and Rohini.” Nancy and Tom’s therapy consisted of 17 sessions; and Brian and Rohini’s therapy, of 14 sessions. Following the Pragmatic Case Study Method (Fishman, 1999), I examined both cases in systematic qualitative detail and in terms of results on standardized quantitative measures. This study concludes with (1) a cross-case analysis of the process and outcomes of both cases in an effort to elucidate the possible reasons for Brian and Rohini’s more robustly positive outcome in comparison to the more moderately successful outcome of Nancy and Tom’s therapy; and (2) a discussion of how future research could further investigate the application of EFT to couples.

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1. CASE CONTEXT AND METHOD

Rationale for Selecting These Two Couples for the Study

Emotionally Focused Therapy for Couples (EFT) is an evidence-based treatment for couples in conflict and distress. A meta-analysis of four RCTs of EFT has found a statistically significant advantage for EFT over control conditions; and EFT has achieved a more robust effect size in its outcomes than for any other couple intervention (Johnson et al, 1999).

However, despite the evidence supporting this intervention, a recent article by Johnson and Greenman (2013) has pointed to a lack of process research that would allow practitioners to translate research support into more effective application of the therapy. In response to this need for more process-oriented research, I have employed a session-by-session focus to describe, analyze in theoretical context, and compare and contrast the process of two cases of EFT.

The design used will involve Fishman's (1999) Pragmatic Case Study Method, which provides a detailed, session-by-session, process account of a particular course of therapy in the context of the objective quantitative measures typically used to measure change with the type of psychological difficulty involved. The Method is based on an empirically developed model of recognized components of best practice (see Appendix 1; Peterson, 1991; Fishman, 2013). Fishman's method is thus a "mixed-methods" approach since it integrates both quantitative and qualitative research designs (Fishman, 2013). From the quantitative perspective, empirically validated measures of couple distress, relationship satisfaction, and individual psychological symptoms will be utilized in an ongoing way throughout the treatment to measure changes in these outcome domains over time, helping to place the cases in normative context as they compare with similar types of couples who are receiving therapy for their distress. Qualitative analysis of the process of each therapy will highlight the distinctive decisions, strategies,

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procedures, and issues that emerge as the general EFT model is adapted to therapy involving the individual situations and personalities of particular couples.

A review of the literature reveals only one published case study investigating the process of EFT therapy. This includes the couples of Sam and Kate and of Michel and Maya by Naaman et al. (2005). These authors focused on using the case study material to investigate a particular clinical construct, that of "attachment injury," which refers to a specific type of intense betrayal within the couple's relationship that can threaten the relationship. The authors were interested in analyzing the EFT therapy to examine the pathways of change as related to the attachment injury of each couple. They were able to do this by only including a small portion of the details of the process details of the therapy.

While the Naaman et al. case study is useful for comparison with the case studies that emerge in the present project, the present study focuses systematically on the totality of the therapy process and not only on one particular theoretical focus of that process. This focus allows for the simultaneous examination of multiple clinical concepts. In line with Fishman's Pragmatic Case Method, a central goal of this research is to provide a model of such systematic case studies for others to follow in the future, for, as Fishman (2005) points out, the more such case studies are conducted that use a particular therapeutic model with a particular type of problem, like couple distress and conflict, the greater the empirical confidence we can have in generalizations coming from these case studies as a whole.

With this purpose in mind, couples were selected for this study based on their willingness to participate in an experimental study and willingness to be treated in a training clinic by a psychology trainee. In order to take part in the study, both partners had to be 18 years of age or older and the partners needed to be living together. In addition, the couple needed to meet

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criteria for being measured as ‘distressed’ on the Dyadic Adjustment Scale (detailed below) by receiving a total score of 97 or lower. Couples actively in the process of separating or seeking a divorce were considered not eligible for the study. In addition, couples experiencing substance abuse in either partner were considered ineligible for the study. It was required that both partners not be engaging in an extramarital affair and that both members of the couple not be engaging in any psychical abuse toward their partner in order to be included in the study.

The couples Tom and Nancy as well as Rohini and Brian were selected based on their status as committed, cohabitating couples. Rohini and Brian were engaged to be married and Nancy and Tom had been married for 38 years. Both couples’ scores on the Dyadic Adjustment Scale indicated that the couple was ‘distressed’. Upon meeting individually with each member of each couple, all four parties involved denied engaging in an extramarital affair and further denied experiencing abuse within the relationship. Additionally, all parties involved denied experiencing current substance abuse.

Clinical Setting in which the Treatment Occurred

The treatments of Rohini and Brian as well as Nancy and Tom took place in a university-based community outpatient psychological clinic in the Northeastern region of the United States. Each couple paid for treatment on a sliding fee scale according to their income. At the time the treatment occurred, I was an advanced doctoral student in clinical psychology.

Methodological Strategies Employed for Enhancing the Rigor of the Study

Assessment and treatment of both couples was supervised by a licensed clinical psychologist who is certified as an EFT trainer. All sessions were DVD recorded. I reviewed all DVD recordings and showed portions of these recordings as part of supervision. I met with my

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individual supervisor weekly and supervision centered on adhering to the EFT model in both the conceptualization of each case and treatment interventions. In addition to individual supervision, I attended a weekly EFT-oriented group supervision that was led by 3 licensed psychologists, each trained in the theory and practice of EFT. The clients completed four quantitative measures during each session of therapy. These measures are described in the Assessment sections below.

Sources of Data Available Concerning the Clients

Prior to meeting with each couple for the initial session, I was provided with a brief face sheet that was completed by a clinic coordinator following a 15-minute phone triage with one member of each couple. In the case of Nancy and Tom, my supervisor was Nancy's individual therapist and she had engaged in couple's consultation during 2 sessions with both members of the couple. Additionally, my supervisor had led the workshop that Nancy and Tom had attended prior to attending treatment with me. Nancy and Tom had both signed written releases granting my supervisor and me permission to discuss information relevant to the clinical process. In addition to the information provided in by the clinic coordinator, my supervisor shared with me her clinical impressions related to the individual psychology of each member of the couple as well as her observations of their interactions. Over the course of supervision, my supervisor provided insights from her work with Nancy as well as her experience with Nancy and Tom as a couple. In the case of Brian and Rohini, I was provided only with the brief face sheet and had no additional information about the couple prior to intake.

Confidentiality

In order to maintain confidentiality, I have redacted identifying information. I have attempted to relate case material as authentically as possible, but some details of the case have been disguised in order to protect the privacy of the clients.

2. THE CLIENTS

Tom, a 61-year-old white male and Nancy, a 60-year-old white female had been married for 38 years. They had dated for 3 years prior to becoming married. Tom had recently retired from his career as a contractor and Nancy had been retired for 10 years from her career as a college professor. At intake, the couple reported engaging in verbal conflict on an estimated 3-5 occasions per week. According to the couple's report, they had experienced an increase in the frequency and severity of verbal conflict since Tom's retirement 2 years prior to treatment. Both partners expressed dissatisfaction with their level of emotional closeness with their partner. Tom indicated that he frequently felt angry at hurt when he perceived that Nancy dismissed his opinions or when he perceived that Nancy undervalued him within the context of the relationship. Nancy reported experiencing a lack of emotional security in within the relationship, indicating that she frequently felt anxious, disappointed, and angry related to her perception that Tom would cast judgements upon her. Both partners reported experiencing dissatisfaction with the level of physical intimacy in their relationship. At the time of intake, the couple reported that they engaged in physical affection such as hugging and kissing on rare occasions and further reported engaging in sexual intercourse 2-3 times per year. Nancy had previously been treated for cannabis abuse and bulimia nervosa. She stated that she had significantly reduced her marijuana use and had engaged in marijuana use on 2-3 occasions per year for the past 2 years prior to beginning treatment. The client further reported that symptoms of bulimia nervosa had subsided about 5 years prior to couples treatment. At the time of this therapy, Nancy was also being treated by my supervisor in individual therapy for anxiety and depression. Tom reported that he had never engaged in psychotherapy prior to presenting for couple's therapy. The couple had attended a weekend-long psycho-educational and skill-based workshop two months prior to

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beginning couples therapy. This workshop was based on EFT principles and had introduced the couple to the basic tenants of attachment theory and taught the couple skills aimed at diffusing conflict and increasing emotional closeness and safety within the relationship.

Rohini, a 30-year-old Indian-American female and Brian, a 29 year-old white male had been in a committed, monogamous dating relationship for 3 years prior to couples therapy and had been cohabitating for 2 years. Rohini was employed as an occupational therapist and Brian was attending an undergraduate pre-medical program. Rohini stated that she had been treated in short-term individual psychotherapy for anxiety and depression approximately 4 years prior to couples treatment. Brian stated that he had never received any form of mental health treatment in the past. The couple's chief complaint at intake was the frequency with which they engaged in verbal arguments. The couple estimated that they engaged in verbal conflicts at a rate of 2-3 times per week. Both members of the couple reported at intake that they experienced high levels of stress related to work in the case of Rohini and academic studies in Brian's case. Rohini reported that she typically worked more than 60 hours per week in an attempt to cover the couple's expenses. Brian explained that he had previously been academically dismissed from his university during his early 20's and he considered his current course of study to be his last chance at establishing a career. He stated that he frequently experienced stress related to his studies both due to his sense of internal pressure to succeed and due to the rigor of his coursework. Both partners expressed that their stress levels and fatigue contributed to conflict within their relationship.

3. GUIDING CONCEPTION, WITH RESEARCH AND CLINICAL EXPERIENCE SUPPORT

Emotionally-Focused Therapy for Couples (EFT)

The theoretical framework of EFT is rooted in attachment theory (Johnson, 2004), which posits that humans develop strong emotional bonds to particular individuals beginning in infancy and that the quality of these early bonds greatly influences the well-being of a person throughout his or her life (Bowlby, 1969). A key assumption of this theory is that these strong bonds meet primal needs for security, trust, support, and emotional closeness (Ainsworth, 1969). The theory further posits that the quality of the responsiveness of the early caregiver to the infant's needs for security, trust, support, and closeness contributes to the development of the infant's self-image and expectancies of patterns of relating in the future (Bowlby, 1973).

The focus of the theoretical framework of EFT on attachment is combined with humanistic and systems theories to form four foundational assumptions (Johnson et al., 1999). First, affective responses and patterns of relating are reciprocally determining and these patterns must be addressed in therapy. Second, inability to move out of negative patterns of relating precludes the emotional responsiveness necessary to establish secure bonding. The third assumption is that emotion is the key factor in defining and re-defining close relationships and that it is necessary to foster new interactions and new emotional experiences in order for therapeutic change to occur. Finally, intimacy in adults is assumed to be an attachment process. Interventions in this model are focused by the therapist's reflection upon the nature of human attachment and working to create optimal conditions for attachment injuries to be addressed.

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The therapy consists of three stages (Johnson, 2004). During stage I of treatment, the therapist aids the couple in identifying problematic patterns of interacting known as the cycle. The goal of this stage is to reduce the frequency and intensity of conflict in the couple. The therapist aids the couple at this stage in attributing problems in their relationship to the recurrence of their negative cycle and educates the couple about the manner in which their emotions can be understood in terms of research findings related to the nature of human bonding.

Stage II of the therapy targets the tendency of couples to engage in behavioral patterns during which one partner complains or criticizes the other while the other partner withdraws or retaliates (Gottman & Silver, 1994). The therapist aids the couple in changing their problematic behavioral patterns by encouraging each member of the couple to express previously disowned relational needs and emotions that had been hidden. The therapist aids the couple in integrating both the needs and previously disowned emotions into new, more flexible patterns of interacting by coaching both partners in more effectively expressing their needs and emotions in terms that foster connection with their partner.

Stage III of the therapy focuses on consolidating the couple's therapeutic gains by aiding both partners to reflect upon their new interactional patterns and discussing triggering events that may initiate a recurrence of more negative patterns of relating. The role of the therapist at this stage is as a consultant who observes interactions of the couple during the therapy session while encouraging the couple to take greater initiative in engaging in more positive patterns of relating.

Integrating Cognitive-Behavioral Components

The theoretical foundations of EFT remained the pillar of my guiding conception throughout the course of treatment with both couples. At times, however, I integrated methods

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from the cognitive-behavioral theoretical framework including progressive muscle relaxation (Jacobson, 1938) and deep breathing in order to address escalating verbal exchanges during certain sessions with both couples. This occurred when several attempts at aiding the clients to more fully experience and express their more vulnerable emotions were thwarted due to escalating and unrelenting anger during heated exchanges.

4a-6a. NANCY AND TOM'S THERAPY

4a. Assessment of Nancy and Tom's Presenting Problems, Goals, & History

Presenting Problems

Both Tom and Nancy reported experiencing dissatisfaction within their relationship related to frequent verbal conflict, resentment related to past experiences within the relationship, and a lack of physical intimacy. They reported engaging in verbal conflicts on an average of 2-3 occasions per week. According to their report, these conflicts often resulted in mutual isolation for up to several days during which each partner would refrain from engaging the other partner in conversation. Tom reported believing that Nancy did not value his role in the relationship. He reported that he frequently felt discouraged due to his belief that he was undervalued and dismissed in the relationship. Tom complained that Nancy did not frequently enough consult him when she made decisions related to major purchases or making plans with friends and family. Nancy reported that she experienced Tom as unforgiving and easily angered. She stated that she believed that Tom held deep-rooted resentments toward her. She stated that she believed that Tom's resentments toward her related to his experience of his family of origin, and stated that she felt discouraged due to her belief that she could not be her authentic self in the relationship due to her desire to avoid conflict with Tom.

Tom and Nancy further reported experiencing dissatisfaction with their level of physical intimacy within the relationship. According to their report, the couple had engaged in sexual

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intercourse only once during the past year. Tom reported feeling discouraged and hurt at times when his attempts to engage with Nancy sexually were turned down. Nancy reported experiencing a lack of a sense of emotional safety within the relationship to be willing to accept a sexual advance from Tom.

Quantitative Assessment

At the beginning of treatment, Nancy and Tom filled out four standardized quantitative measures, one of which measured individual psychological distress in each partner, two of which measured the overall functioning of the couple relationship, and an additional questionnaire measured the therapeutic alliance and perceived in-session relationship improvement. Tom and Nancy completed these questionnaires during each session of therapy immediately prior to each session with the exception of the Session Rating Scale for Couples, which was completed at the conclusion of each session.

Brief Symptom Inventory (BSI; Derogatis, 1983). In order to assess the level of psychological distress in each partner across sessions, each partner completed the BSI, a 53-item self-report measure of symptoms experienced by participants over the past week. The BSI is rated on a 5-point Likerttype scale ranging from 0 not at all to 4 extremely. This commonly used scale is the best single indicator of psychological distress and is well validated with a test-retest stability coefficient of .90 (Derogatis & Fitzpatrick, 2004). Published reliability coefficients for Brief Symptoms Inventory subscales and indices range from .71 to .85 (Derogatis & Fitzpatrick, 2004). (For Nancy and Tom's scores, see Table 1).

Dyadic Adjustment Scale (DAS; Spanier 1976) Dyadic Adjustment Scale was used to assess relationship quality. The DAS consists of 32 items assessing global domains of relationship functioning. A total score of 100 generally indicates a cutoff between "happy or non-distressed"

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and “unhappy or distressed” couples. The DAS has well-established validity and reliability in distinguishing distressed from non-distressed couples (e.g., Graham, Liu, & Jeziorski, 2006).

(For Tom and Nancy’s scores, see Table 2).

Brief Accessibility Responsiveness and Engagement Scale (BARE; Sandberg, Busby, Johnson, & Yoshida, 2012). To assess attachment related behaviors indicative of couple bonding, the 12-item Brief Accessibility Responsiveness and Engagement Scale would be used. The BARE is a self-report measure, rated on a 5-point Likert-type scale ranging from 1 never true to 5 always true, of the accessibility, responsiveness, and engagement of one’s partner, as well as oneself, in a current romantic relationship. Published work on the psychometric properties of the BARE scale indicates that it has appropriate reliability and validity, with Cronbach’s alphas ranging from .66 to .85 for all six self and partner scores across the three assessed domains (Sandberg et al., 2012). (For Nancy and Tom’s scores, see Table 3).

Session Rating Scale for Couples (SRS; Duncan et al., 2003). To assess therapeutic alliance and perceptions of in-session relationship improvement, a modified version of the 4-item Session Rating Scale was used. The SRS is a visual analogue self-report outcome measure designed for tracking therapeutic alliance in every session. Each item requires the client to make a mark on a 10-cm line where marks to left indicate more difficulties in the particular domain and marks to the right depict less problems. Preliminary psychometric properties of the scale support its internal consistency, concurrent validity with another longer measure of the therapeutic alliance, and its significant correlation with individual outcomes. For this study, two additional items were added to assess perceptions of the level of connection in the relationship and resolution of difficulties after each session. (For Tom and Nancy’s scores, see Table 4).

Relevant Personal History:*Nancy*

Nancy grew up in an Italian-American family in the Mid-Atlantic region of the United States. She lived with her mother, father, and two older brothers. Nancy described her parents as perfectionistic; indicating that they imposed high standards on her regarding her appearance, performance at school, and behavior in social situations. Nancy reported that she frequently felt that she ‘did not have a voice’; indicating that her parents would often dismiss her opinions and emotions, especially when these feelings or opinions were at odds with those of her parents. Nancy further reported that she often felt the need as a child to compete with her older brothers; indicating that she believed her father had more faith in her brothers’ competence in most areas due solely to their male sex. According to her report, Nancy frequently felt disheartened as a child, believing that she could never live up to the high standards of her parents.

Nancy reported that she carried her disheartenment related to her perception that she could not live up to her parents’ high standards into adulthood. She reported that during her college years she had befriended people of high social status and did her utmost to maintain these friendships over several decades after graduation. According to her report, Nancy later in life came to the realization that these friendships were not emotionally nourishing and she sought connections with more emotionally available friends.

Nancy stated that her belief that she could not be good enough to meet her parents’ expectations became more generalized, leaving her to believe that she could not meet the expectations of anyone. In her adult life Nancy’s anxiety and disheartenment related to this belief led to compulsive cleaning and excessive worry about the appearance of her home. In

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addition, Nancy reported that her dissatisfaction with her appearance and body weight led to her engaging in bingeing and purging over a 20-year period before seeking psychological treatment. Due to an intolerable work environment and to symptoms of anxiety, Nancy retired early and had been retired for 10 years at the beginning of treatment. According to Nancy's report, she had engaged in heavy marijuana following her retirement in order to cope with her anxiety and emotions related to her negative self-image. Nancy reported that she had used her individual therapy to reduce her marijuana use and that she had engaged in use on approximately 3 occasions per year over the course of the 3 years prior to couples therapy.

Tom

Tom grew up in an Italian-American family in the Mid-Atlantic region of the United States. He lived with his mother, father, and older sister. Tom described his mother as angry and critical. He reported that as a child he did not have a person to go to for comfort when he attempted to cope with difficult emotions. Tom stated that at one point during his childhood he had broken a bone in an accident and his mother had reacted by yelling at him and striking him with her open hand. Tom denied experiencing recurrent physical abuse during his childhood, but stated that this experience had contributed to his reluctance throughout his life to seek the support of others at times of hardship. Tom stated that he did not feel able to openly state his needs or express opinions within his family system.

Relevant Relationship History

Nancy and Tom met during their college years. They dated for 3 years prior to becoming married. Both partners described having feelings of intense attraction and romantic passion toward one another at the beginning of their relationship. Nancy and Tom stated that they had

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both found the relationship to be a safe and relaxed; standing in sharp contrast with the rigidity and lack of safety in their relationships with their parents.

After becoming married, conflict began to increase. Nancy stated that she had experienced increased anxiety related to her appearance and also related to the upkeep of their apartment. Tom stated that he was largely unaware of the anxiety that Nancy was experiencing and instead interpreted her behavior as disapproving and controlling. In addition, when the couple purchased a home, Nancy advocated for a home that would allow her to commute 10 minutes to work, with the consequence that Tom needed to commute 2 hours to work. Nancy reported that her advocating for the home closer to her work related to her high level of anxiety related to her ability to perform her job effectively. Tom, unaware of Nancy's anxiety related to her work, interpreted Nancy's advocacy for purchasing the home to be evidence of Nancy's selfishness and dismissal of his needs.

Nancy and Tom parented two daughters and stated that they both considered their partner to be a good parent. After their second child was born, Nancy began engaging in bingeing, purging, and restricting behaviors. She stated that she lived with disordered eating for 20 years without revealing to anyone, including Tom, that she was suffering from an eating disorder. During this period, Tom and Nancy engaged in mutual emotional withdrawal which was accompanied by diminished sexual contact. Approximately 10 years before couple's therapy began, Tom engaged in an extramarital affair. Knowledge of the affair became public and contributed to Nancy's difficulty functioning at work. Nancy resigned from her position and the couple considered separating before deciding to stay together upon Tom's promise that he would end his relationship with the woman with whom he had an affair. At this time, Nancy engaged in

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heavy marijuana use and Tom engaged in regular heavy alcohol use. Substance abuse contributed to their mutual emotional withdrawal from one another.

Five years later, Tom stated a wish to separate from Nancy due to a conflict related to landscaping at their home in preparation for a celebration on their property. Tom then changed his mind and agreed to stay married to Nancy. Nancy reported at intake that she had experienced Tom's stating that he wished to leave the marriage at this point to be the most severe relationship rupture that the couple had faced and stated that it contributed to her belief that she could not live up to Tom's standards.

At intake Nancy had engaged in individual therapy for 12 years and had significantly reduced her marijuana use and experienced substantial recovery from her eating disorder. Tom had reduced his drinking to levels that were no longer disruptive to the relationship. The couple had attended 2 consultation sessions with Nancy's individual therapist and had attended an EFT-oriented workshop for couples before presenting to couples therapy with me.

Multicultural Considerations

Both Tom and Nancy expressed a strong identification with their Italian-American heritage. In the context of their relationship, they shared a narrative that their Italian roots had led to their more high-conflict interactional style. Nancy discussed the role of vendetta in her household, indicating that both of her parents held resentment toward others over a long period of time. Tom attributed his parents' and sister's more explosive emotional styles to their Italian heritage. In my work with Nancy and Tom, I did not relate their interactional style as much to their Italian-American heritage but rather sought to co-construct a new narrative with them surrounding the ways in which their negative cycle contributed to emotional exchanges that

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tended to hide more vulnerable emotions such as disappointment, sadness, and shame in favor of more protective, secondary emotions such as anger.

5a. NANCY AND TOM'S CASE FORMULATION AND TREATMENT GOALS

In conceptualizing Tom and Nancy's case, I employed the theoretical framework underlying the practice of EFT developed by Johnson and Greenberg (1985). EFT case formulation involves identifying the recurring negative interactional pattern, or *negative cycle* and framing this negative cycle in terms of attachment-related emotions and behaviors. As mentioned previously, a key assumption of Attachment Theory is that humans depend upon strong emotional bonds in order to meet primal needs for security, trust, support, and emotional closeness (Ainsworth, 1969). The theory further posits that the quality of responsiveness of the early caregiver to the infant's needs for security, trust, support, and closeness contributes to the development of the infant's self-image and expectancies in future relationships (Bowlby, 1973). According to Attachment Theory, the manner in which a person develops their self-image and their beliefs about the likelihood of having their attachment needs met in the future contributes to their later style of interacting in close relationships, or rather, their *attachment style* (Bowlby, 1973). While individual attachment styles are posited to develop in relationship to primary caregivers early in life, the theoretical framework of EFT assumes that intimacy in adults is an attachment process and that affective responses and patterns of relatedness are reciprocally determining (Johnson et al., 1999). Case formulation in EFT, therefore is a balance between understanding emotional vulnerabilities, beliefs, and expectancies developed in childhood that each partner brings to the relationship, while accounting for the manner in which emotional interactions within the couple relationship contribute to the maintenance of couple distress.

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Tom and Nancy's Negative Cycle

Tom and Nancy's negative cycle involves a vacillation between escalations of verbal conflict and periods of mutual emotional withdrawal. This pattern has to do with emotional vulnerabilities, beliefs, and expectancies that were formed in childhood and maintained within the Tom and Nancy's relationship. Nancy's experience of being 'not good enough' as to meet her parents' expectations has contributed to her negative self-image in adulthood. Additionally, Nancy's sense that she was unable to voice her needs and emotions within her family system contributed to Nancy's experiences of others as unreceptive to her hearing her. As a result, Nancy tends to hide her insecurity and shame behind a façade propped up by excessive cleaning and attention to detail within her home as well as excessive attention to her physical appearance. As Nancy's self-esteem is largely tied to the aesthetic of her home and physique, she tends to become visibly angry or protective of her own image. This anger and protectiveness is, however, secondary to the internal anxiety, insecurity, sadness, and isolation that Nancy feels. Additionally, when Nancy experiences a need to purchase an item or make plans with friends, she tends not to give voice to the need, and seeks rather to meet her own need in secret.

Tom's experience of fear related to his mother's frequent displays of anger as well as Tom's experience within his family of his own needs and opinions being dismissed contributes to Tom's perception that Nancy is selfish and dismissive. When for example Nancy becomes angry or protective about the appearance of the home, Tom is unaware of the underlying anxiety, insecurity, sadness, and isolation that Nancy feels and is more prone due to his past experience to interpret Nancy's anger as further evidence of his assumption that Nancy cares more about the house than her relationship with him. Rather than share his vulnerable emotions of sadness and disappointment, Tom responds to Nancy's anger by criticizing Nancy and expressing anger of

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his own. As each member of the couple continue to express anger and criticism and hid their underlying primary emotions, they both become less emotionally accessible to their partner and the relationship is experienced by both partners as increasingly emotionally unsafe. As a result, while engaging in the negative cycle, neither Tom nor Nancy is able to use the relationship to soothe, so they withdraw from each other in order to engage in self-soothing. A common manner of self-soothing for both partners is rumination while they are engaging in withdrawal. Engaging in repetitive, negative thought related to their partner provides a means of escaping more vulnerable negative feelings such as shame, disappointment, discouragement, and loneliness. A negative effect of engaging in rumination, however, is that each partner's negative assumptions about their partner and the relationship become further strengthened and the opportunity to repair the bond diminishes. Both partners reported that the repeated experience of high levels of verbal conflict followed by rumination has led to mutual resentment retaliation. Both members of the couple reported believing that if the other member of the couple was not meeting their needs or demands, they should in turn follow suit.

Tom and Nancy's difficulties in engaging in sex relate to this negative pattern. The resentment that has occurred as a result of repeated negative interactions and the resulting rumination has contributed to Nancy's stance that if her emotional needs are not met and she cannot feel safe within the relationship, then she will withhold sex as a form of self-protection and retaliation. Tom stated that his discouragement and resentment at having experienced refusal of his sexual advances have led to a dramatic decrease in the frequency of attempts on his part to foster sexual contact.

In this particular romantic relationship, no clear pursuer and withdrawer roles exist, but rather both members of the couple pursue in a manner that tends to escalate conflict. Following

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major escalations in verbal conflict, both partners engage in mutual withdrawal. Because of this tendency to engage in mutual escalation and mutual withdrawal, throughout the treatment I emphasized teaching emotion regulation as much as I emphasized emotional responsiveness and communication as no communication was attempted during times of mutual withdrawal and expressions of anger tended to create more distance than closeness.

Treatment Goals and Planned Phases of Treatment

As mentioned above, EFT identifies 3 stages of the treatment process (Johnson, 2004). The stated goals of Tom and Nancy were to reduce conflict within their relationship, achieve more emotional safety and sense of security within the bond, and to increase physical affection. In the service of these goals, I added a therapeutic goal of my own, which was to aid both partners in engaging in effective emotion regulation and to become more aware of when their level of emotional arousal had become too high to integrate new information. I related to these four goals to the EFT stages of treatment in the following manner.

Stage 1 Treatment Goals

- Aid Tom and Nancy in identifying problematic patterns of interacting (negative cycle) in a collaborative manner.
- Aid both members of the couple in fostering a common alliance by framing their problems in terms of a negative cycle rather than attributing problems to personal shortcomings in themselves or their partner.
- Teach Nancy and Tom relaxation, self-compassion, and other affect regulation skills in order to address therapy-interfering levels of emotional dysregulation both within and outside the session.

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- Remind Tom and Nancy of what they had been taught during their EFT-oriented workshop about the manner in which their emotions can be understood in terms of research findings related to the nature of human bonding and aid them in using this insight to foster more effective communication.

Stage II Treatment Goals

- Use the insights gained in step one as well as affect regulation skills to create safety for each partner to express previously disowned relational needs and emotions that had been hidden. For Nancy, a central goal at this stage was aiding her in expressing anxiety, and discouragement and discussing ways in which her fear of the shame associated with not being good enough contribute both to her expressions of anger and to her tendency to keep secrets from Tom. For Tom a central goal was to aid him in expressing his sadness, shame, and discouragement resulting from his belief that his value within the relationship as well as his personal needs will continue to be dismissed.
- Coach both Nancy and Tom in more effectively expressing their needs and emotions in terms that foster connection.
- Continue coaching Tom and Nancy in engaging in affect regulation rather than criticizing or yelling at their partner, or withdrawing and engaging in rumination.

Stage III Treatment Goals

- Aid both partners in reflecting upon their new interactional patterns.
- Discuss triggering events that may initiate a recurrence of the negative cycle.
- Engage in planning for how the Nancy and Tom may address recurrence of the negative cycle in the future.

6a. NANCY AND TOM'S COURSE OF TREATMENT

Sessions 1-3

During the first session, I met with Nancy and Tom together for an intake session. During the second and third sessions I met with each member of the couple individually. During the initial joint session, I gained information related to the history of the couple relationship, the history of the couple's presenting problems, and the couple's goals for treatment. I oriented the couple to the general outline of how treatment would proceed and discussed a treatment length of approximately 20 sessions with the couple. The therapist and couple agreed on a termination date during the first session.

Because Tom and Nancy had attended an EFT-oriented workshop prior to beginning treatment, I was curious to know what information they had retained related to basic premises behind EFT. Nancy and Tom had both endorsed the notion that conflict within their relationship was likely due to the ways in which their negative cycle had played out over the years. They were also knowledgeable about the ways in which anger and resentment can hide more vulnerable emotions such as loneliness, sadness, shame, and disappointment. Tom focused during the session on describing ways in which he had felt excluded in the relationship, most specifically in relationship to decisions regarding major purchases as well as the decoration and maintenance of their home. Nancy discussed her sense of being 'unacceptable' to Tom and related this experience to her experience of her parents during childhood. I worked to establish a strong therapeutic alliance by expressing my compassion to both partners while also marking the strength and courage it had taken both to engage in the couples workshop and to present to couples therapy.

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During the second session I met with Nancy individually. I invited Nancy to inform me about her developmental and relationship history. Nancy related many of her difficulties in life to her sense of shame, worthlessness, and disappointment within her family system as a child and adolescent. As Nancy described her process of having worked through her eating disorder and substance abuse issues in the past, she related them to her experience of never having been able to meet the expectations of her parents. It was evident in these sessions that Nancy's experience of her parents left her more vulnerable to experiencing Tom as rejecting. She further reported experiencing a fear that Tom considered her an 'evil witch' due to her insistence on maintaining her desired decorative aesthetic in their home. I expressed my compassion to Nancy for the hardships that she had experienced and sought to align with her by framing couples therapy as a potential opportunity to gain a new, reparative relational experience with her spouse. I took the opportunity in the individual session to ask Nancy if she were engaging in any extramarital romance or sex. I further asked Nancy if she were experiencing abuse in the relationship. Nancy denied both. During this session I also discussed with Nancy her feelings related to my supervisor being her individual therapist. Nancy stated that she enjoyed the fact that I could consult with her supervisor regarding the case, indicating that she viewed it as a potential opportunity to accelerate our work. Nancy provided written consent for me and for my supervisor to discuss aspects of working with Nancy freely with one another.

During the third session I met with Tom individually. I asked him to describe his developmental and relationship history. As was the case with Nancy, Tom related many of his difficulties during childhood and adolescence to the high level of aggression within his household. Tom described himself as more mild-mannered and stated that he frequently felt alienated from his mother, father, and sister. Tom related this sense of exclusion and alienation

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to his current experience of his relationship with Nancy. I expressed my compassion for Tom, indicating my understanding that his experience in his family had been enormously impactful on him. In an effort to align with Tom, I framed couples therapy as an opportunity to work toward a new relational experience with Nancy that could potentially provide a greater sense of belonging; one that he had yearned for during much of his life and from his description had experienced with Nancy during the early years of their relationship. As with Nancy, I asked Tom if he were currently engaged in any extramarital affair. Tom stated that he was not. Tom further denied experiencing any abuse within the relationship. I asked Tom about his feelings related to my supervisor also being Nancy's therapist. Tom stated that he had a great deal of trust for my supervisor and viewed her knowledge of the relational dynamics of their family to be a potential asset while supervising couples therapy. Tom provided written consent for me to and for my supervisor to discuss aspects of working with Tom and Nancy freely with one another.

Sessions 4-6

At the beginning of the fourth session, Nancy and Tom reported that they had experienced a positive weekend. Nancy reported that she had found it easier than she expected to attend a party by herself and allow Tom to go to a function of his choice. Nancy reported that she previously would have expected Tom to join her due to her wish to maintain a perfect image of herself and her relationship to her peers. Nancy reported that as a result of individual therapy, she had come to believe that her efforts to put forth an impeccable image to her friends related to her wish as a child to please her unpleasable parents. She stated that she believed she had found unpleasable friends as a reenactment of her childhood family dynamics.

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Tom reported experiencing difficulty experiencing positive emotions about Nancy having changed her behavior as a result of this insight. Tom stated that the years that Nancy had pressured Tom to attend social functions had left him too resentful to be able to experience the current change as positive. Tom further told a story of Nancy having attempted to influence Tom's family years prior in a manner that led to Tom taking the brunt of his parents' anger at Nancy. Nancy expressed fear that Tom may continue to blame her for past events. I noticed at this juncture how quickly both Tom and Nancy talked about past ruptures and conflict in their relationship. In line with the treatment goals, I redirected the conversation to set the stage for discussing the negative cycle while also acknowledging that the past conflict in the relationship might contribute to ambivalence on both sides of exploring the more vulnerable emotions underlying their conflict.

Therapist: and what I'm hearing now is that opening up about some perspective he has had about how your family dynamic is playing out and that could be reassuring to you because you really want to know that he can see that the times you came across as intractable, that there was a pattern and a lot of vulnerability underneath that. That you were sitting with a lot of pain and insecurity and doing the best you could to master that. And then you had the family of origin stuff and other people in your life. And all of that was on your shoulders. And if he could see that, then he could see you in a new light and not blame you.

And for you, Tom, you went out on a limb to say that... (*referring to Tom having said that he could understand that there were vulnerable emotions and insecurities underlying Nancy's demand that Tom partake in Nancy's social functions*) because it does kind of break down that mutually assured destruction.

Nancy: what I got from him is that he understands that all that push to perfection that he experienced from me is masking a lot of fear and sadness. And if he understands that then that is the first time anyone really understood that.

Therapist: and there is a difference between how you act and how you are.. but here's the catch... so if we break that spell... then there are multiple sides of the reality. Yes there is the compassion for the vulnerability there.. but unfortunately due to how the cycle has played out there is some anger at you; just like you have anger at him.

Both nod in agreement.

I used this transition to further explain my rationale of working together with the couple to identify and address their negative cycle and de-escalate conflict and subsequently in the therapy to discuss past relationship conflict during a period of less frequent and intense conflict. The couple agreed to this rationale. Nancy and Tom related a recent conflict during which they

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had disagreed about methods of moving furniture. Nancy had taken the task over from Tom, who reported feeling angry and hurt, stating that he interpreted Nancy's takeover as indicative that he is 'worthless'. Nancy subsequently injured herself while moving furniture and Tom reported experiencing amusement at Nancy's having injured herself. I saw Tom's mentioning his feelings of hurt and worthlessness as an opportunity to discuss ways in which the couple's negative cycle contributes to more vulnerable emotions become hidden behind anger and resentment. With some encouragement Nancy shared the ways in which her insecurity, anxiety, and low self-esteem contribute to a desire for perfection and a sense of urgency regarding household tasks and underlie her tendency to take over. In order to foster a bonding moment between the couple, I highlighted how alone both partners must have felt very alone with their more vulnerable feelings while hiding behind shields of anger and resentment. Both Tom and Nancy stated and understanding for the other person's position in the cycle and I left the couple with the metaphor of their cycle being like a scrimmage between members of the same team. I encouraged them to see each other as fellow team members and to focus on winning out over the negative cycle rather than attempting to defeat one another.

During the fifth session, Tom and Nancy described a conflict that had occurred related to an item of furniture that Nancy had chosen to take home from a relative's house. Tom had insisted that the piece of furniture did not fit with the décor in their home and would be 'one more piece of junk'. Nancy stated that she had been most upset when Tom told her that she was 'back to the way she used to be' referring to his perception that Nancy had tended to leave him out of decisions throughout their relationship. As a central goal of the therapy at this stage was to continue to identify the negative cycle, I aided both partners in identifying and expressing the attachment yearnings and more vulnerable emotions that were hidden during the conflict. For

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Tom, it came to light that his wish to be an equal partner in the relationship and his wish to know that he is cherished in the relationship contributed to his sadness and anger related to Nancy not having included him in the decision regarding the piece of furniture. Nancy revealed that she had been embarrassed, as her relatives had been present when Tom had stated that the furniture item was 'one more piece of junk' and she stated that she was disappointed and hurt that Tom had interpreted her arguing with him as indicative of her being 'back to the way she used to be'. I first mirrored and validated the hurt and discouragement that both parties had felt and stated to the couple that when the cycle reemerges, it can easily be interpreted as a loss in therapeutic gains. I reframed their more negative interpretation, stating that it was an opportunity to better understand the way their negative cycle of hiding their more vulnerable emotions, engaging in heated verbal conflict, and subsequently withdrawing from one another had played out during this conflict.

During this session, Nancy revealed that she experienced an intense fear of disappointing others, indicating that she felt 'broken' because she didn't know what to do when another person was disappointed. Tom discussed the difficulty of interpreting Nancy's anger and defensiveness as indicative of a fear of disappointing others and a sign of insecurity. I framed Tom's difficulty as being exemplary of the way in which the couple's negative cycle contributes to emotional distance between both partners as they hide their more vulnerable emotions behind a protective façade. I encouraged both Nancy and Tom to reflect outside the session on times when their anger or defensiveness during a conflict may be hiding more vulnerable emotions such as shame, disappointment, sadness, or discouragement.

At the beginning of the sixth session, Nancy reported experiencing a sense of discouragement and sadness that Tom had stated that he did not wish to travel with Nancy until

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the relationship became more regulated. Nancy stated that her sadness and discouragement related to her belief that no matter how hard she tries, she will not be good enough to earn Tom's approval. She further reported that her recent feelings of discouragement had reminded her of feelings that she had experienced following Tom having engaged in an extramarital affair. Tom began discussing the financial cost of traveling and the couple began a heated verbal argument within the session related to money. Despite several attempts on my part to redirect the conversation, the argument turned to Tom's resentment of Nancy for having difficulties related to their mortgage. Tom further stated that he had felt dismissed throughout the years that Nancy had spent money without first consulting him. Nancy reported feeling blamed for past conflict in the relationship. I attempted to slow down the process by asking each partner to more fully describe the more vulnerable feelings underneath their anger. Tom discussed his sadness related to his perception that he could easily be dismissed in the relationship. Nancy reported that she frequently believed she was unworthy of receiving what she wanted and that her tendency to hide purchases related to her low self-esteem and anxiety. Nancy's revelation of the ways in which these vulnerable emotions tended to underlie her secrecy resonated with Tom and he expressed gratitude for learning this along with some anger that he had not had this insight over the past 38 years of marriage. Nancy interpreted Tom's anger as indicative that he was suggesting Nancy needed to 'pay him back' for the past 38 years. I intervened at this point in order to attempt to foster bonding between the two and prevent further conflict and misunderstanding within the session.

Therapist: well you both are afraid the other one is ripping apart the last 38 years. And we are talking about this part of your relationship and it has taken this long and it is good that we understand it. You are really happy he understands.. he is happy to have you back but he has a lot to say because he has felt so dismissed... so initially he is going to give some angry stuff because it is like... finally I have you back because that was awful. He isn't asking you to pay him back for those years

Nancy: is he right?

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Tom: yeah he is.

Nancy: so when you say that about those 38 years you aren't saying it is hopeless?

Tom: no it is a relief... I just didn't know what to do with that for 38 years.

Therapist: can you take that in?

Nancy: I think so.

I had the goal in mind, here, of softening the couple's tendency to interpret anger in their partner as a loss of contact or as a sign of blame from the partner. I framed as an attempt to reach the other partner and encouraged both Tom and Nancy to continue to reflect on the ways in which they and their partner may use anger to attempt to access one another emotionally.

Sessions 7-10

At the beginning of session seven, Tom discussed his anger at Nancy having invited friends to dinner without consulting him. In addition, he reported that Nancy had subsequently invited relatives to their home without discussing the timing with him. I asked Tom more about his experience and he reported experiencing anger at not being consulted, but appeared to have difficulty accessing more vulnerable emotions such as disappointment or sadness. I attempted a few times to aid him in accessing these feelings but was also aware that Nancy was becoming visibly upset as Tom was speaking.

Tom: I wanna be a team

Therapist: and when it doesn't feel like it is a team.. then you feel...

Tom: I get pissed

Therapist: How are you feeling?

Nancy: Pretty bad... I think it goes to the theme that I have often felt that I cannot seem to move through my life without his disapproval. It would have been so easy to have asked him first; and my intention was not to steamroll him. I can understand his feeling but I cannot understand his reaction. I can understand his feeling about the children coming over but we did these things with these fairy houses... and before I called them and I said the fairy furniture is here maybe they can come this weekend and he agreed... so that was... and this spinning... this spinning out of control is extremely familiar to me... you could do any assortment of things and it would be over... I am not saying you are like your mother it is just that the behavior is familiar to me...

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Tom: And your behavior is familiar to me because you are doing exactly what your mother used to do... now you wanna bring mothers into it? You happy?

In an attempt to de-escalate the conflict during the session between Nancy and Tom, I attempted several times to interpret their criticism of one another as recurrence of the negative cycle. My attempts to interrupt and add an alternative perspective were thwarted as both partners spoke over me in order to continue to engage in conflict. I decided at this point that both Tom and Nancy were both too emotionally dysregulated to engage in reflection, so I changed course and asked both partners to pause entirely and participate in a guided relaxation exercise. I led the couple in 5 minutes of deep breathing and progressive muscle relaxation and continued the session after checking in with both partners to ensure that they had achieved a more relaxed state.

Following the relaxation exercise, Nancy began to discuss her sadness related to how the couple's negative cycle was so easily triggered. She then mentioned how she had noticed that Tom was angry on a prior night when he had left the bedroom when she had awoken to use the restroom. Tom reacted defensively to Nancy's portrayal of that event and the couple once again began arguing. Though the arguing had recurred, I was able this time to interrupt and to aid the couple in reflecting upon ways in which their negative cycle prevented them from listening to one another.

M: My head is going to explode.

T: Yeah that really spun out there. I am feeling really compassionate for you both. I see how tough this is... I can also see how you both cannot understand what is going on.

F: we really can't. I get completely flooded with like... my entire day I didn't have fun with the children... I couldn't feel good sleeping in my bed. I just felt completely... and evidently he was as mad or as hurt as I was so this is pretty crazy.

T: and you are both really... this is so painful for both of you... and I think I understand about why but I can see how it is hard to hear each other's perspectives because the impact is so big on both of you that it becomes hard to hear the other person and hearing the other person kind of makes your worst fears come true. It just kind of gets away from you. I want to give you some tools.

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I made my impression known to Tom and Nancy that when one or the other initially expresses dissatisfaction, the negative cycle is so deeply engrained as a habitual pattern of responding that it becomes difficult to hear each other out. I discussed with both partners ways in which they might notice when they are becoming emotionally flooded and treat themselves and their partner with compassion. These included recognizing that when they feel disoriented, numbed out, or notice that their words seem out of control, that these may be signs that they are flooded. I provided examples of self-soothing such as deep breathing, taking a walk, or taking time to calm down before re-engaging with the partner. Compassion toward the partner was presented at this stage as understanding that the partner was likely emotionally overwhelmed in proportion to one's own sense of overwhelm and to allow the partner to self-regulate before continuing a discussion.

At the beginning of the eighth session, Nancy reported that she and Tom were beginning to be able to identify the negative cycle on their own. She described a recent conflict during which Nancy had intervened in a discussion between Tom and one of the couple's daughters regarding plans for Tom to perform maintenance on the daughter's car. Tom reported having become angry after believing that Nancy's behavior was intended to dismiss his importance in the interaction. Nancy maintained that she had intervened in the discussion because she had perceived that her daughter was feeling stressed and her inner urge to please her daughter precipitated her intervention. I was encouraged as Nancy reflected on her own part in the interaction. I noticed at this point, however, that Tom was becoming upset and accusatory as Nancy was sharing. Nancy in turn began to engage in a more defensive style of interacting.

Nancy: I don't know how to described it but my daughter calls me, she sounds stressed, it was a big party, I didn't want anyone to be late... this is exactly the reason I said that... I said ok so you screwed up your end and can't get the oil but the other store is right on the road so to me that was a quick solution. So it turns out that they didn't change any oil that day.

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Tom: I Did!

Nancy: You did? That was so nice... but let me talk about what was going on for me personally. I didn't realize I dismissed him and this happens a lot, Steven, with us. I did in the situation... and I guess I am not thinking about him.

Tom: First of all, it isn't your situation to deal with... I am doing the work, I am getting the oil.

Nancy: I am hearing a lot of resentment but ok?

Tom: Because I do resent it!

Nancy: Then you shouldn't do it anymore.

Tom: Because she gets on the phone... I can't get the oil... this isn't your situation!

Nancy: So I shouldn't have tried to fix it.

Tom: No. I'll get your father and we'll see what we've gotta do...

Nancy: Oh.... I wish I could have (dark vocal tone)

At this point I interrupted Tom and Nancy in order to point out the ways in which their interaction within the session was typical of their style of interaction as their negative cycle plays out. I reflected on how each of their vulnerabilities, Tom's discouragement and sadness at being dismissed and Nancy's anxiety related to pleasing others had played out in the initial argument regarding the vehicle maintenance. I pointed out that when the negative cycle is playing out, a predictable pattern of accusations, misunderstandings, and criticism contributes to conflict. Tom reported being aware that his 'tolerance level is so small right now' and attributed his shorter fuse with his level of discouragement and exasperation at having felt left out of decisions over the course of the marriage. Nancy further described her pain related to her sense of responsibility in pleasing others and her disappointment that her efforts to please others often have a negative effect on the marriage. I mirrored and validated both partners' experiences of pain at having experienced the recurrence of the negative cycle over the course of their marriage and I encouraged the couple to use their insight into the dynamics of the negative cycle to reflect upon alternative ways of interpreting their partner's actions.

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At the beginning of the ninth session, Tom reported that he believed that he and Nancy were ‘starting to understand each other a little better’. He stated that he had noticed that his attempts to communicate were more often being met with understanding, indicating that in the past he had often expected to be misunderstood and therefore had refrained from communicating. Nancy agreed, indicating that she believed experiencing greater understanding of each other had reduced conflict in the relationship. I decided at this point to ask both Tom and Nancy to put into words what they had found most helpful.

Therapist: I wonder if one thing we could do is kind of reinforce that it seems like we really worked hard last time for you to understand each other and once we did, that chilled you out, but I am not sure each of you knows what was helpful to hear from the other one. What do you remember from last time that helped you to relax?

Tom: I don’t know if I could put my finger on any one thing... which is probably not good.

Therapist: No... it just underlines the usefulness of maybe going back and retracing those steps

Tom: maybe that you were vulnerable and I usually just see the stone wall.

Nancy: That is probably the biggest thing... and I talked to my therapist about the fact that it was so... she understands who I am and what my vulnerabilities are, but I remember testing him one time and saying, “I have to pay someone for empathy... and that is where I go for my empathy and that is not enough in a marriage.” And I would scream at him. I would accuse him, “you think I am your mother and I am not her... you are constantly trying to demonize me and it was such a relief to feel that he could understand that I wasn’t really that person.” I am just wondering why it took so long...

Tom: Because you put up the wall.

Therapist: It had to do with both...

Tom: There were walls up.

At this point in the therapy, I assessed that Nancy and Tom had gained sufficient insight into their negative cycle that I could begin to focus on the stage 2 goal of using this insight to create the safety within the relationship for each partner to express previously disowned relational needs and to express more vulnerable emotions that had been hidden. Without prompting, Nancy discussed her needs for emotional closeness with Tom immediately after he pointed out that it was helpful to him to see her vulnerability instead of the ‘stone wall’. Nancy’s related her sadness also at a deep sense of guilt at having believed that she caused significant

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damage to the relationship. She described having accessed this guilt and sadness more fully during her individual psychotherapy session.

Therapist: And the blame stuff is... I must have screwed up so badly as a spouse that he doesn't even want to travel with me.

Nancy: Right when that hit me... and I was able to connect to that pain. It was huge. It was the first time I had really let myself feel it. I just broke down and started crying with my therapist and it is the first time I allowed myself to feel how sad I have been regarding that. I was much better at anger and judgement than I was at letting the sadness flow.

Upon further exploring Nancy's sadness I suggested that an additional need in the relationship is for her to be prized and treasured; that Tom's refusal to travel with her meant to her that this need would not be met. Nancy endorsed this interpretation. My goal here was to expand each partner's vocabulary for the relational needs that have been previously disavowed in the hope that they may become more concrete in each partner's mind.

In aiding Tom in becoming more aware of and expressing his emotional needs, I started by guessing out loud what they may be in order to facilitate his choosing what sounds right. I was aware that Nancy had been more accustomed to talking about emotions, partially as a result of having engaged in a psychodynamic/humanistic individual psychotherapy for the past 10 years whereas Tom was relative therapy Naïve. I started by suggesting that one of Tom's needs in the relationship is to be honored (rather than dismissed); specifically for his wishes and needs to be taken seriously and for Tom to have the space to express his needs as well as boundaries. Tom particularly acknowledged his need for his own boundaries and desires to be honored within the relationship. He shared a story from his past about his father failing to honor Tom's need for boundaries.

Tom: I went against what my parents did because they were overbearing: they were over the top.

Nancy: His family was openly crazy.

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Tom: I was playing football and I hated breakfast and I see my father talking to the coach. The coach confronted me about not eating breakfast.

My assessment at this point in the treatment was that Nancy and Tom were nearing a point at which their level of conflict may be significantly less escalated than it had been during previous sessions and I began to plan the future course of the treatment in terms of turning toward stage 2 goals; specifically in aiding both Nancy and Tom to continue during this less escalated state, to share their more vulnerable emotions as well as their previously hidden or disavowed attachment needs.

At the beginning of the tenth session, Tom reported experiencing discouragement, stating that he believed that Nancy woke up angry each day. He stated that Nancy's temper seemed short and that Nancy seemed irritable, particularly in the morning. Nancy denied waking up angry each day, but she stated that she had experienced discouragement and anger during the past several weeks related to her disappointment that Tom would not agree to travel with her until conflict in their relationship had diminished. As the session progressed, both partners began expressing a sense of hopelessness about the future of their relationship.

Therapist: Help me put a couple things together. I can definitely see how far you are from each other in this moment and I heard a little bit about why you might both be feeling hopeless. It sounds like for you, Tom it was seeing her angry?

Tom: It is my perception.

Therapist: So when she is angry you get hopeless? What happens?

Tom: I feel like I am doing everything I can to make the situation better and it just doesn't work. (Tom is now beginning to cry)

Nancy: He is probably right. I think he is trying really hard and I am stuck.

Therapist: I am noticing you are really trying to regulate yourself right now... you must be feeling overwhelmed.

Nancy: I am... I have been. It has to do with the fact that, I guess when I actually broke down I realized how sad I really am and how I guess I am just really sad... but I feel hopeless. I feel like what do I have to do for him to want to get in the car with me and be happy to be going somewhere with me It is time to change things up in order to get out of a rut. This is the first time in our lives where we have both had the means and the time to do what everyone we know just does... it seems like it is not an issue... and the issue of... well we will see ... there was something that that broke inside me and it must have something to do with... like that my parents would have been fine if I had

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become an engineer if I had done everything they wanted me to do... you know what I mean? What would it have taken for me to be accepted? I am going to bend myself over backward and maybe I am not supposed to be with someone else... maybe I am just supposed to be alone because I just seem to bother my husband. I just can't be in a room without bothering him and I know that there are times when he is trying really hard and I am too angry to be there for him Sadness and anger go together for me

As the session progressed, both Nancy and Tom were able to recognize that they were emotionally dysregulated. I used this awareness to align with both partners to attempt to create space for listening to the more vulnerable emotions that underlie their impasse. I hypothesized at this point that the hopelessness that they were describing was due to an inability on both partners' part to hear the other out. Tom shared more about his fear of traveling with Nancy in relation to his concern that conflict could further damage their relationship. Nancy shared more about her concern that she is so unacceptable to Tom that he will never want to travel with her. I shared an alternative interpretation; suggesting that Tom's reluctance to travel with Nancy was Tom's best attempt to protect the relationship from being damaged by further conflict.

Sessions 11-13

At the beginning of session 11, Tom and Nancy reported that they had experienced no conflict during the week between sessions. Tom reported that he had been disappointed that Nancy had purchased screen doors without consulting him. The discussion returned to Tom's experience that Nancy dismisses his importance and pursues obtaining what she wants without regard for his opinions or desires. He further expressed a fear related to Nancy's claim that she was 'finding her voice'; stating that in his experience, Nancy has made critical decisions related to the purchase of property and renovations of their home that he felt left him with undue debt and hardship throughout his life.

I used Tom's expression of his concern to aid both partners in further reflecting upon the disavowed emotions and relational needs that may underlie their behavior and to tie a more nuanced view of one another's underlying emotions into their concept of their negative cycle. I

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reframed Nancy's statement that she previously 'had no voice' in terms of her inability to express her underlying emotions and attachment needs.

Therapist: What you didn't have a voice for was how unacceptable and unlovable you felt you were... and you didn't have a voice for saying what you felt you deserved. When you were demanding about the house or whatever it was a feeling of life and death because of your anxiety... in that way it wasn't your true inner self speaking. Though at times you have been very firm, it wasn't truly your voice because you weren't able to give voice to the anxiety and misery you were experiencing. And living with an eating disorder... and that is what is coming to light... is your voice around that.

Nancy: Right

Therapist: And some of your discontentment of not being able to access him. Either because of his withdrawing or because he gets angry when you say what you feel... so there are two things... you had a loud voice on some things and at times that had an impact on him... but you were coping with such misery and such a sense of life and death that you missed him...

Nancy: Yeah he could never understand why it was so fucking important.

Nancy expressed that she believed Tom blamed her and would never forgive her for the ways in which her anxiety had impacted his life during the past 39 years. Tom expressed during this session that he now understood more about Nancy's anxiety and informed Nancy that he did not blame her, but rather sought to understanding.

Tom: I think I need some closure on some of this stuff; that this was the impact it had on me. I don't even need an apology. I just need you to understand.

As Tom continued sharing, he described his experience of isolation within the relationship related to how quickly Nancy could be offended upon his sharing of his opinions or negative emotions. I pointed out to both partners how they each shared mutual needs for understanding; Nancy for understanding regarding her anxiety and insecurity and Tom for understanding related to his sense of disappointment, isolation, and sadness at his emotions, needs and opinions being dismissed. I further pointed that their mutual unawareness of these needs and emotions contributed to their negative cycle. In line with the stage 2 goal of coaching both Tom and Nancy in more effectively expressing their needs and more vulnerable emotions, I taught Nancy about the use of listening and validation as a tool for achieving greater

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receptiveness on both sides within the relationship. As I knew that Tom and Nancy had not developed a habit of engaging in validation I used role-playing to demonstrate and practice this skill within the session.

At the beginning of session twelve, Nancy and Tom described a recent conflict during which a mutual friend had been late to call Tom back regarding evening plans and Nancy had defended their friend rather than addressing Tom's frustration. Tom hypothesized aloud that Nancy's sympathizing with the friend related to her tendency to arrive late; a tendency which Tom viewed as disrespectful of others. Nancy responded by stating that she believed Tom to be inflexible.

Tom: She never sees my side of anything.

Nancy: It is true. I never do.

Tom: I am always the asshole... I shouldn't be insulted that he didn't call... and I don't know if that comes from you family of origin or what... but it fucking sucks for me!

Nancy: Well... I don't really know but I am a more fluid person than you are. You think that I was just downing you...

Tom: Absolutely! I had a legitimate gripe and I wasn't allowed to have it.

Nancy: hmm... yeah I get scared when you're negative... I get upset.

Tom: I wasn't even being negative. I was just saying... we sat around for a half an hour.

As a central goal at this stage was aiding both partners in more effectively communicating their underlying emotions and previously disavowed relational needs, I pointed out how comments about each other's character style led to distancing and defensiveness rather than to the greater understanding that each partner had expressed was a central relational need. I therefore encouraged Tom to state more directly what he had needed from Nancy when he was feeling upset. Tom expressed that in that moment he had needed a brief statement from Nancy indicating that she understood why he was upset. Nancy discussed ways in which her fear that Tom's frustration might have negatively impacted the course of the evening had contributed to

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her quickly attempting to disregard Tom's frustration by telling Tom that he should lower his expectations regarding follow-through on this friend's part.

I engaged the couple in another exercise related to validation in an attempt to aid them in more effectively communicating. As Nancy validated Tom's frustration and Tom validated Nancy's anxiety, the discussion deepened and each partner revealed more about their understanding of the other partner's vulnerabilities. Nancy discussed ways in which she had found it helpful in the previous session to express her anxiety to Tom and experience validation from him. She further expressed ways in which she could intuit that Tom had experienced sadness within their relationship when Nancy's anxiety led to a focus on achieving tasks rather than addressing Tom's feelings.

Nancy: I was thinking about when you were working in the city and I would not validate your sadness about that... that must have been devastating.

Tom: It was. You used to say "when you are on the train you are on the train."

Nancy: It is such a horrific thing to say. I am going to have to handle it... and it is very enlightening to figure that out.

Tom: At the time I couldn't understand it but now I think that there was no connection to my feelings... her anxiety or whatever... prevented it.... From... it was just like... he was supposed to call at ten after five... same thing... I am complaining about something I shouldn't be... and it might have caused guilt back then too because I had the two hour commute because of her.

Nancy: When I was thinking about it... it really was about forward march... it is really sad.

During the session I noticed that Tom and Nancy were becoming more independent in their ability to recognize and validate emotions in one another. I highlighted the difference that I saw in their communication and emphasized how changing their communication style to focus on listening for and validating more vulnerable emotions was in line with their goals of reducing conflict and fostering greater closeness in their relationship. I began conceptualizing my work with Nancy and Tom in terms of moving into Stage 3 work of highlighting the couple's new

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methods of interacting and engaging in relapse prevention by planning with the couple on how they may meet upcoming challenges after terminating therapy.

Sessions 13-15

At the outset of session thirteen I learned that Tom had accidentally caused a flood in the couple's home while attempting to repair an appliance. As technicians arrived to stop the flow of water, Tom found Nancy outside smoking marijuana. Nancy reported that she had been very angry at Tom for causing water damage in their home, indicating that she had asked Tom not to attempt to repair the appliance. Tom reported having experienced anger at Nancy due to his concern related to seeing Nancy use marijuana as her substance use had been problematic in the past. Tom added that he had needed support at the time of the flood and had experienced Nancy's exit as abandonment.

During the session, Nancy became offended that Tom had brought up her substance use, indicating that she had felt ashamed specifically of her marijuana use in the past. Tom then immediately brought up his dissatisfaction with Nancy's tendency to eat snacks in bed. As the conflict escalated to include more accusations of one another, I interrupted in order to attempt to create space for connection. I interpreted that each partner might be using blame and criticism of the other in order to hide more vulnerable feelings related to the conflict they experienced after the flood. Tom reported experiencing shame and regret at having attempted to repair the appliance as well as a sense of fear that Nancy's blaming him for the flood may have harmed the relationship. Nancy discussed ways in which the damage to the house had exacerbated her anxiety to such a point that she became overwhelmed and used marijuana. She stated that she had felt ashamed when Tom found her using the substance. I recognized that both partners had experienced the event as a rupture and I focused my efforts on fostering communication between

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the two that would lead to a softening of blame and greater connection through sharing more vulnerable emotions.

T: It's about accepting that at times you can get triggered or he can get triggered and the old pattern can come up again... it doesn't mean your progress is lost. You can't undo it but you can find a new way forward. It sounds like Tom thought he had really screwed up and needed some reassurance from you that it was going to be ok. You were very overwhelmed and you understandably couldn't offer that in the moment.

Nancy: I did! I said you had been a rock star

Tom: Like 4 hours later!

Nancy: You don't give me an inch. I did connect with you!

Tom: I came to console you and you screamed at me!

Nancy: I was angry...so you are gonna hold on to what I was feeling?

Therapist: It triggered him... he often feels unacceptable... you did the best you could... he didn't know you were ashamed. It brought him back to when you weren't accessible when you used marijuana in the past. He was concerned you would be inaccessible again. This was a guy who felt in that moment he had screwed up and needed to know he was still going to be acceptable. Unfortunately the way he dealt with his doubt in the moment made you feel unacceptable too. So you were both panicked and you both felt unsafe.

Nancy: If you want to know the truth... I don't think it is a strong point that I went to the barn to smoke pot... I am ashamed.

Therapist: Can you tell her, "you have nothing to be ashamed of... it's just when I saw it... I kind of panicked?"

Tom: You have nothing to be ashamed of... when I saw it, it triggered stuff in me ... I am sorry for how I reacted.

T: Can you take that in...?

F: I wish it was true... I hope it is true I am sorry I just judged you there... it would be nice to take that... I have always had a lot of trouble taking good stuff in about me... and about the fire... I know you didn't want to burn the house down.

T: Can you tell him that he has nothing to be ashamed about?

F: You have nothing to be upset about.

T: ashamed...

F: You have nothing to be ashamed about: it happened. And you were a rock star in everything.

T: And I was panicked and I dealt with it by...

F: I blamed you and I am sorry... you know I went out to visit friends and I didn't say one word about the flood? If I said it then it means I am blaming you... it triggers the part where you don't listen to me.

M: I tell people about it... I even include the part where you told me not to do the repair.

T: And you did blame him and you are sorry for that.

F: And I did blame you and I am sorry.

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At the end of the session, I checked in with both partners. Both Tom and Nancy said that they were soothed and relieved at having been able to work through this conflict. My experience in the room with the couple was that despite the potential for the flood to have led to a major rupture in the relationship, I was able to foster greater communication of more vulnerable emotions more easily than in previous sessions.

Upon arriving at the fourteenth session, Tom reported that he believed that the previous week's session had precipitated improvement in their relationship and some resolution in conflict. Nancy agreed, indicating that she had noticed that tension in the relationship had greatly diminished over the past week. In line with the Stage 3 goal of aiding both partners in reflecting on new relational patterns, I encouraged both Nancy and Tom to reflect aloud on what they had found most helpful about their interaction in the previous session. Tom stated that he had found it 'refreshing' to hear Nancy's apology. Nancy reported that she felt the most helpful aspect of the interaction had been Tom's expression of his understanding regarding her anxiety and shame and the relationship of her sense of overwhelm related to the flood to her decision to use marijuana. I highlighted how the apologies on both sides had included each partner sharing their more vulnerable emotions that had previously been hidden and also had included each partner revealing that they were receptive to understanding the impact that their actions had had on the other.

At the outset of the fifteenth session, Nancy praised Tom for the work that he had done in negotiating with the contractor and insurance company regarding the repair of their home. Tom mentioned that he had noticed improvement in the couple's interactions, but reported that he had been bothered by a recent interaction between Nancy and the contractor during which Nancy expressed agreement with the contractor's suggestion regarding a repair when she had previously

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disagreed with Tom when he had earlier made the same suggestion. Tom stated that this event further supported his belief that Nancy easily dismisses his perspective while taking the opinions of others more seriously. Upon hearing about Tom's experience, Nancy interrupted.

Nancy: Well I am an asshole and you treat me like an asshole in front of our repair guy... that was kind of inappropriate. Just this morning we were admiring the new floor... and the old floor has problem one one side... you have to understand that it is not life or death: it is a preference... and you just kind of blew me off. I must have touched something in you that made you want to blow me off. Ok what were you going to say?

T: I am just aware that we are back in a forest... we have to get back out of here... it is pretty interesting... I get that there is a lot placed on this one thing... isn't it interesting how quickly when he brought up what was bothering him... it seemed like that is mostly what is on your mind right now... which you really wanted to know... then actually what shifted over to what is bothering you about that thing that is bothering him.. and he got quiet and you were left as the sole voice.

M: I think you are the sole voice because there are no openings in our conversation for me to get any words in...

T: I know that is your experience and I am tying it into how it works in between you... like with the floor for some reason it was impossible to say... we were going to try something with one tile but we can't now because they got thrown out... so we can't do our experiment.

M: To me it was... Jesus we have gone over this floor 5,000 times!

F: That is really demeaning.

T: I get how it comes across, but I think he is totally saturated.

F: It comes across like this: I have an idea; a thing to say about anything, and I believe that my ideas cause him anxiety... and I think that is where he is. You feel that you have to solve a problem and you are too saturated to solve that problem. A couple of times this week I say something and then I say I am just talking about the idea and I guess that frightens or upsets you.

M: Usually... like right now is not a good time to present me with new ideas.

At this stage in the treatment, I was focused on the Stage 3 goals of aiding both partners in reflecting upon their new interactional patterns and engaging in planning to address recurrence of the negative cycle in the future. I focused at this juncture on aiding both partners to more effectively express and respond to overwhelm within the relationship. I knew that issues surrounding the home had been a source of conflict in the past and intuited that the recent damage to the home had contributed to anxiety and exhaustion in both partners. Tom's emphasis on the number of conversations that had occurred related to the floor indicated to me that he was communicating a sense of overwhelm. Nancy, however, was experiencing anxiety and was

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therefore more vulnerable to interpreting Tom's responses as critical and accusatory. I pointed out how the sense of overwhelm had contributed to recurrence of the couple's negative cycle in that both partners began again to hide their more vulnerable emotions and instead engage in accusing the other partner. Both partners agreed with this interpretation. Nancy reported experiencing some discouragement that despite improvements in the relationship over the course of therapy, older patterns of interacting and negative assumptions could still come to the forefront. She hypothesized that both she and Tom may be too 'wounded' from their experiences of their families of origin and their experience in their relationship to be able to address their problems adequately. I began to use language that more explicitly framed our work as continuing beyond the therapy termination and consisting of the couple continuing to identify their negative cycle, identify and communicate more vulnerable emotions, and work to respond effectively to the needs and emotions of their partner.

Therapist: let me teach you how to do it maybe in a way that helps you both as wounded souls relate to each other... you have a lot of strengths but you have been hurt a lot and sometimes by each other... if you have had a lot of bad experiences with conversations where you have felt dismissed... and those are likely to happen again.. but I would say that if that has happened countless times in your relationship... I would say you need a number of times where it goes well before your body will really start to entertain the notion that it can... of course we have done good work... I am trying to teach you how to do it on an ongoing basis.

Sessions 16 & 17 (termination)

During the sixteenth session, Nancy and Tom described a recent conflict that occurred after Nancy had purchased a number of home items intended to replace items damaged in the flood. Tom stated that he had first hidden his anger related to the purchases, but had later engaged in yelling and criticism when Nancy had adjusted the air conditioning and the house had become uncomfortably cold for Tom. Nancy in turn had shouted accusations at Tom, and both partners left the room and isolated themselves from the other. In an effort to further foster Tom and Nancy's ability to independently resolve conflict, I asked each to reflect upon the

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perspective of their partner and to further reflect on the ways in which their own more vulnerable emotions may be contributing to the recurrence of their negative cycle. During the session I interrupted less frequently in order to provide more space for Tom and Nancy to work on their own.

During the seventeenth session, I encouraged both Tom and Nancy to share their thoughts related to termination. Nancy reported that she had experienced therapy as helpful in reducing the intensity and frequency of conflict in the relationship. She added that she experienced difficulty connecting with Tom on an emotional level and stated that she believed the flood had contributed to her sense of overwhelm and hypothesized that she may be too overwhelmed to connect deeply. Tom stated that he believed the couple had made progress related to communication and added that he also experienced difficulty connecting to Nancy. Nancy suggested that the relational trauma in both of their pasts may make their problems as a couple more suitable for long-term treatment. Tom agreed with this notion. I informed Tom and Nancy that I had discussed potential referral options with my supervisor, Nancy's therapist, and my supervisor planned on aiding Tom and Nancy in finding ongoing therapy.

Both partners further reported believing that they were undervalued in the relationship. Nancy described a recent event during a road trip during which Tom had adjusted the air conditioning in the car to a level that made the car uncomfortably cold for Nancy. When Nancy asked for the air conditioning to be turned down, Tom consulted another passenger in the car before adjusting the level. Nancy reported experiencing profound sadness due to her perception that she was undervalued in the interaction. Tom explained that he had consulted the other passenger in order to be courteous, but also had refrained from immediately adjusting the temperature of the car with the goal in mind of using the air conditioning in the car as retaliation

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for Nancy's tendency to turn up the air conditioning in their home. I interrupted at this point in order to invite Tom to talk about the more vulnerable emotions that may have been underlying his urge to retaliate.

Therapist: That is coming from a place of deep pain.

Tom: yeah I am not valued... so... (Tom tears up and begins to cry)

Therapist: That is a very painful way to be.

Tom: Yeah you think I wanna be that way? It comes from months and months of saying, "The thermostat is too low. I am freezing."

Therapist: He felt every bit as sad as what you were feeling in the car.... What comes across as mean behavior... is also sad.

F: So the conundrum is that I am also feeling sad and hurt. So what do I do?

T: I think that you can be sad and miserable... and maybe to talk about and let each person know how that felt... like this is still the cycle, you feel undervalued, he feels undervalued... he retaliates because he is feeling undervalued... you get very offended and hurt... and then you withdraw... and it seems like you also withdraw and neither one will initiate because you are each hurting so much.

As the session progressed, I encouraged both partners to listen to their partner's needs and express understanding and a wish to work toward meeting that need. Nancy stated that she understood Tom's need for warmth in the house and expressed willingness to work toward finding a compromise with Tom regarding meeting this need. Tom expressed understanding and compassion for Nancy's tendency to become overheated. Tom further stated a willingness to work toward a compromise that would help to address Nancy's need for comfort when she is overheated. Both partners stated that they felt soothed by their partner had expressed understanding of their needs as well as a willingness to address it; though each partner also expressed doubt that behaviors in their partner would change. I reminded the couple of some the importance of recognizing and addressing their negative cycle. I noted during the session that both partners used words that indicated a willingness to apply what they had learned in therapy to future conflicts.

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Therapist: I think one thing that we have done in here is made space to recognize that there are vulnerabilities underneath your conflict and there is a pattern; a cycle occurring. That is truly the enemy. Unfortunately, it often ends up as if you are each other's enemy. But it is clear that he really wants to be included. And you (Nancy) really want to be regarding and loved. But there is stuff that gets in the way.

Nancy: One tiny place to start is that every time there is a disagreement we can ask each other how it feels without obliterating the other person as if our feelings are more important than the other's feelings.

Tom: Yep

Nancy: We have to at least listen and try to come to a compromise.

Tom: Compromise would be good

Nancy: But before that you have to listen.

Tom: Yes.

I suggested that continued work might include will be to apply their knowledge about the negative cycle to concrete conflicts in the moment. I reminded the couple that seemingly unsolvable conflicts can at times be transcended by addressing the emotions and attachment needs that may be underlying the conflict. At the end of the treatment I acknowledged with Tom and Nancy that our work had not focused on a goal of achieving greater sexual satisfaction. Tom and Nancy stated that they had found the work to be helpful in reducing conflict and providing a roadmap for future progress. They indicated a belief that greater sexual satisfaction may result from continued reduction in conflict and continued progress toward creating greater emotional closeness and safety within the relationship.

4b-6b. ROHINI AND BRIAN'S THERAPY

4b. Assessment of Rohini and Brian's Presenting Problems, Goals, & History

Presenting Problems

Brian and Rohini reported at intake that they were experiencing dissatisfaction in their relationship related to frequent verbal conflict. They stated that they engaged in verbal at an average rate of 2-3 times per week. Both members of the couple reported at intake that they experienced high levels of stress related to work in the case of Rohini and academic studies in

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Brian's case. Rohini reported that she typically worked more than 60 hours per week in an attempt to cover the couple's expenses. Brian explained that he had previously been academically dismissed from his university during his early 20's and he considered his current course of study to be his last chance at establishing a career. He stated that he frequently experienced stress related to his studies both due to his sense of internal pressure to succeed and due to the rigor of his coursework. Both partners expressed that their stress levels and fatigue contributed to conflict within their relationship. Rohini and Brian also reported experiencing concern related to their wedding which was scheduled to occur approximately 9 months after the beginning of the treatment. According to their report, verbal conflict in the relationship had contributed to doubt about whether or not marriage was a wise choice at this point. Upon inquiring about the couple's sex life, I learned that Brian and Rohini engaged in less frequent sex than at the beginning of their relationship, but they attributed this reduction in frequency to fatigue related to their respective work and study schedules.

Quantitative Assessment

At the beginning of treatment, Brian and Rohini filled out four standardized quantitative measures; one of which measured individual psychological distress in each partner, two of which measured the overall functioning of the couple relationship, and an additional questionnaire measured the therapeutic alliance and perceived in-session relationship improvement. Rohini and Brian completed these questionnaires during each session of therapy immediately prior to each session with the exception of the Session Rating Scale for Couples, which was completed at the conclusion of each session.

Brief Symptom Inventory (BSI; Derogatis, 1983). In order to assess the level of psychological distress in each partner across sessions, each partner completed the BSI, a 53-item self-report

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measure of symptoms experienced by participants over the past week. The BSI is rated on a 5-point Likert-type scale ranging from 0 not at all to 4 extremely. This commonly used scale is the best single indicator of psychological distress and is well validated with a test-retest stability coefficient of .90 (Derogatis & Fitzpatrick, 2004). Published reliability coefficients for Brief Symptoms Inventory subscales and indices range from .71 to .85 (Derogatis & Fitzpatrick, 2004). (For Brian and Rohini's scores, see Table 6).

Dyadic Adjustment Scale (DAS; Spanier 1976) Dyadic Adjustment Scale was used to assess relationship quality. The DAS consists of 32 items assessing global domains of relationship functioning. A total score of 100 generally indicates a cutoff between "happy or non-distressed" and "unhappy or distressed" couples. The DAS has well-established validity and reliability in distinguishing distressed from nondistressed couples (e.g., Graham, Liu, & Jeziorski, 2006). (For Rohini and Brian's scores, see Table 7).

Brief Accessibility Responsiveness and Engagement Scale (BARE; Sandberg, Busby, Johnson, & Yoshida, 2012). To assess attachment related behaviors indicative of couple bonding, the 12-item Brief Accessibility Responsiveness and Engagement Scale would be used. The BARE is a self-report measure, rated on a 5-point Likert-type scale ranging from 1 never true to 5 always true, of the accessibility, responsiveness, and engagement of one's partner, as well as oneself, in a current romantic relationship. Published work on the psychometric properties of the BARE scale indicates that it has appropriate reliability and validity, with Cronbach's alphas ranging from .66 to .85 for all six self and partner scores across the three assessed domains (Sandberg et al., 2012). (For Brian and Rohini's scores, see Table 8).

Session Rating Scale for Couples (SRS; Duncan et al., 2003). To assess therapeutic alliance and perceptions of in-session relationship improvement, a modified version of the 4-item Session

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Rating Scale was be used. The SRS is a visual analogue self-report outcome measure designed for tracking therapeutic alliance in every session. Each item requires the client to make a mark on a 10-cm line where marks to left indicate more difficulties in the particular domain and marks to the right depict less problems. Preliminary psychometric properties of the scale support its internal consistency, concurrent validity with another longer measure of the therapeutic alliance, and its significant correlation with individual outcomes. For this study, two additional items were added to assess perceptions of the level of connection in the relationship and resolution of difficulties after each session. (For Rohini and Brian's scores, see Table 9).

Relevant Personal History*Rohini*

Rohini grew up in an Indian-American home in the Mid-Atlantic region of the United States of America. She lived with her mother, father, paternal grandmother, and younger sister in the home until age 10 when her parents divorced and her mother gained primary custody of Rohini and her sister. Rohini's mother remarried when Rohini was 14 years old. According to Rohini's report, her father and paternal grandfather made several attempts during visitation to convince Rohini to leave the mother's home and resume living with them. She stated that she was subject throughout her childhood and adolescents to pressure from both her mother and her father to side with one parent over the other. Rohini reported that following the divorce and throughout her adolescence, she has engaged in frequent verbal conflict with her mother. Rohini stated that at age 13 her mother told her that she loved Rohini's sister more than Rohini. According to Rohini's report, this had contributed to her sense that she can be easily rejected by romantic partners. In addition, Rohini reported having witnessed her mother criticize and raise her voice to both Rohini's father and stepfather. Rohini shared that in her current relationship

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with Brian, she frequently becomes afraid during verbal conflicts that she may be similar to her mother.

Due to cultural norms around dating, Rohini kept her first two romantic relationships hidden from her family. She reported that she had been in 4 serious committed relationships prior to dating Brian and that in three of the cases the partner had left the relationship to be in a relationship with another woman. She stated that this contributes to her fear that Brian too may become interested in another woman and leave the relationship.

Brian

Brian grew up in a Caucasian American home in the Mid-Atlantic region of the United States of America. He lived with his mother, father, and older sister. Brian described his relationship with his as having been relatively free of conflict, but emotionally distant throughout his development. He described her as kind and supportive, but he reported not having felt close to her emotionally. Brian reported that his father would frequently become angry throughout his childhood and adolescence. He remembered that his parents engaged in frequent verbal conflict and that during these verbal conflicts he stay in his room and frequently feel nervous and scared. According to Brian's report, his experience of verbal conflict between his parents has influenced his experience with Rohini in that he feels similarly nervous and scared when engaged in verbal conflict with her.

A pivotal point in Brian's life had been during his sophomore year of college when he was academically dismissed. He reported having regretted not exerting more effort academically and further regretted not having attended his courses regularly. According to his report, his

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anxiety related to schoolwork relates in part to his feelings of shame and disappointment at having been academically dismissed during his first attempt at pursuing higher education. This resulted in a fear that he may again experience shame and disappointment should he again not succeed. Brian subsequently joined the military and was stationed abroad; a decision which led to conflict with his father who disapproved of Brian's joining due to fear for Brian's safety.

Brian was active in the military for 6 years. Brian's only previous romantic relationship had occurred during his military service when he was involved in a committed dating relationship with a woman for 2 years. He described his relationship with his first romantic partner as having been emotionally distant with little conflict. He stated that he was unsatisfied with the relationship as there was no room within the relationship to discuss deep emotional matters.

Relevant Relationship History

Brian and Rhonini met 3 years prior to presenting to couples therapy. According to their report, they met at an aerobics class and had been both physically attracted to one another as well as attracted due to their mutual interest in physical fitness. The couple dated for one year prior to moving into the same apartment. According to their report, Rohini and Brian did not experience frequent verbal conflict prior to moving into the same apartment, but rather noticed a sudden increase in the frequency and intensity of verbal conflict upon beginning to live together. They stated that disagreements about household chores or mutual beliefs that the other partner did not do as much to maintain the household were frequent catalysts of arguments. In addition, Brian wished to spend time with his friends on a regular basis outside the home. Rohini at these times would become worried that Brian may be meeting other women outside of the home. She related her worry to her past experience of infidelity in previous relationships. Upon raising her

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concern about Brian potentially meeting other women, Brian frequently became offended and engaged with Rohini in a defensive manner.

Conflict escalated further during the third year of their relationship as Brian began pursuing an academic program and Rohini became the sole provider of income for the household. Rohini stated in the initial session that lacking money to pay living expenses is a central fear for her and she became increasingly stressed and anxious as Brian no longer contributed financially. Rohini stated that her anxiety would motivate her to seek more hours at work; leaving her exhausted by the time she reached home. For Brian, his anxiety related to schoolwork had stemmed from his prior academic dismissal. As a result of his high levels of anxiety, he would frequently avoid studying or completing work as his anxiety was most intensely experienced while engaging in these activities. Rohini reported frequently noticing that Brian played video games and watched movies as a means of delaying progress on his work, but she did not have insight into the intensity of anxiety Brian was experiencing. As a result, Rohini frequently confronted Brian about his time-management skills and Brian responded in a defensive manner.

Rohini and Brian reported that Brian had tended to be relatively reserved emotionally in the relationship while Rohini tended to be more emotionally expressive; often sharing her concerns and negative emotions. Ten months prior to initiating couples therapy, Brian had informed Rohini that he had become overwhelmed while listening to Rohini express her discontent with her job as well as sadness that two close friends were moving to other states. Upon hearing Brian's feedback, Rohini experienced a profound experience of rejection and engaged in less sharing of her concerns and negative emotions. After her friends moved to other

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states, Rohini experienced a lack of emotional support in her life; which contributed to her becoming more easily upset about Brian's time management or work on household chores.

Multicultural Considerations

During the assessment phase of the treatment I asked both Brian and Rohini about their experiences related to their cultural identities. Both partners denied experiencing difficulty related to cultural and racial differences within their couple relationship. Though their family's cultural heritage had differed, both Rohini and Brian reported identifying most strongly with mainstream American culture. They further denied having experienced discrimination related to their status as a mixed-race couple. Rohini reported that she considered her parents' Indian cultural heritage to have influenced the events surrounding their separation, indicating that her father's family had adhered strongly to traditional Hindu norms related to family life that had contributed to their resentment of Rohini's mother for initiating the separation. I held this in mind as I worked with Rohini around her fear of being blamed for problems in her relationship with Brian as it was apparent that Rohini's father's family had placed Rohini in an impossible situation largely due to their blaming the mother for the separation itself.

5b. BRIAN AND ROHINI'S CASE FORMULATION AND TREATMENT GOALS

In conceptualizing Rohini and Brian's case, I employed the theoretical framework underlying the practice of EFT developed by Johnson and Greenberg (1985). As in the case of Nancy and Tom, I focused on identifying the couple's *negative cycle* and framing this negative cycle in terms of attachment-related emotions and behaviors. A key assumption of Attachment Theory is that humans depend upon strong emotional bonds in order to meet primal needs for security, trust, support, and emotional closeness (Ainsworth, 1969). The theory further posits

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that the quality of responsiveness of the early caregiver to the infant's needs for security, trust, support, and closeness contributes to the development of the infant's self-image and expectancies in future relationships (Bowlby, 1973). According to Attachment Theory, the manner in which a person develops their self-image and their beliefs about the likelihood of having their attachment needs met in the future contributes to their later style of interacting in close relationships, or rather, their *attachment style* (Bowlby, 1973). While individual attachment styles are posited to develop in relationship to primary caregivers early in life, the theoretical framework of EFT assumes that intimacy in adults is an attachment process and that affective responses and patterns of related are reciprocally determining (Johnson et al., 1999). Case formulation in EFT, therefore is a balance between understanding emotional vulnerabilities, beliefs, and expectancies developed in childhood that each partner brings to the relationship, while accounting for the manner in which emotional interactions within the couple relationship contribute to the maintenance of couple distress.

Rohini and Brian's Negative Cycle

Brian and Rohini's negative cycle involves a repeated occurrence of a *pursuer-withdrawer* interaction between the two partners. Most frequently, Rohini takes on the role of *pursuer*, indicating that she seeks to meet her needs for security, trust, support, and emotional closeness through actively attempting to engage in communication with Brian through initiating conversation, calling Brian on the phone, sending Brian emails during the day, or sending text messages. At times Rohini's attempts to initiate contact occur after she has perceived that her emotional needs are not being adequately met in the relationship. Rohini then increases the frequency and intensity of her efforts to make contact by speaking more loudly, calling more frequently, or sending multiple emails or text messages. When Rohini perceives that her

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continued efforts to reach Brian on an emotional level are unsuccessful, she experiences anger and frustration and engages in shouting at Brian, verbally criticizing Brian, or disengaging by storming out of the room or leaving the home. From an EFT perspective, Rohini's anger and frustration are viewed as secondary emotions, serving to protect Rohini from the painful experience of her primary sense of disappointment, loneliness, and fear that result from Rohini's perception that her relationship with her partner will not meet her emotional needs (Johnson et al., 1999). Rohini likely carries increased vulnerability to interpreting Brian's lack of engagement as rejection due to her experience of rejection as a child as well as in subsequent relationships with romantic partners.

Brian frequently assumes the role of *withdrawer* in the relationship. Likely as a result of the modeling of his more emotionally distant mother, as well as the anxiety that Brian experienced when his parents engaged in verbal conflict, Brian has learned to engage in emotional withdrawal in order to soothe his own anxiety and to attempt to regulate the level of arousal in an interaction. Brian's emotional withdrawal typically takes the form of becoming more quiet during interactions, answering text messages in a curt manner, ignoring some emails when he becomes overwhelmed, or playing video games. Brian's attempts to regulate his anxiety and the level of arousal within the relationship are viewed through the guiding framework of EFT as Brian's best attempts to maximize the chance that his needs for security, trust, support, and emotional closeness may be met within the relationship.

During the negative cycle, neither partner expresses their emotional needs and instead engages in reactive responding to the other partner. As Brian becomes more withdrawn, Rohini increases the volume of her voice or the poignancy of her criticism. As Rohini becomes louder or more critical, Brian further withdraws. As the intensity of interactions escalate, both partners

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have the experience of their most negative expectancies and worst fears coming true. For Rohini, her fear of rejection related to the rejection she has experienced in the past leaves her vulnerable to interpreting Brian's withdrawal as rejection. For Brian, the fear of conflict that stems from the fear he felt when his parents fought comes to the forefront. This has led to doubt on both sides as to whether or not their partner would be a suitable spouse.

Treatment Goals and Planned Phases of Treatment

As mentioned above, EFT identifies 3 stages of the treatment process (Johnson, 2004). The stated goals of Rohini and Brian were to reduce conflict within their relationship, achieve more emotional safety and sense of security within the bond, and to resolve uncertainty regarding whether or not they would marry. I related to these goals to the EFT stages of treatment in the following manner.

Stage 1 Treatment Goals

- Aid Brian and Rohini in identifying problematic patterns of interacting (negative cycle) in a collaborative manner.
- Introduce Rohini and Brian to the basic rationale of EFT including the relevant aspects of attachment theory in order to teach them about the manner in which their emotions can be understood in terms of research findings related to the nature of human bonding and aid them in using this insight to foster more effective communication.
- Aid both members of the couple in fostering a common alliance by framing their problems in terms of a negative cycle rather than attributing problems to personal shortcomings in themselves or their partner.

Stage II Treatment Goals

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- Use the insights gained in step one as well as affect regulation skills to create safety for each partner to express previously disowned relational needs and emotions that had been hidden. For Brian, a central goal at this stage was aiding him in identifying signs that he is becoming overwhelmed and aid Brian in finding ways of communicating his sense of overwhelm to Rohini. An additional goal at this stage was to aid Brian in expressing his sadness and fear related to the effects of verbal conflict with Rohini. For Rohini, a central goal was aiding her in experiencing and expressing her loneliness, sadness, and fear of rejection; all of which tended to be hidden as the couple engaged in conflict.
- Coach both Rohini and Brian in more effectively expressing their needs and emotions in terms that foster connection.

Stage III Treatment Goals

- Aid both partners in reflecting upon their new interactional patterns.
- Discuss triggering events that may initiate a recurrence of the negative cycle.
- Engage in planning for how the Brian and Rohini may address recurrence of the negative cycle in the future.

6b. ROHINI AND BRIAN'S COURSE OF TREATMENT

Sessions 1-3

During the first session, I met with Brian and Rohini together for an intake session.

During the second and third sessions, I met with each partner individually. During the initial

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assessment phase I was most struck by the lack of social support that both Rohini and Brian had in their lives. Rohini explained that her closest friends had moved away during the course of the past year and Brian stated that he had struggled to build and maintain friendships. He attributed this to the demands associated with his schoolwork as well as to his anxiety related to engaging socially. In an effort to establish rapport with the couple early on, I vocalized my impression that the two had been largely alone with their problems and framed the therapeutic relationship as a potential source of support for the relationship. Additionally we agreed up front on a termination date following the completion of approximately 15 sessions.

Rohini and Brian described a recent conflict related to a decision to exercise together. Rohini stated that she had been delayed due to traffic on the way home from work and had made several attempts to communicate with Brian via text message. Brian had not noticed the messages and Rohini had been left without the ability to communicate with Brian in order to shift plans so that the two could save time by each going directly to the gym rather than Rohini picking up Brian at their home and driving them both. According to their report, the resulting conflict related to the failures in communication had led to each partner exercising in separate areas of the gym and a loss of the opportunity for the two to rejoin and bond after being away from each other.

I began teaching both members of the couple about the framework and goals of EFT by asking each member of the couple to share their emotional experience of the conflict. Rohini described having missed Brian and having looked forward to seeing him and exercising with him after a day of work. Brian described his sadness at having interpreted Rohini's frustration as blame directed at him for not having read the text messages soon enough to respond. I informed the couple that it is typical during conflict in relationships for couples to give voice to anger and

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resentment rather than to more vulnerable emotions such as disappointment or sadness. I described the rationale for focusing on these more vulnerable emotions in terms of the way in which expressing vulnerability to a romantic partner can be more effective in inviting understanding and emotional closeness whereas expressing anger and resentment can lead to increased separation. Both Rohini and Brian stated that they agreed with this premise for proceeding in addressing the conflict that they were experiencing in their relationship.

During the second session I met with Brian individually. I took advantage of the individual session to ask Brian if he was experiencing any abuse within the relationship. Brian denied abuse. Additionally I asked Brian if he were engaging in any romantic or sexual relationships outside of his relationship. Brian denied this as well. During the individual session I asked Brian about his history including developmental and relationship history. I was most struck as Brian discussed his experience of fear related to verbal conflict in his parents' relationship. He reported that his father would frequently yell at his mother and that his mother, though typically 'laid-back' in interactional style would become defensive and engage in yelling as well. According to Brian's report, he tended to hide in his bedroom upon hearing his parents engaged in very conflict. I asked Brian if he felt a similar fear while fighting with Rohini. He answered that arguing with Rohini did remind him of his parents' arguments and related his doubts about marrying Rohini to his fear that his relationship may become as conflict-laden as his parents' relationship. I assessed Brian's level of commitment to the relationship and he stated that he had a high level of commitment to working toward improving his relationship with Rohini.

During the third session I met with Rohini individually. As with Brian I assessed for abuse within the relationship and asked her if she was engaged in any romantic or sexual

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relationships outside of her relationship with Brian. Rohini denied both. Upon gathering information related to Rohini's developmental history, I learned about the profound impact the separation of Rohini's parents had had on her. Additionally, as Rohini described the interaction with her mother during which her mother had informed Rohini that she loved Rohini's sister more, Rohini broke into tears. I expressed my compassion for Rohini upon hearing about the impact of this experience. Upon gathering further information related to Rohini's history of romantic relationships, Rohini discussed the impact of having experienced several romantic relationships that had ended due to her partner having engaged in sex outside the relationship. I suggested to Rohini that both her mother's expression of favor for her sister as well as Rohini's experience of relationship partners going outside the relationship likely contributed to Rohini's doubt about the security of her current relationship as well as her doubts about her own self-worth. Rohini stated that she agreed with this interpretation. During the session I also assessed Rohini's level of commitment to the relationship and she stated that she had a high level of commitment to working toward improving her relationship with Brian.

Sessions 4-6

Brian and Rohini presented to the fourth session reporting that they had experienced a major verbal conflict during the night prior to the session. According to their description, the conflict had occurred following Brian having gone to a party at a classmate's house. According to Brian's report, he had made his way home earlier than expected but had decided not to send a text message to Rohini informing her that he would come home for fear that he might wake her should she be asleep. While on the way, he received a message from Rohini asking about his whereabouts and he indicated that he would shortly be home. Rohini then became angry that Brian had not informed her that his plans had changed. Rohini related her anger to her sense of

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fear that Brian may be flirting with other women while out and stated that she interpreted Brian's lack of communication with her as a sign that he may be engaged in secretive behaviors.

According to their report, Rohini had slept on the couch in the living room while Brian slept in their bedroom. The two had not communicated with each other during the day leading up to the session.

In keeping with my goal of collaborating with Rohini and Brian to identify and describe the negative cycle, I asked each partner to share more about their emotions related to what had happened during the conflict. Brian discussed his anger and resentment; stating that Rohini frequently becomes angry when he goes out with friends. I validated Brian's frustration and asked Brian to share more about a range of emotions that may underlie his frustration in the hope that Brian may share more vulnerable, primary emotions that could potentially foster an increased sense of closeness in the relationship. Brian stated that he feared that he may be socially inept and expressed that going out with friends and socializing with classmates served the purpose for him of providing a space where he could potentially gain a sense of mastery over his insecurity related to social interaction.

My attempt to tie both Rohini and Brian's emotions into a narrative about their negative cycle was thwarted as Rohini became angry while listening to Brian discuss his social insecurities. She stated that she believed he was blaming her for his social difficulties. At this point it became apparent that Rohini might be too dysregulated by the interaction to reflect upon Brian's experience. I thought in the moment about the separation that both partners had experienced throughout the day and made a decision to attempt to go deeper into Rohini's experience in order to attempt to foster greater closeness. I had remembered from Rohini's

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individual session that feeling blamed had dated back to her childhood experience of her relationship with her mother.

Rohini: I'm insecure and I don't trust people so if that's what you want to do then I don't see us working out. I am not gonna hold you back you can do whatever the fuck you want.

Therapist: I'm feeling really compassionate toward you right now.

Rohini: I mean I've told him that everyone I know has always cheated. Nothing ever works...

Therapist: You're so connected to him that losing him is one of the worst fears in your mind is that right?

Rohini: I don't know. Like I guess I could accept it if I had to. It's more like... why put the time and effort in? I would rather just nip it in the bud if he is going to do that anyway.

Therapist: Well I don't see him going anywhere. It seems like he is mad and hurt but he is open to working it out. Is that right?

Brian: Yeah

Therapist: I know it can feel to you so futile that's like "What's the point?" but I feel like I am speaking to a place in your heart that really wants it to work as well.

Rohini: I do when it's good. When it's like this I don't. I can't envision anything good coming from it. I would rather not have to deal with it.

Therapist: Well to me that's so understandable. What's coming to mind for me though is how hurtful it was when you were a kid and when you dad's family started telling you to report negative things about your mom. And she blamed you for making it hard for her and told you that she loved your sister more...

Rohini: (Becomes tearful and begins to cry) Yeah...

Brian reaches over and touches Rohini's arm. He rubs her shoulder and hugs her.

Rohini: (To Brian) Did I ever tell you that?

Brian shakes his head no. Rohini hugs Brian and they continue to hold each other silently for about one minute.

Therapist: What's going on for you, Brian?

Brian: I don't know.

Therapist: You look like you're feeling very compassionate towards Rohini.

Brian: She's never told me that. I mean I know most of what happened but she has never told me that part of it before.

Therapist: And so it's really understandable how then if Rohini gets blamed, her early experience of being blamed is that not only is my life hard because of you, but also that you're less loveable or not loveable because of that.

Brian: Yeah.

Therapist: And so when that big angry fiery wall comes up when you're feeling blamed... you kind of want to dump your cargo and get out of there. So that you never have to get hurt again.

Rohini nods affirmatively, still crying.

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I was of two minds in my decision to bring up Rohini's past at this point in the session as processing each partners primary emotions in terms of their past experience was more in line with my goals for stage II. In addition, I worried in the moment about potentially overwhelming either partner at this early stage in the treatment. I decided, however, to proceed with this intervention as I wished to attempt early on to foster closeness within the couple and it was apparent that both partners could become dismissive of the relationship and disengage from their partner quite quickly. Additionally I wished to deepen the therapeutic relationship early on as I knew that both partners were highly committed to their relationship, but equally pessimistic about their prospects as a couple.

It was apparent that the intervention had fostered the desired closeness though the focus of the rest of the session turned to a discussion regarding engaging in care for one another. Rohini shared that she had been so upset throughout the day that she had not eaten. The session had begun in the evening so I was concerned for Rohini's well-being. I decided to leave behind my goal of continuing to outline the negative cycle with Brian and Rohini and instead engage in planning related to what the couple might do immediately following the session including obtaining food for Rohini and treating each other gently. Following the session I checked the Session Rating Scale for each partner and found that both partners had indicated high scores on the measure for the item reading 'I felt a strong connection with my partner in session today'. Additionally the scores of both partners indicated that they had found the session to be in line with their goals and overall helpful. I was hopeful that this might be an experience that we could revisit later in the therapy as an example of fostering closeness at a time when both parties had presented feeling quite emotionally distant from each other.

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The couple presented to the fifth session indicating that they had experienced less conflict throughout the week. Rohini reported that she had felt soothed following the previous session and Brian reported feeling emotionally closer to Rohini. Rohini discussed her frustration at Brian for his manner of replying to emails and text messages. According to her report, she tended to send multiple messages in a chain and Brian tended to answer partially or fail to read the entire chain of messages. Brian reported that he at times became overwhelmed by the volume of messages and wished that Rohini would send fewer messages at a time. The couple reported that disagreements related to these messages often led to verbal conflict with Rohini accusing Brian of not caring about her needs and undervaluing the relationship. Brian's response was typically to become defensive; engaging in the verbal argument for a short time before withdrawing and ruminating about how resentful he felt about being accused.

I took this opportunity to discuss the negative cycle with Brian and Rohini and demonstrate how their typical pattern could play out around these text messages and emails. I began by gathering more information about how each person felt in the interaction. Brian discussed his sense of sadness, helplessness, and confusion at not being able to soothe Rohini when she became upset about email and text exchanges. Rohini discussed her sense of sadness at feeling undervalued in the relationship. I discussed the manner in which the pattern of interacting led to both partners expressing their more secondary emotions such as anger and resentment rather than sharing their sadness, disappointment, or confusion. I found out that Rohini frequently felt anxious about her work situation and would reach out to Brian for comfort. Brian, on his part was often at home feeling anxious about his studies. As Rohini would reach out to Brian for support and comfort, she inadvertently would share several messages in a row in the hopes that Brian could aid her with all of her concerns. Brian, upon receiving several

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messages would attempt to soothe Rohini but would often be too overwhelmed to process the volume of information present in the messages. He would therefore not respond to several aspects of the messages which would in turn lead to Rohini's interpretation that Brian had neglected to take the time to fully respond to her bid for support.

At this point in the discussion I came to know that Rohini had not made explicit to Brian her need for support and soothing. I further found out that Rohini had believed that Brian 'should know' that she needed him to provide support and soothing. According to Rohini, having to ask explicitly for support and soothing from Brian would mean to her that impulses to provide these things would not spontaneously arise from Brian. To Rohini it was important that Brian spontaneously provide support and caring as this was an important measure for her of his commitment to the relationship. Brian, left without these data, often assumed Rohini was looking for practical solutions to problems and was unaware she was seeking contact with him. Upon receiving criticism for his manner of responding, Brian would interpret the criticism as indicative of his inadequacy in providing meaningful advice and would frequently provide less output in order to avoid further worsening the situation. Brian's need to feel effective in the relationship was therefore subverted and he was left feeling sad and helpless. I engaged in planning with the couple about how they might be more explicit about their relational needs and more vulnerable primary emotions as a manner of fostering the closeness and sense of positive regard that they were both seeking from their partner. I pointed out how the negative cycle, and not deficiencies in the approval of their partner was the culprit behind their verbal conflict related to the messages. I further encouraged dialogue between both partners regarding text messages and emails. Brian requested that Rohini send one message at a time in order to ease his sense of overwhelm. Rohini requested that Brian more thoroughly read the message before

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responding. I reminded both members of the couple that the text messages and emails were often a bid for connection and I encouraged both to look beyond the wording of the text messages themselves and rather to see the act of reaching out and responding as indicative of the importance of the bond for both partners.

At the beginning of the sixth session, Rohini reported that she had been sick with a cold virus and that she had felt exhausted, depleted, and run-down. She discussed her frustration with Brian, indicating that she believed he did not help adequately with household chores and engaged in playing video games rather than studying. According to their report, a verbal conflict had been initiated when Rohini arrived home from a 12-hour workday and Brian had begun to clean dishes prior to making dinner. Rohini reported that she had felt angry that Brian had been home most of the day and had not tended to the dishes prior. Brian explained that he had been studying for an upcoming exam. Rohini subsequently refused to accept Brian's explanation, indicating that he had created the pressure to study for the exam himself by waiting until days before the exam to study. Brian became quiet in the session and turned his body away from Rohini. As both members of the couple became more disengaged, I attempted to invite Rohini to explore her more vulnerable primary emotions underlying her distress.

Rohini: I don't care. I am just being honest.

Therapist: Tell me more about that.

Rohini: I mean, I understand that we are both depleted but either we interact or we just don't talk to each other. So... if that's the case then let's just not talk to each other. Or try to do anything with each other. And sometimes I don't see his side because I work a lot and I am still able to keep giving him what I can. But I feel like he... Like you wait till the last minute to study and that is your fault. That's under your control.

Therapist: well and I am wondering about... perhaps it is tough to think about the background thing if you are feeling so... um... unwanted.

Rohini: What do you mean?

Therapist: That's the sense I am getting. You want to know if he holds you in mind; if he cares. That's what the food really means to you... does he care for me, will he be there for me? And the reason he would be there for me is because he wants me

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Rohini: Yeah I guess so.

Therapist: So I am wondering if one thing that might get in the way is that when you are feeling unwanted it is tough to consider how you are both really depleted because maybe that could feel like... what you really want to know is that he can be there for you that he can reach for you.

Rohini: I guess so.

Therapist: And then on your side you are like.. here I am scraping the bottom of the barrel for energy and it is tough to be there for you is that right?

Brian: Yeah.

Therapist: Now the reason I say these things is to let you know I am listening and that I can be wrong. So if I get it even a little bit wrong just let me know... but yeah it is very far from whether or not you want her is that right? It is more self-focused than that... like... here is another thing I have to do...

Brian: Yeah.

Therapist: But could that make sense to you that if she is sitting with... does he want me am I important? Then it could be hard if those things are in question it could be hard to reflect much on your experience.

Brian: Yeah that makes sense.

Therapist: How is that sitting with you?

Rohini: I guess it's fine. I just... I don't know... I tried to tell him what I need or what I think would work but like he just spends his time so haphazardly and crunches things... you have worked hard at trying to better manage but he procrastinates and has to take a week off from communicating and it takes a toll on the relationship.

As both members of the couple softened I attempted to further the goal of identifying the negative cycle and framing the cycle as an external problem that the couple could align with each other against. I pointed out how Rohini's primary emotions of sadness at believing she is not valued and wanted become subverted by the secondary emotions of anger and resentment.

Brian's sadness at believing he is inadequate in the relationship coupled with his anxiety related to his schoolwork then becomes hidden as he engages in further withdrawal. Rohini is then left to interpret Brian's withdrawal as a further indication of his lack of caring which heightens her sense of anger and resentment. I noted how the experience of the negative cycle was also likely intensified by the level of exhaustion and depletion that both partners experienced. Both partners agreed with the interpretation and we discussed ways in which the couple could more effectively share their more vulnerable emotions in order to more accurately express emotional needs. I also

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engaged the couple in planning related to self-care and recommended significant rest for both partners. Rohini stated that she planned to take a day off from her job during the coming week.

Sessions 7-11

The seventh session occurred two weeks after the sixth due to the couple having missed the session the week before due to illness. Rohini and Brian reported that they had experienced only mild conflict during the initial week away from therapy, but reported having engaged in three major arguments during the second week. Rohini reported that following the third argument she had left the home to sleep in a hotel. I came to know that the conflict had centered around disagreements related to housework and meal preparation. I attempted to engage Brian more in the process as I was aware that the previous session had focused largely on Rohini's reactions to Brian's behavior. Brian discussed his sense of discouragement related to his studies.

Brian: This is what really stresses me out. I went through undergrad courses and I took courses that people would say was hard and I did fine... but now I am in these courses and I am studying more than I usually do and I am not getting the results. I feel like I am falling behind.

Therapist: That must be terrifying.

Brian: Yeah... and sometimes I feel like I want to give up now because I just feel like... I can't. I guess this isn't just... it's like everybody else is just really smart and it is just harder. I am really stressed out.

Rohini: I am understanding him and I feel bad... but I have never been smart. I have always had to work for it. So even the amount of effort I have had to put into. The amount of work I saw him put into it he is just naturally smart at it. I feel like the amount he is having to put in now for his classes has been pretty much my whole life because I haven't been as smart as him. So and he doesn't give me the opportunity to try to encourage him. He wouldn't really listen to me. Like if you really need to study take the time to study... it's like... you don't though... you have time you should use it to study.

Therapist: I think one thing that might be going on is that you really are at your wits end with it and you both need something from the other person but unfortunately when you are locked into these positions it is hard to get it from the other.

As in previous sessions, Brian and Rohini made clear the role that exhaustion and depletion was playing in limiting their ability to empathize with one another and in contributing to the recurrence of their negative pattern. I interpreted the couple's recent conflict in light of

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their exhaustion as well as their fears. For Brian, his fear of failure applied not only to his studies, but also to his romantic relationship: taking the form of shame and fear that he is not good enough at being a romantic partner and may be rejected. I pointed out how on a primary emotional level, Rohini's sadness, disappointment, and fear of losing connection with Brian. I encouraged both partners to interpret their own anger and resentment as well as that of their partner as secondary to the more vulnerable primary emotions that tended to be hidden during the recurrence of their negative cycle. Rohini discussed the difficulty in seeing Brian as afraid when he engaged in withdrawal from her or delayed doing schoolwork in order to play video games. Brian acknowledged the difficulty inherent in interpreting Rohini as emotionally vulnerable while she was engaged in criticizing his behavior. Both partners did, however, acknowledge that they could entertain the notion of viewing their partner differently in these interactions. I emphasized the importance of working to see oneself and one's partner in a different light as a means of fostering different and improved interactions.

During the session, I decided to further assess Brian's difficulty in studying. Brian explained that he experienced difficulty focusing on written material and found that he read slowly with little retention of what he had read. In addition, Brian reported losing focus during lectures. I was aware that Brian had previously failed to complete his bachelor's degree due to poor grades and asked Brian about the duration of his difficulties in focusing. Brian stated that he had experienced difficulties focusing since childhood. Based on Brian's reported difficulties as well as his history of difficulties focusing on and retaining information, I informed Brian of the availability of affordable testing services to assess whether or not his difficulties may be in part due to attention-deficit hyperactivity disorder (ADHD). Brian stated that others in his life had previously indicated that he may suffer from ADHD and he expressed interest in having this

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assessed. I provided Brian with the contact information for a clinic that provided affordable assessments.

During the eighth session, the topic centered on stress related to planning their upcoming wedding. Rohini stated that she felt pressured to send out wedding invitations in order to allow sufficient time for guests to respond. Additionally she discussed her resentment related to her perception that Brian was not helping her sufficiently with planning the logistics of the wedding. I learned that Brian had recently missed a deadline Rohini had set for choosing a baker to prepare their wedding cake. Rohini expressed her doubtfulness about Brian's dependability as a partner as well as her doubt related to whether or not the decision to marry Brian was wise. At this point in the session Brian reported being offended at Rohini's doubt about the marriage and in turn indicated his own doubt about whether or not following through with the wedding was a good decision. I engaged the couple in discussion related to commitment and expressed my openness to helping them to discern the course that was best for them. As the discussion unfolded both partners expressed a high level of commitment to the relationship and framed their doubts about the wedding to be largely a response to their level of stress related to work, studies, and wedding planning. In an attempt to foster increased bonding between Brian and Rohini, I engaged the partner in dialogue aimed at teaching them how to repair ruptures such as the rupture that had occurred within the session as each partner had expressed doubts about their willingness to marry the other.

Therapist: and when you were talking about your burnout, what impact do you think that had on her?

Brian: If she already was questioning it then it made it worse. If she knows that I am questioning it then maybe she doesn't know if she wants to put the effort in.

Therapist: Can you turn to her even and tell her about what you understand about what she has been feeling?

Brian turns toward Rohini

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Brian: I am sorry that I haven't come through on everything that you wanted and I know how that makes you feel kind of insecure about whether you're valuable to me or whether I consider what bothers you. And I know that when I am not 100 percent sure about things with the relationship that it affects you also... and that if you're having the same feelings then it makes it worse and I am sorry.

Therapist: Can you take that in?

Rohini: Yeah.

Therapist: Does that help you?

Rohini: yeah.

Therapist: And it sounds like on his side when you get hurt... or when you get scared or lost, and you so quickly protect yourself and become angry and you try to use your anger to access him and instead criticize him that he already feels bad about himself and it kicks him when he is down. Can you talk to him?

Rohini: I know when I get upset about some of the things or some of the things you do... when I get upset about these things I voice my concerns negatively and I criticize you and it makes you feel hurt and like something is wrong with you. I am sorry about that.

Both Brian and Rohini reported feeling relieved and closer to their partner as a result of this interaction. I encouraged both partners to work to heal ruptures more quickly by both expressing their more vulnerable emotions and expressing their understanding of their partner's vulnerable experience. In addition, I continued to engage in planning with the couple regarding how they might increase their self-care behaviors such as eating regularly and sleeping regularly. At this point in the therapy I began formulating the work as entering into a new phase of addressing the stage II goals of fostering increased expression in both partners of previously disowned relational needs as well as engaging in interactions that contributed to fostering greater emotional closeness between partners.

At the beginning of the ninth session, both Rohini and Brian reported experiencing an increased sense of emotional closeness with their partner and reported having experienced less intense and less frequent conflict throughout the past week. I asked the couple to share more about what they believed contributed to less conflict within the relationship. Rohini shared that Brian had more openly discussed his sense of discouragement related to his schoolwork with her and that this had led to her experiencing increased compassion toward him. Brian in turn

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reported feeling ‘less stressed out’ in the relationship. I interpreted this as potentially being due to a greater sense of security within the bond; an interpretation that he accepted as valid.

As we were engaged in discussion, I noticed a worried expression on Rohini’s face. When I asked her about it, she stated that she was worried that the ‘good streak’ that they had experienced over the past week as a couple would not last. I saw Rohini’s expression of this fear as a potential opportunity to further my goal for stage II work of aiding both partners in expressing their more vulnerable emotions. In my estimation, by expressing fear that the hope that had come from her experience of improved communication and emotional closeness with Brian could be crushed, Rohini had expressed a considerable amount of vulnerability. Rohini went further to discuss her sense of resentment at feeling alone in the relationship and her fear that her closeness with Brian would be only temporary. As she described her fears for the future she began to point to examples from the week of Brian failing to follow through on tasks. Rohini then became increasingly critical of Brian and I noticed that Brian was becoming visibly less engaged in the session. I intervened at this point to guide the couple in engaging in a manner that I predicted would be more likely to foster connection by aiding both partners in feeling more adequately understood by the other.

Therapist: I want to try a different way. I know you are angry and that’s ok. I also see how much pain you’re in. How alone you are because you are not being heard. And I can see how for you, Brian, it is tough to listen. It leaves you both feeling alone. I really think you are both doing the best you can giving the situation... but perhaps we can get beyond some of the blame on both sides and maybe reflect to each other. Would you (Brian) be willing to start?

Brian: Yeah.

Therapist: What do you understand about what Rohini is saying?

Brian: I understand you feel alone when I don’t come through on things.. or notice things... or I am not on top of what you want me to be.

Therapist: So she feels kind of not seen... and gets hurt because she feels alone..

Brian: yeah...

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Therapist: So could you turn to her and say.. something like.. I realize that a lot of times I miss the point... I don't notice things and I realize that it makes you feel alone and for that I am sorry.

Brian: I realize that I don't always understand the point you're getting at and you're feeling alone and misunderstood and I'm sorry.

Therapist: how is that for you ?

Rohini: I don't feel like he really understands and he is probably going through the motions.

Therapist: it is hard to take it in... I imagine it is hard to trust.

Rohini: Yeah and I just don't feel like he really understands.

Therapist: Maybe you could tell her you don't probably understand but you would like to... would that be true for you?

Brian: yeah... I don't understand how you're feeling. I don't do those things on purpose...

Therapist: And also that I am interested to know more.

Brian: Yeah and I want to understand...

Therapist: Can you turn to him so you can see his face? Does he look sincere to you?

Rohini: Yeah.

Therapist: I know it's hard to take that in and I know that you have a lot of pain around this stuff and I get it... it is tough to just change on a dime... but I wonder if you could turn to him and talk about his importance to you and why you feel hurt or alone.

Rohini: I do feel alone or disregarded at times. And it hurts me because you are the most important person in my life. So when you are not there I try to reach out... I criticize you and it hurts you and I am sorry.

Therapist: How did that feel to hear?

Brian: Good. It was different. Like she understands...

At the beginning of the tenth session, Brian expressed his concern about upcoming exams and reported that he had been experiencing anxiety as well as depressed mood. Rohini expressed her compassion for his anxiety and stated her admiration for Brian's hard work to this point. In addition the couple reported that they had experienced a lower level of conflict during the past week. I asked both partners about what they had noticed in terms of changes in their interactions that had led to lower levels of conflict in the relationship. Rohini reported that she had experienced Brian as taking more action to address conflicts sooner rather than withdrawing. She stated that this typically led to less escalation in her anger level as Brian became more accessible in response to Rohini's emotions rather than withdrawing. Brian reported that he had

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found it helpful to learn in therapy that Rohini wished for connection and validation, when he had previously interpreted Rohini's criticism of him as a demand for compliance with her demands. Brian reported noticing that Rohini seemed more calm to him overall and that he experienced more security in the relationship as a result of his not becoming overwhelmed as frequently.

Brian and Rohini reported that they had successfully sent out wedding invitations and had worked together to accomplish this goal. They both reported that their doubts about getting married had largely been resolved. As both partners were expressing encouragement related to their progress toward improving their relationship, I began incorporating the stage III goals of reflecting upon their new interactional patterns while also discussing triggering events that may initiate a recurrence of the negative cycle.

Therapist: What might you do should your negative cycle recur? How might you use your gains that you have made in here in order to address conflicts in the future?

Rohini: I don't know I feel like Brian might be able to better handle it than I would. He is more the positive cheerleader of the relationship. I really have no idea.... I guess we would recuperate from it and then maybe Brian would remind me how we aren't fighting and try to work on that....

Therapist: Yeah I think it can be tough to think about how you might resolve it. Perhaps it could be even tougher in the moment. That is why I am trying to exercise these muscles. What are some things that have been helpful that we have done to address your conflicts?

Rohini: I think it was me getting space. And I remember that the weekend when we did invitations I had a lot more time to think and process things as I had less of a workload and more time to myself. But if I am in the apartment getting space, then I also get mad... that is one of our problems. I am just so confused...

Therapist: Let me try to help you out. It sounds like you have gotten better at preventing arguments, but I am wondering if you might be left a little bit confused about what you might do during an argument to diffuse it. I realize you are planning a wedding and there could be some triggers coming up. One of the tools we discussed was reframing your thoughts about what the conflict means. I think you both came in here believing that there shouldn't be conflict and blaming yourself or the other person for there being conflict in the relationship. And I think that one of things to think about when you are escalated is that the relationship isn't so much about avoiding conflict or always getting it right, it's about repair. I think I told you that what we tend in psychology to consider 'good enough' parenting is 30 percent attunement, and 70 percent repair. So you are likely to miss each other quite a bit. There might be times when you miss the mark or miscommunicate.

Rohini: To be honest though when I am angry there is no way I could take a step back and reflect. I could try to work on it but I am just being honest about how I am. If he takes a step to reach out I might calm down and listen but if he doesn't, then it is hard for me to calm down.

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At this point in the session Rohini brought up her experience that her anger had worsened since Brian had informed her that he had become overwhelmed a year prior to the session when Rohini shared frequently about her sadness related to several friends moving to different states as well as discontentment related to her job. Rohini explained that she had experienced a lack of support as her friends had been key confidants and had experienced Brian's expression of overwhelm as a deep disappointment. Rohini further shared that her expressions of discontentment at work had related more to her belief that she was not as far along in her career as she ought to be and therefore was not worthy of being Brian's partner. Rohini tearfully revealed that when Brian had expressed his overwhelm at hearing Rohini express her negative feelings a year ago, she had interpreted it as further evidence that she was not worthy of Brian's love and had herself retreated inward emotionally.

As the session continued, Brian was able to express his surprise and sadness that Rohini had experienced his expression of overwhelm in this way. He reassured her that he found her to be a worthy partner and was committed to marrying her and improving their relationship. At this point I encouraged Brian to share more about his own experience of overwhelm at that time. Brian stated that he had felt sad and ashamed due to his belief that he was inadequate as a partner in soothing Rohini in her distress. Rohini in turn expressed surprise and compassion that Brian had also experienced a sense of inadequacy. I reminded the couple that an effective manner of addressing ruptures and conflicts in the future likely involves understanding the more vulnerable emotions that underlie both the angry, accusatory responses as well as acts of retreat and withdrawal.

Toward the end of the session I asked both members of the couple how they might like to proceed following termination of couples therapy. I praised Brian for having discussed his

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experience of depression, and recommended that Brian seek individual counseling in order to receive appropriate treatment for the depression. Brian expressed agreement with my recommendation. I asked Brian to search on his insurance website for a list of in-network providers and bring it to a subsequent session so that I could work with my supervisor to make a recommendation. I further discussed my concern related to the upcoming wedding and potential sources of stress for the couple following termination. The couple stated that they did not wish to continue with another couples therapist, indicating that they had found short-term couples therapy to be helpful. I asked Rohini about the possibility of engaging in individual counseling in order to address her stress, anxiety, and unresolved relational trauma related to her experience of her family throughout her childhood and adolescence. Rohini expressed interest in individual therapy, and stated that she was undergoing a change in health insurance coverage and would inform me when she had gained more clarity so that I could aid her in finding a provider.

At the beginning of the eleventh session Rohini praised Brian for having achieved top marks in all of his courses. Brian reported feeling relieved and satisfied and indicated that he had been sleeping more adequately during the past week. The couple reported that they had experienced an argument after Brian had left an unwashed pan in the sink and Rohini had become angry and critical of Brian. Brian in turn became critical of Rohini and accused her of over scrutinizing his behavior. According to their report, however, the couple had successfully resolved the argument in a shorter span of time than normal after Brian asked Rohini more about what she was experiencing. Rohini then shared that she felt underappreciated; indicating that she needed more signs from Brian that he appreciated particularly the hours that she worked in order to provide income for the household. She then expressed to Brian that she wished for closeness with him and feared that her work schedule might keep them from achieving closeness

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for years to come. Rohini stated that Brian's response during the argument was compassionate but it was not anything he said during the argument that soothed her but rather the act of Brian pursuing contact with her when she was upset. Brian in turn reported that approaching Rohini when she was upset and experiencing a resolution of the conflict had led to a greater sense of mastery on his part over what had previously been an overwhelming level of conflict in their relationship.

Encouraging the couple to reflect upon the way in which they had resolved this conflict was in line with my goal of aiding both partners in understanding how they might address future conflict. I had also been struck by Rohini's expressed concern that her work life might interfere with both Brian and Rohini's ability to enjoy their relationship. I engaged the couple in planning related to how they might engage in more enjoyable activities with one another in light of Brian having finished his semester of school. Rohini reported that she had reduced her number of hours of work per week from 60 hours to 45 hours. The couple decided in session that taking time to exercise together would aid in improving their enjoyment of their relationship. They established a plan to go to the gym together several times during the upcoming week.

Sessions 12-14 (Termination)

At the beginning of the twelfth session, I assessed the couple's plans for moving forward. Brian reported that he had reached out to the individual therapist that I had referred him to for depression treatment and left a voicemail. He stated that he was awaiting a reply from this therapist. Rohini reported that she had been accepted to graduate school and wished to wait until she could establish health insurance through her teaching assistant position prior to engaging in individual therapy. Brian reported that he had made contact with the clinician who

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would perform his assessment for ADHD but had not yet scheduled an appointment. I encouraged him to persist in pursuing the evaluation.

The couple reported that they had successfully diffused a potential conflict during the week prior to the session. According to their report, Rohini had expressed irritation with Brian after he had been sedentary at home for two days. When Rohini expressed her irritation, Brian shared with Rohini that he had been experiencing depressed mood. Rohini then expressed her understanding and compassion. She stated in the session that she had felt relieved that Brian had shared with her that he was experiencing depressed mood. In line with my stage III goal of aiding both partners in reflecting on new interactional patterns, I encouraged both partners to discuss what they had experienced in the interaction.

Therapist: It seems like we have done something to help... I am just noticing that you both seem much more relaxed. And you (Brian) are speaking up more about what is going inside. I am wondering. When you don't have me, what can you do to make sure that your interactions can continue to go well. It sounds like you (Brian) are taking her into consideration and giving her a little bit of insight into what is going on... and then you (Rohini) appreciate that he told you and it seems to mean something to you. It seems like things are different. What was helpful to you in being able to relax around each other more?

Brian: I don't know I think just being more open. Before I would just kind of ignore problems or refuse to talk about it. But I think talking about how I feel helped a little bit.

Therapist: And it seems like you have a little more trust that she is a safe base... a safe person to tell that to. It is really special that he shares that with you.

Rohini: Yeah.

Therapist: It seems like by sharing your feelings and experiencing support, that is very different from your experience growing up in your family; where emotions were not discussed.

Brian: Yeah.

Therapist: And it seems like this is also different from your (Rohini's) experience of your family where your mom or dad would become angry when emotions were expressed.

Rohini: Yeah, this is different. In my family it was more reactionary. When I used to get angry, I would get made fun of so I had to stop showing it on my face.

Therapist: So one beautiful thing about this relationship is that he doesn't shame you for your angry. He might get hurt or angry in return, but you are with a person who takes your anger seriously. And you (Brian) are with a person who is willing to listen and help you when you are feeling down.

(both smile)

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As the session continued, I encouraged the couple to engage more in conversation with one another about what they had found most helpful about their new styles of interacting. At this point I was attempting to prepare both partners to continue communicating with one another in order to engage in problem solving for the future and I intentionally took a less active role in the session. Brian expressed his appreciation for Rohini's support as he had opened up about his depression. He noted that he had found Rohini to be understanding and supportive. Rohini discussed ways in which she felt closer to Brian as he shared more about his emotional experiencing rather than withdrawing.

During the latter part of the session, Brian and Rohini reported that they had gone to the gym together as a result of the planning during the previous session and had experienced an enjoyable time. Rohini further explained that she had refrained from working during the weekend following the previous session and had experienced greater relaxation. She brought up that she wished to have more frequent sex with Brian; indicating that the couple had been engaging in sex once per month during times of frequent conflict. I encouraged both members of the couple to discuss the barriers that they experienced in relationship to engaging in sex. Rohini shared that following verbal arguments, she tended to feel resentful and hurt and would therefore close herself off to the possibility of engaging in sex with Brian. Brian discussed the role of his exhaustion related to schoolwork as well as his depressed mood in decreasing his libido. Both members of the couple discussed the role of their busy schedules related to school and work. I encouraged the couple to discuss with one another how they might make more space for sex within their relationship.

Between sessions twelve and thirteen, Rohini had gained greater clarity regarding her health insurance and had e-mailed me a list of providers who accept her insurance. I provided

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Rohini with recommendations of potential therapists during session thirteen and she stated that she would call them following the session. Brian reported that he had scheduled an appointment with the recommended individual psychotherapist and had scheduled an ADHD evaluation. The couple further reported that they had been more sexually active during the past week and had found allowing the time to engage sexually as well as interacting in more positive ways had been helpful in increasing their mutual desire for sex.

Rohini discussed a recent conflict that she had experienced with her mother surrounding planning for her wedding. According to Rohini's report, her mother had encouraged several co-workers and friends who were not sent wedding invitations to attend Rohini and Brian's wedding. Rohini explained to her mother that there would be limited and assigned seating at the wedding and urged her mother to refrain from inviting people without first consulting. Rohini stated that her mother had become angry and Rohini had subsequently threatened to cancel the wedding ceremony altogether. By the time we were meeting for the couples therapy session, Rohini had not spoken with her mother for several days but was anticipating meeting with her mother to discuss the matter at the insistence of Rohini's sister who had volunteered to be present as a mediator. I asked Rohini about the potential cultural factors that may have contributed to her mother's behavior. Rohini endorsed that Indian cultural practice typically allowed for a less formal manner of inviting guests, however Rohini interpreted her mother's behavior as primarily indicative of her mother's self-centeredness and lack of regard for Rohini's well-being.

I saw Rohini having opened up about this conflict with her mother as an opportunity to foster closeness between Brian and Rohini. Rohini had stated that she planned to take Brian to her mother's home during the upcoming conversation so that he could act as a source of support.

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In an effort to foster more supportive conversations within the relationship I asked Brian about his emotional reaction to hearing Rohini speak about the conflict with her mother. Brian expressed his understanding and compassion. Rohini reported feeling closer to Brian emotionally following his expression of compassion. I aided the couple in planning how they might approach planning their wedding in a manner that was mutually supportive.

During the fourteenth and final session, I encouraged Rohini and Brian to reflect upon the therapy. In line with my stage III goal of aiding the couple in recognizing and addressing instances in the future where their negative cycle may recur, I encouraged both to share what they found to be helpful about the therapy process and to think aloud about how they might use their gains in the future. Brian reported that he found couples therapy to have been helpful, indicating that he had found it particularly helpful to learn more about how to identify Rohini's attachment needs. He stated that having learned to engage in a manner aimed at repairing a rupture had led to less conflict and more enjoyment in the relationship than his previous response to a rupture which had been to withdraw emotionally. Rohini reported that Brian's increased emotional availability had led to increased trust on her part in the security of the bond. She stated that therapy had aided her in understanding that Brian's tendency to withdraw was related to his caring about the relationship and not, as she had previously thought, and indication of Brian's intent to leave the relationship.

I reminded the couple of the ways in which both Rohini's angry pursuit of Brian as well as Brian's emotional withdrawal had related to the negative cycle and further reminded them of instances throughout the therapy of when expressing their emotional vulnerability had diffused conflict. I gave the example of Rohini's having expressed that her jealousy related to Brian's going out with friends related to her pain surrounding her mother having told her that she loved

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Rohini's sister more than Rohini. I further pointed out how Brian's expression of his anxiety related to his difficulty focusing while studying and his disclosure of his internal struggle with depressed mood had fostered greater closeness within the relationship and diffused conflict over household chores. I encouraged both partners to revisit these experience and engage in more vulnerable sharing of primary emotions in order to address future conflicts.

During the session, Rohini reported that her conversation with her mother had been more vulnerable, with Rohini expressing the anxiety and disappointment that she had experienced when her mother invited additional guests. She reported that she had been able to more fully explain to her mother the logistical importance of consulting before inviting others. She stated that her mother had apologized for her impact on Rohini. Rohini had experienced the apology as a healing experience in their relationship due to her reportedly never having received an apology from her mother.

I asked Brian and Rohini to share what they had wished to accomplish in therapy that they felt remained unaddressed. Brian reported that he had come to therapy with very low expectations of its potential effectiveness and had been pleasantly surprised to have found it helpful. At this point Rohini indicated that she had found it highly positive that Brian was open to attending individual therapy in order to address his depression and anxiety. Both were unable to identify any disappointments with the outcome of the therapy.

Referral Planning

I asked Brian and Rohini about their plans moving forward in terms of treatment. Brian confirmed that he had scheduled an initial session with an individual therapist. Rohini informed me that the therapists whom I had recommended were not taking additional clients at that time. I

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coached Rohini in searching online based on her insurance information and assessing the online profiles of various providers before scheduling an appointment. I gave Rohini the contact information for the on-sight clinic coordinators and encouraged her to consult with them should she need additional coaching regarding finding additional services.

7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION

The Structure of Therapy Monitoring

Therapy monitoring was ongoing throughout both courses of treatment and included supervision and the administration of self-report measures. While working with both couples, I was engaged in weekly individual supervision with a licensed psychologist who was certified in the practice of EFT for couples. I was also engaged in weekly group supervision with other student therapists led by three licensed psychologists, all of whom had received advanced training and certification in the practice of EFT for couples. My individual supervisor was present during the group supervision and there was therefore continuity between the two weekly supervision sessions. During both group and individual supervision sessions we reviewed treatment sessions both through a verbal recounting of session content and the viewing of DVD recordings as we identified emerging themes, and planned interventions based on my guiding conception and treatment goals.

Managing a Dual Relationship

Throughout the process of supervision, my individual supervisor and I engaged in ongoing discussion related to my supervisor's status as Nancy's individual therapist. Addressing this dual relationship involved openly discussing the implications of the relationship with Nancy and Tom and gaining their consent to discuss our knowledge of Nancy and Tom's relationship

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while drawing upon material from Nancy's individual therapy. Tom and Nancy denied having reservations or concerns related to the dual relationship. They cited their mutual trust of my supervisor and stated that they believed my supervisor's knowledge of their relationship through the experience of Nancy's individual therapy and their two consultation sessions as a couple with my supervisor would be helpful in more quickly identifying and addressing problematic patterns in their relationship.

Overall, I experienced my supervisor's in-depth knowledge related to her experience of having treated Nancy in individual therapy and having consulted with the couple as an asset. At times my supervisor informed me prior to the couple's session of major events such as a verbal conflict that had occurred, or perhaps most importantly of the aftermath of the flood in Tom and Nancy's home. In these cases, I was able to anticipate that both partners may arrive to the session in an emotionally dysregulated state and additionally had the benefit of having been able to plan a targeted intervention with my supervisor prior to the couple's arrival.

Upon reflecting upon both my experience of both courses of treatment and viewing and transcribing the DVD recordings in their entirety post termination, I have identified two potential pitfalls of the dual relationship in my supervision; namely that Tom and Nancy's treatment likely received more attention during supervision sessions, and that Nancy's subjective experience and behavior received more attention within the therapy while Tom's experience and behavior received less focus. An analysis of the word count of both partners from session transcripts revealed for example that Nancy spoke about twice as many words per session as Tom did. This difference in word count is likely attributable to numerous factors including Nancy's more loquacious speaking style in relationship to Tom's more reserved style, however it provides some evidence that Nancy received more focus than Tom. Additionally, my supervisor informed

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me at termination that Nancy had reported in individual therapy that she experienced the treatment as helpful overall, but had sensed that the focus was perhaps too focused upon her experience and behavior while she did not obtain as deep an understanding of Tom's subjective experience as she had previously hoped and had at times felt that some of Tom's problematic behaviors had not been addressed. Given these two sources of data, it is evident that Nancy did receive more focus during the treatment than Tom did and that could have in part been related to my supervisor being more privy to information related to Nancy's experience. Additionally, this difference in focus could have contributed to the difference in reported outcomes on the Dyadic Adjustment Scale, with the difference in scores indicating that the therapy was more beneficial overall to Nancy than to Tom (See chapter 8 for further discussion of outcomes; see Table 2 for Nancy and Tom' Dyadic Adjustment Scale Scores).

The Use of Self-Report Measures

Self-report measures were continually administered and reviewed throughout both treatments. For a more thorough review of self-report measures used in each case, see assessment Sections 4a and 4b for a description of the measures and Tables 1-8 for a report of the scores on each measure. All measures were completed prior to therapy sessions with the exception of the Session Rating Scale for Couples, which was completed immediately following the conclusion of each session. Self-report measures related to couple functioning provided ongoing feedback related to the effectiveness of the therapy for each couple. In addition, scores on the Brief Symptom Inventory allowed me to monitor the individual functioning of each person and better conceptualize the impact of external stressors and individual psychological symptoms on the couple relationship. In Brian's case, my recommendation of individual

treatment related to his depression was informed by his scores on the Brief Symptom Inventory (See Table 6 for Brian's Scores).

8. CONCLUDING EVALUATION OF THE PROCESS AND OUTCOMES OF THE THERAPIES

The Outcome of Nancy and Tom's Therapy

The data below indicate that Tom and Nancy experienced a favorable response to treatment though it is apparent according to the scores on the outcome measures that Nancy experienced more overall benefit than Tom.

Table 1 presents Nancy and Tom's scores on the brief symptom inventory. Both partners reported experiencing significant reduction in their experience of symptoms of psychiatric disorders. Tom it is evident that the experience of therapy was helpful in regulating symptoms related primarily to interpersonal functioning, anxiety, depression, and hostility. Table 2 presents Tom and Nancy's scores on the dyadic adjustment scale. At the beginning of treatment Both Tom and Nancy's scores indicated that they were experiencing relationship distress. By the end of treatment Nancy's scores on this measure indicated that she had experienced significant improvement in the overall quality of her relationship.

Nancy's final scores on this measure further indicated that Nancy's experience of the relationship was improved to such an extent that the relationship no longer met criteria for 'distressed'. Tom's scores, however indicated that though he had experienced modest levels of improvement, he had not benefited as much from the therapy in terms of relationship functioning as Nancy had. Though a number of factors likely contributed to this discrepancy, I discuss factors related to supervision in the above chapter 7 that may have also led to a greater focus throughout the therapy on Nancy's experience and thus contributed to the difference in scores

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between the two partners. Additionally, the experience of the flood may likely represented an external factor that thwarted some of the potential for greater improvement in Tom's experience of the relationship due to his sense of regret, guilt, shame, and anger surrounding the event.

Table 3 presents Nancy and Tom's scores on the Brief Accessibility and Responsiveness scale. Scores on this measure remained largely stable for both partners, indicating a low-level of change in these domains. The low level of variance in scores could be due to the high level of conflict in the relationship. Because of the reactive nature of the couple's interactions, it is likely that the therapy's focus on conflict reduction may not have led to much change in each partner's experience of accessibility, responsiveness, and engagement in the relationship. It is evident from the scores that Nancy considered herself to have become somewhat more accessible over the course of the therapy while Tom considered Nancy to have become less engaged. Items related to accessibility on this measure include *I am rarely available to my partner* and *It is hard for my partner to get my attention*. Nancy's slightly lower scores on this measure indicate that she had experienced herself as improving in these areas and this fit with my experience of Tom and Nancy's relationship by the end of the therapy. Items related to Partner's Engagement included *It is hard for my partner to confide in me* and *My partner struggles to feel close and engaged in our relationship*. Tom's slightly higher scores on this domain by the end of therapy indicated that he experienced Nancy as having experienced a decreased ability to confide in him and to feel close and engaged in the relationship.

Table 4 presents Nancy and Tom's scores on the *Session Rating Scale*. The scores remained stable and high on the measure with Tom's scores ranging from 9.1 to 10 and Nancy's scores ranging from 8.9 to 9.9. 10 was the highest available score and indicated the most positive rating. From the measure it is evident that the Tom and Nancy experienced the

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therapeutic alliance with me to have been positive throughout and had experienced the session content as being helpful toward their goals. Additionally, it is evident that both partners experienced enhanced connection with their partner and relationship resolution during the sessions.

The Outcome of Brian and Rohini's Therapy

The data below indicate that Rohini and Brian experienced a positive outcome to the therapy. The quantitative data are congruent with the couple's self-report and the end of treatment as well as my experience of the couple as being overall more hopeful about the future by the end of the therapy.

Table 5 presents Brian and Rohini's scores on the Brief Symptom Inventory. It is evident from these scores that both partners experienced significant reduction of their symptoms of common psychiatric disorders with the change in Brian's scores being the most dramatic. Due to Brian's elevated scores on this measure as well as his report of his experience of depressed mood and anxiety, I recommended that Brian seek individual mental health treatment. Though Brian was connected with a therapist by the end of treatment, scores on this measure reflect the period of time where Brian was only engaged in the couples therapy and not in individual treatment.

Table 6 presents Rohini and Brian's scores on the Dyadic Adjustment Scale. From the scores it is evident that the couple experienced significant improvement in the overall quality of their relationship over the course of therapy. Prior to therapy, scores on this measure indicated that both partners experienced the relationship as distressed. Scores post treatment were above the clinically distressed cutoff score of 97. Scores on this measure are congruent with my experience of change in the couple across sessions.

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Table 7 presents Rohini and Brian's scores on the Brief Accessibility Responsiveness and Engagement Scale. Scores on this measure remained relatively stable throughout treatment with little change in scores on the various domains from pretreatment to posttreatment. Rohini's scores indicate that she had experienced some notable improvement in Brian's level of responsiveness in the relationship by the end of therapy. Higher scores in this domain indicate that Rohini experienced greater confidence that her partner reaches out to her and that he listens when she shares her deepest feelings. It is also of note that Rohini's scores indicate that she experienced Brian as less engaged at the middle of treatment, with scores related to the engagement domain returning to pretreatment levels by the end of the therapy.

Table 8 presents Brian and Rohini's scores on the Session Rating Scale. Scores on this measure indicate that the couple experienced the therapeutic sessions positively. The couple's ratings of the overall therapy approach remained high throughout the treatment ranging from 7.5-10 for Rohini and 8.8-10 for Brian with 10 indicating the most positive rating. Both partners rated the relationship with the therapist as being positive throughout the therapy with scores on this domain ranging from 8.7-10 for Brian and 9.4-10 for Rohini. It is evident from the scores that Rohini experienced most variation across sessions in the domain labeled Connection With Partner with scores ranging from 6.5-10.

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Table 1. Tom and Nancy's Brief Symptom Inventory Scores

TOM

Session	Somatic	OCD	Interp	Dep	Anx	Host	Phob	Paranoia	Psychoticism	Additional	Total
1	0	8	4	8	0	4	0	0	3	0	27
2	-	-	-	-	-	-	-	-	-	-	-
3	1	7	2	4	0	4	0	1	3	0	22
4	0	0	0	0	0	0	0	0	2	0	2
5	0	4	0	4	1	3	0	0	2	0	14
6	0	3	0	2	0	2	0	0	2	0	9
7	0	3	0	0	0	1	0	0	1	0	5
8	0	2	0	2	0	0	0	0	2	0	6
9	0	4	0	0	0	1	0	0	1	0	6
10	0	2	0	0	0	0	0	0	0	0	2
11	0	2	0	2	0	0	0	0	2	0	6
12	0	1	0	2	0	0	0	0	1	0	4
13	0	0	0	3	1	1	0	0	3	0	8
14	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	1	0	0	0	0	0	0	1
16	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	1	0	0	0	0	0	0	1

NANCY

Session	Somatic	OCD	Interp	Dep	Anx	Host	Phob	Paranoia	Psychoticism	Additional	Total
1	0	3	1	4	2	3	0	0	2	0	15
2	1	1	0	2	0	0	1	0	1	0	6
3	-	-	-	-	-	-	-	-	-	-	-
4	0	5	2	3	1	2	0	0	2	0	15
5	1	0	1	1	0	0	0	0	2	0	5
6	0	0	0	2	0	0	0	0	1	0	3
7	0	1	0	2	0	0	0	0	2	0	5
8	0	0	1	2	0	0	0	0	2	0	5
9	0	0	1	2	0	0	0	0	0	0	3
10	0	0	0	2	0	1	0	1	1	1	6
11	0	0	1	3	0	0	0	0	1	0	5
12	1	0	0	3	0	0	0	1	0	0	5
13	0	0	0	3	0	0	0	0	1	0	4
14	0	0	0	0	0	0	0	0	1	0	1
15	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	2	0	0	0	0	0	0	2
17	0	0	0	2	0	0	0	0	0	0	2

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Table 2. Tom and Nancy's Scores on the Dyadic Adjustment Scale**Tom**

Session	Dyadic Consensus	Dyadic Satisfaction	Dyadic Cohesion	Affectional Expression	Total Score
1	43	21	8	7	79
2	-	-	-	-	-
3	49	24	8	6	87
4	47	20	8	6	81
5	42	28	8	8	86
6	43	28	8	7	86
7	41	27	9	8	85
8	40	27	8	8	83
9	40	27	9	8	84
10	40	27	9	8	84
11	40	27	10	8	85
12	40	24	6	7	77
13	39	23	6	6	74
14	41	27	8	8	84
15	40	28	9	8	85
16	40	24	7	6	77
17	40	29	9	7	85

Nancy

Session	Dyadic Consensus	Dyadic Satisfaction	Dyadic Cohesion	Affectional Expression	Total Score
1	41	26	9	5	81
2	44	24	5	7	76
3	-	-	-	-	-
4	40	26	9	6	81
5	48	30	9	10	97
6	52	28	8	6	94
7	49	25	7	8	89
8	45	27	11	5	88
9	53	31	14	10	108
10	49	29	11	8	97
11	45	29	12	7	93
12	48	28	8	7	91
13	45	28	12	6	91
14	52	33	15	7	107
15	54	32	14	6	106
16	44	27	10	6	87
17	55	30	14	6	105

Higher Scores indicate greater adjustment.

Scores of 97 or below indicate that the couple is experiencing clinical levels of distress

SYSTEMATIC CASE STUDIES OF EFT FOR COUPLES

Table 3. Tom and Nancy's Scores- Brief Accessibility Responsiveness & Engagement Scale**Tom**

Session	Accessibility	Responsiveness	Engagement	Partner's Accessibility	Partner's Responsiveness	Partner's Engagement
1	5	7	6	6	6	6
2	-	-	-	-	-	-
3	6	5	6	7	6	7
4	4	7	6	5	6	6
5	5	6	6	6	6	6
6	6	6	6	6	6	7
7	5	7	7	6	6	7
8	4	8	6	6	6	6
9	4	7	6	6	6	6
10	6	8	6	6	6	6
11	6	6	7	6	6	8
12	4	8	7	6	4	8
13	5	7	7	7	5	8
14	6	7	7	6	6	8
15	5	7	6	6	6	7
16	6	7	7	8	5	8
17	5	8	6	6	6	8

Nancy

Session	Accessibility	Responsiveness	Engagement	Partner's Accessibility	Partner's Responsiveness	Partner's Engagement
1	6	7	6	6	6	6
2	6	7	6	6	6	6
3	-	-	-	-	-	-
4	5	6	5	6	6	8
5	6	8	5	5	6	6
6	5	7	6	6	6	6
7	5	7	6	6	6	6
8	5	8	5	4	6	6
9	4	8	5	4	8	5
10	5	7	6	6	7	6
11	4	8	6	6	6	6
12	6	7	6	6	6	6
13	6	8	8	6	6	6
14	4	8	6	4	6	6
15	4	8	6	4	6	6
16	4	8	6	6	4	6
17	4	8	6	6	7	5

Note: Possible scores range from 2-10. Lower scores on Accessibility, Engagement, Partner's Accessibility, and Partner's Engagement indicate improved functioning while higher scores indicate difficulty in these areas. Scores on Responsiveness and Partner's Responsiveness are reversed, with higher scores in these categories indicating improved functioning.

SYSTEMATIC CASE STUDIES OF EFT FOR COUPLES

Table 4. Tom and Nancy's Scores- Session Rating Scale for Couples**Tom**

Session	Relationship with Therapist	Goals and Topics	Approach or Method	Connection with Partner	Relationship Resolution	Overall
1	9.8	9.7	9.8	9.2	9.7	9.8
2	-	-	-	-	-	-
3	9.6	9.6	9.6	-	-	9.8
4	9.6	9.6	9.5	9.1	9.5	9.4
5	9.8	9.7	9.9	9.8	9.6	9.7
6	9.8	9.8	9.8	9.6	9.7	9.8
7	9.8	9.5	9.7	9.6	9.4	9.1
8	9.7	9.7	9.6	9.7	9.7	9.7
9	9.4	9.3	9.4	9.1	9.3	9.2
10	9.7	9.8	9.8	9.5	9.5	9.6
11	9.8	9.7	9.9	9.9	9.7	9.8
12	9.7	9.6	9.6	9.4	9.4	9.5
13	9.9	9.9	9.9	9.9	9.9	9.9
14	9.8	9.9	9.9	9.8	9.6	10
15	9.9	9.8	9.7	9.7	9.9	9.8
16	9.7	9.8	9.8	9.9	9.4	9.7
17	9.6	9.6	9.5	9.6	9.6	9.5

Nancy

Session	Relationship with Therapist	Goals and Topics	Approach or Method	Connection with Partner	Relationship Resolution	Overall
1	9.8	9.8	9.9	9.4	9.8	9.8
2	9.6	9.5	9.7	-	-	9.7
3	-	-	-	-	-	-
4	9.9	9.9	9.9	9.8	9.7	9.4
5	9.6	9.4	9.7	9.1	8.9	9.3
6	9.1	9.6	9.7	8.4	9.2	9.3
7	9.3	9.4	9.5	9.8	9.9	9.9
8	9.3	9.4	9.4	9.3	9.2	9.2
9	9.8	9.6	9.7	9.8	9.6	9.6
10	9.8	9.2	9.3	9.4	9.3	9.4
11	9.7	9.5	9.5	9.7	9.3	9.3
12	9.5	9.5	9.2	9.3	9.3	9.2
13	9.5	9.4	9.5	9.6	9.4	9.1
14	9.4	9.7	9.5	9.8	9.4	9.4
15	9.2	9.1	9.1	9.4	9.2	9.4
16	9.7	9.3	9.6	9.4	9.4	9.7
17	9.7	9.6	9.7	9.7	9.6	9.5

SYSTEMATIC CASE STUDIES OF EFT FOR COUPLES

Table 5- Brian and Rohini's Scores- Brief Symptom Inventory**Brian**

Session	Somatic	OCD	IS	Dep	Anx	Host	Phob	Paranoia	Psychoticism	Additional	Total
1	1	9	11	12	3	11	2	11	5	1	66
2	0	8	7	8	3	8	1	5	8	0	48
3	-	-	-	-	-	-	-	-	-	-	-
4	1	6	8	11	4	9	0	5	8	1	53
5	0	5	2	3	1	6	0	7	5	0	29
6	0	4	5	2	1	8	0	4	5	0	40
7	1	6	10	7	3	6	0	13	4	1	51
8	0	6	7	5	3	10	1	5	5	1	43
9	0	7	8	7	4	9	0	6	6	1	48
10	0	5	8	6	3	10	0	7	5	1	45
11	0	2	5	4	1	5	0	6	5	0	28
12	0	0	0	0	0	0	0	0	0	0	0
13	0	1	5	2	1	5	0	6	3	0	23
14	0	1	4	2	0	4	0	5	2	0	18

Rohini

Session	Somatic	OCD	IS	Dep	Anx	Host	Phob	Paranoia	Psychoticism	Additional	Total
1	3	2	0	2	3	10	0	0	0	3	23
2	-	-	-	-	-	-	-	-	-	-	-
3	3	3	0	2	5	4	0	0	0	4	21
4	6	4	0	3	7	5	0	1	0	2	28
5	4	2	0	0	2	1	0	0	0	3	12
6	2	0	0	1	1	1	0	0	0	1	6
7	4	2	1	9	2	5	0	0	1	4	28
8	3	2	0	8	1	4	0	1	3	4	26
9	1	0	0	0	0	1	0	0	0	1	3
10	1	0	0	0	1	1	0	0	0	1	4
11	0	0	0	10	0	3	0	0	0	1	14
12	0	2	2	2	0	0	0	0	1	0	7
13	2	0	0	0	0	2	0	0	0	1	5
14	2	0	0	0	2	0	0	0	0	2	6

SYSTEMATIC CASE STUDIES OF EFT FOR COUPLES

Table 6. Brian and Rohini's Scores- Dyadic Adjustment Scale**Brian**

Session	Dyadic Consensus	Dyadic Satisfaction	Dyadic Cohesion	Affectional Expression	Total Score
1	45	33	11	7	96
2	44	32	8	7	92
3	-	-	-	-	-
4	43	30	10	8	91
5	46	36	13	9	104
6	48	32	11	10	101
7	48	33	12	10	103
8	50	32	12	9	103
9	50	32	12	9	103
10	50	33	12	8	103
11	48	35	13	10	106
12	42	25	7	8	82
13	49	38	13	8	108
14	52	37	13	9	111

Rohini

Session	Dyadic Consensus	Dyadic Satisfaction	Dyadic Cohesion	Affectional Expression	Total Score
1	43	20	5	9	77
2	-	-	-	-	-
3	50	28	8	7	93
4	46	20	5	6	77
5	43	27	3	7	80
6	40	25	3	7	75
7	41	15	3	7	66
8	44	15	6	8	73
9	42	26	4	7	79
10	42	31	5	9	87
11	42	32	7	9	90
12	55	30	13	6	104
13	57	36	8	9	110
14	48	42	11	12	113

Higher Scores indicate greater adjustment.

Scores of 97 or below indicate that the couple is experiencing clinical levels of distress

SYSTEMATIC CASE STUDIES OF EFT FOR COUPLES

Table 7. Brian & Rohini's Scores- Brief Accessibility Responsiveness & Engagement Scale**Brian**

Session	Accessibility	Responsiveness	Engagement	Partner's Accessibility	Partner's Responsiveness	Partner's Engagement
1	6	7	6	5	7	6
2	6	6	6	5	6	6
3	-	-	-	-	-	-
4	4	7	6	4	7	6
5	5	7	6	4	7	5
6	6	6	6	4	7	6
7	6	6	7	4	8	6
8	6	7	6	4	7	6
9	6	7	5	4	7	6
10	6	7	6	5	7	6
11	6	7	6	4	7	6
12	6	7	7	6	4	8
13	4	7	5	4	8	4
14	5	7	6	4	7	6

Rohini

Session	Accessibility	Responsiveness	Engagement	Partner's Accessibility	Partner's Responsiveness	Partner's Engagement
1	5	9	8	6	5	7
2	-	-	-	-	-	-
3	4	9	7	8	6	6
4	4	8	8	7	5	7
5	4	8	8	8	6	8
6	4	10	8	6	6	8
7	4	9	9	9	4	10
8	4	9	9	8	5	9
9	4	8	7	8	4	9
10	4	9	8	8	3	4
11	4	9	7	6	6	7
12	5	8	6	4	8	5
13	4	9	6	6	8	5
14	4	9	5	5	7	7

Note: Possible scores range from 2-10. Lower scores on Accessibility, Engagement, Partner's Accessibility, and Partner's Engagement indicate improved functioning while higher scores indicate difficulty in these areas. Scores on Responsiveness and Partner's Responsiveness are reversed, with higher scores in these categories indicating improved functioning.

SYSTEMATIC CASE STUDIES OF EFT FOR COUPLES

Table 8. Brian & Rohini's Scores- Session Rating Scale for Couples**Brian**

Session	Relationship with Therapist	Goals and Topics	Approach or Method	Connection with Partner	Relationship Resolution	Overall
1	8.8	9.1	9.1	7.9	8.6	8.8
2	8.7	8.6	8.8	-	-	8.9
3	-	-	-	-	-	-
4	9.9	9.9	9.9	9.9	9.9	9.9
5	9.9	9.5	9.9	8.9	9.5	9.7
6	9.9	9.9	9.9	9.8	9.8	9.8
7	9.8	9.9	9.9	9.2	9.8	9.8
8	9.9	9.8	9.8	9.1	9.6	9.6
9	9.6	9.5	9.6	9.2	9.1	9.4
10	9.8	9.9	9.9	9.9	9.9	9.9
11	10	10	10	10	10	10
12	9.7	9.4	9.5	9.1	9.6	9.6
13	9.9	9.5	9.9	10	9.9	9.8
14	9.9	9.9	9.9	9.9	9.9	9.9

Rohini

Session	Relationship with Therapist	Goals and Topics	Approach or Method	Connection with Partner	Relationship Resolution	Overall
1	10	10	10	8.8	8.7	9.5
2	-	-	-	-	-	-
3	10	10	10	-	-	7.5
4	10	10	10	9.2	10	10
5	10	10	10	6.8	10	10
6	10	10	10	7	10	10
7	10	10	10	8.8	9.5	10
8	10	10	10	9.4	10	10
9	10	10	10	7.8	7.8	10
10	10	10	10	10	10	10
11	9.8	9.7	9.9	9.8	9.9	9.8
12	9.4	9.8	9.9	6.5	9.3	9.1
13	10	10	10	10	10	10
14	10	10	10	10	10	10

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