

Running head: IMPROVING INTIMATE RELATIONSHIPS

IMPROVING INTIMATE RELATIONSHIPS: AN EXPLORATORY STUDY ON
OUTCOMES FOR COUPLES PARTICIPATING IN THE *HOLD ME TIGHT* PROGRAM

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS,

THE STATE UNIVERSITY OF NEW JERSEY

BY

SABA N KHAN

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY

AUGUST 2018

APPROVED:

Karen Riggs Skean, Psy.D.

Elisabeth Brown, Psy. D.

DEAN:

Francine P. Conway, Ph.D.

Abstract

Hold Me Tight: Conversations for Connection (HMT) is a psychoeducational program for couples developed by Susan Johnson, Ph.D. to support relationship enhancement. HMT is based on Emotionally Focused Couples Therapy (EFT), an empirically supported, attachment-based couple treatment shown to improve relationship outcomes for couples. This exploratory study examines how participation in the HMT workshop, an intensive two-day workshop based on this treatment model, affects relationship outcomes in a self- and clinician-referred sample of 103 participants who attended the workshop with their partners. The data was archival, collected as part of performance improvement measures by workshop facilitators. As such, demographic data was not available on these participants. The Rating Scale for Couples, (RSC; adapted from the Outcome Rating Scale; Miller, Duncan, and Johnson, 2002) was administered to both partners at the beginning of the workshop, and then a second time at the end. The RSC is a brief measure, comprised of five visual analog scales, adapted from its original individual form. These scales seek to measure changes in five areas: closeness, emotional safety, connection, overall commitment, and relationship satisfaction. These constructs were selected for their relevance to overall adult attachment conceptualizations that are core to the EFT framework. Pre- and post-changes indicated that there was statistically significant improvement on all the dimensions measured. Males and females showed no differences between pre- and post-measures and showed statistically significant improvement on all dimensions as shown by pre- and post-workshop measures. Additionally, individuals who exhibited low, moderate, and high levels of distress all

showed improvements in all dimensions. Limitations of the study, and future directions for such research are discussed.

Acknowledgements

First and foremost, I would like to thank GOD, the most beneficent and merciful.

It has been a fulfilling journey. I would like to extend my deepest gratitude to Drs. Karen Riggs Skean and Elisabeth Brown for introducing me to the EFT model, a fundamental part of my clinical identity and practice. They are amongst the most gifted, passionate, and dedicated individuals that I have had the pleasure of knowing. In addition, I would like to thank Drs. Nancy Boyd-Franklin and Jamie Walkup, both of whom have played a meaningful role in my professional growth and development as a clinician. I feel so grateful to have been part of the GSAPP family and form professional relationships and friendships with such wonderful individuals.

I have had so many people cheering me on during this process. My parents taught me the value of education. From words of encouragement to editing my dissertation, each of my brothers and sisters also contributed uniquely. I have immense love for them and am grateful for their support.

It is undeniable that my biggest cheerleader and hero is my husband, Usman. He and my three girls, Mysha, Zara and Sofie, are my pit crew. Without them, I would not have been able to dust myself off, get back on track, and complete this last lap. Thank you and I love you all very dearly.

TABLE OF CONTENTS

ABSTRACT	ii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	vii
CHAPTER I: Introduction	1
Couples Treatment Approaches	3
Couples Relationship Education	6
Attachment, Emotion, and Research	14
EFT and HMT, assumptions and research	17
CHAPTER II: Present Study	29
Study rationale	29
Study design	30
Hypotheses	31
CHAPTER III: Methods	32
Participants	32
Procedures	32
Methods	34
CHAPTER IV: Results	39
Data	39
Support for hypotheses	39
CHAPTER V: Discussion	46
Efficacy of HMT	47

Relationship enhancement and felt sense	51
Limitations	52
Conclusions and future directions.....	55
REFERENCES	57
APPENDICES	65

LIST OF TABLES

Table		Page #
1.	Correlation matrix	40
2.	RSC Pre-HMT	40
3.	RSC Post-HMT	41
4.	Test Statistics	41
5.	RSC-Males	42
6.	RSC-Females	42
7.	Test Statistics by gender	43
8.	n per distress category	43
9.	Test Statistics by distress	45

CHAPTER I

Introduction

In a society where divorce rates are increasing and people are struggling to maintain healthy, intact relationships, research on strengthening relationships is vital. Couples relationship education programs provide an important potential intervention as they deliver a cost-effective alternative to couples therapy. These interventions can serve to maintain and improve relational bonds. Attachment research asserts that these bonds play an important role in adult relationships and map onto childhood attachment patterns (Hazan & Shaver, 1987). Emotionally Focused Couples Therapy (EFT, Johnson, 2004) uses this research on adult attachment research and is currently gaining traction in academic and private sectors as an empirically supported model for enhancing relationship quality.

Extant research in couples education and treatment has documented both the importance and efficacy of psychoeducational interventions for relational distress (Hawkins, Stanley, Blanchard, & Albright, 2012). This kind of distress has a powerful effect on psychological welfare, has been shown to be a risk factor for a number of psychiatric disorders, and may be associated with adverse conditions such as depression and medical problems (for a review see Christensen & Heavey, 1999). The implication of couples relational discord is detrimental to both individuals and family systems. Efforts to prevent relationship distress in marriages have been ongoing since the 1930's primarily through religious leaders or clergy members (Christensen & Heavy, 1999; Halford et al., 2003). The recent three decades have seen increased research searching for the causes of relationship distress, reasons for relationship dissolution, and interventions that can prevent and remediate unfavorable outcomes (Bradbury & Lavner, 2012).

Governments in several nations such as the United States, Australia, and the United Kingdom have sought to increase the availability of interventions for distressed couples. The U.S. government alone allocated \$150 million in grants to deliver programs in hopes of promoting healthy relationships to the benefit of individuals and society (Halford et al., 2003). Still, the divorce rate in the U.S. continues to hover around 50% with at least half of first marriages ending within seven years (Snyder et al., 2006). Recent data collected by the National Center for Health Statistics also suggests that about half of first marriages end in divorce (Copen et al., 2012). Thus, it becomes important to examine what can be done to help couples maintain their bonds, increase relationship stability, and prevent maladaptive consequences of relationship dissolution.

It is a reasonable assumption that most relationships begin with partners being highly satisfied. Despite high initial relationship satisfaction, the first ten years of marriage sees declines in these levels, often leading to divorce (Glenn, 1998; Holman, 2001 as cited in Halford et al. 2003). Thus, it becomes necessary to examine what contributes to the breakdown of partnerships given that these can have adverse implications for individuals and families. Astonishingly, between 80% and 90% of divorcing couples in certain Western countries do not seek out resources to improve their relationships leading to decreases in relational quality (Christensen & Heavey, 1990). Increasingly, interventions such as marriage and relationship education are being shown to be effective in enhancing relationship quality for couples (Christensen & Heavey, 1990; Halford et al., 2008; Hawkins et al., 2012). Helping couples access effective resources in attenuating distress is essential and it is important to examine which resources are potentially most helpful for couples seeking interventions.

The purpose of the present study is to examine the efficacy of a couples relationship education (CRE) program, *Hold Me Tight: Conversations for Connection for a Lifetime of Love* (HMT) in improving attachment-related characteristics of closeness, connection, emotional safety, relationship satisfaction, and commitment. CREs are interventions designed to deliver education and skills for couples relationship enhancement. The literature review below begins with a brief history of couples treatment approaches, looks at the outgrowth of CREs from these approaches, and examines extant empirical data on CREs. This is followed by an introduction to Emotionally Focused Therapy (EFT), theoretical underpinnings of this attachment-based model, an introduction of the HMT program, and empirical support for the EFT/HMT. Following this review are hypotheses of the present study, results, discussion, limitations, and future directions.

Couples Treatment Approaches

Couples treatment in the form of marriage counseling was traditionally practiced by service-oriented professionals such as physicians, religious clergy, family educators, and others who would not necessarily be considered experts in mental health today (Gurman in Gurman et al., 2015). These services tended to be atheoretical, brief, and didactic in nature. Academically speaking, couples therapy was often subsumed under the broad field of family therapy. Couples interventions began to form an independent identity around the mid-eighties when three distinct types emerged based on behavioral/cognitive-behavioral, object-relations (psychodynamic), and humanistic and attachment-based traditions (Gurman, 2015). Each approach follows the assumptions of the coinciding traditions from which they emerged.

From the Behavioral Couple Therapy (BCT) tradition emerged *Cognitive-Behavioral Couple Therapy* (CBCT; Baucom et al., 2015) and *Integrative Behavioral*

Couple Therapy (IBCT; Christensen et al. 2015). The premise of CBCT is based on social exchange theory and the learning principles of operant conditioning. Using these principles, couples have increased satisfaction when receiving more positive and less negative behaviors from their partners. Positive consequences also increase the likelihood for positive behavior towards partners. Interventions emphasize skills training (e.g., communication and problem solving) through psychoeducation and therapist directives. The explicit goal is to change overt behavior to help couples have effective relationship skills. Though under the same umbrella IBCT is based on fundamentally different principles than CBCT (Christenson et al., 2015). IBCT includes an emphasis on emotional acceptance in couples as important for the resolution of distress. Equal attention is given to both partners in a couple dyad while promoting acceptance and tolerance for partners. Based on this model, certain behaviors increase/decrease based on how each person feels rather than through reinforcement or punishment. This includes awareness of how behaviors are received, of each partner's sensitivities, and a greater acceptance of partners. Establishing a context where positive behaviors and greater acceptance of both partners can be enhanced and carried forward lowers distress based on these models.

Psychodynamic couples treatment also emerged in the past three decades as a distinct category. Examples of these approaches include Object Relations Couple Therapy (ORCT; Siegel, 2015) and Bowen Family Systems Couple Coaching (in Gurman, 2015). ORCT evolved from well-known psychoanalytically oriented object-relations theoreticians (Siegel, 2015). Otto Kernberg's models focus on how choice of partner and themes in the relationship are repetitions of or reactions to childhood experiences. Interventions based on Heinz Kohut's principles examine how partners are soothed, esteemed, and attuned to one another. Margaret Mahler's followers attend to the processes of separation/ individuation in

the relational dynamics of a couple. Each of these approaches views the relationship in terms of: having a mind of its own that can be re-negotiated, self-actualization processes, and partners impacted by their unique developmental histories. Alternatively, Bowenian approaches view the “family as a multi-generational emotional system grounded in evolutionary biology” (Siegel, 2015, in Gurman, 2015, p. 247). Using family systems principles, Bowenian couples coaching explores where a couple lies on a differentiation spectrum, assesses the various triangles each partner engages in with their families of origin, and examines the multigenerational patterns that are projected on the relationship (Baker, 2015). The aim is to induce personal and family change within the context of the family system thereby enhancing the couples system simultaneously (Baker, 2015).

Emotion-centered, humanistic approaches classify the third distinct couples therapy type emerging in recent decades. This category includes Gottman Couple Therapy (Gottman & Gottman, 2015) and Emotionally Focused Couple Therapy (EFT/EFCT; Johnson & Greenberg, 1985). The Gottmans’ approach to couples therapy developed from longitudinal empirical research that focused on understanding why relationships succeed or fail and what contributes to relationship stability (Levenson & Gottman, 1985). This model, also known as The Sound Relationship House, posits seven hierarchical levels based on longitudinal research in couples therapy. The model proposes that couples begin with building road maps of each’s inner psychological world and end with the creation of shared meaning of the relationship (see Gottman & Gottman, 2015, for a more detailed description). It integrates psychodynamic, behavioral, existential, systems, and emotionally focused principles in couples treatment. The EFT model also uses an integrationist approach that combines experiential/gestalt with family systems and focuses on how present experience is constructed (Johnson, 2015). Because this model is central to the

present study, a more thorough discussion follows later in this paper. It is noteworthy that EFT seems to effectively combine many aspects of the models described above with an attachment frame to offer a holistic approach for alleviating couple distress. Furthermore, this model uses a key component of change: emotion, combined with experiential techniques that foster understanding and validation. The model is discussed in more detail below.

Couples Relationship Education

It is important to examine the validity of couples relationship education as a broad intervention. Couples relationship education (CRE) emerged as an outgrowth of the three categories described in the section above to provide immediate solutions for distressed couples not necessarily seeking treatment. Thus, the discussion that follows identifies components of CRE as distinct from traditional couples therapy, discusses the general research on CRE efficacy, and examines the mechanisms that have been thought to commonly promote positive change in CRE.

Differences between CRE and couples therapy. Couples Relationship Education (CRE), also referred to as Relationship Education (RE) and Marriage Relationship Education (MRE), is one way around the dilemma of providing brief resources to individuals and couples with varying needs. CRE can be broadly defined as programs that deliver education and skills that help individuals (one person participates) and couples (both partners participate) to improve their capacity for stable, healthy relationships (Markman & Rhoades, 2012). These programs seek to enhance relationships for couples and differ from an ongoing couples therapy format. The latter is more individualized, exploratory, and assumed to treat couples with increased levels of distress (Halford et al., 2013; Markman & Rhoades, 2012), though highly distressed couples may often participate

in CRE. A further difference is that couples therapy occurs with one therapist and is not necessarily protocol/theory-driven while CRE is generally manualized, offered in the community, delivered in workshop settings, and usually emerges out of existing therapies (Markman & Rhoades, 2012). CRE aims to impart the knowledge, skills, and attitudes that are generally thought to *immediately* improve relationship intimacy and sustainability while decreasing the prevalence of distress and/or separation (Halford et al. 2003). In couples therapy the timeline of improvement is often more variable. CRE programs are more popular for some as they offer high dosage interventions in a short time span and do not require the level of commitment needed for couples treatment.

CRE tends to be brief with considerable variation in delivery, format, and materials used for instruction (Halford et al., 2008). One or more trained experts facilitate these programs. Furthermore, CRE interventions typically occur in a group format for several reasons (Kaiser, 1998). Firstly, it is more cost-effective for couples in comparison to long-term therapy. Group formats are also thought to be less threatening and stigmatizing. Finally, couples benefit from the education they receive from facilitators, share stories with other couples experiencing difficulties, and can offer a network of learning/teaching amongst likeminded individuals.

CRE programs differ to the extent to which they are enrichment, communication, or prevention focused (Markman & Rhoades, 2012). Enrichment programs promoting relationship health target those couples wishing to primarily improve relationship satisfaction. Communication skills interventions help couples learn how to effectively speak with one another and focus on conflict resolutions skills. Finally, prevention programs are broken down into universal intervention (for those wishing to maintain positive relationships), selective intervention (for those at risk for adverse outcomes), and

indicated intervention (for those who demonstrate early indications of distress). All of the above are encompassed in CRE programs.

The format of CRE can look quite different based on where it is delivered. In academic settings, participants tend to be younger, the focus is on the individual rather than the couple, and interventions tend to be preventative (e.g., Marriage 101 at Northwestern University and The Psychology of Intimate Relationships at Rutgers University). CRE offered to couples in the community is more likely to be instructional, skill-based, experiential, or some combination of these. Techniques vary widely based on the format. In typical community interventions, these range from didactic presentations, group discussion, role-plays to practice skills, break-out sessions for couples, video samples of couples interactions, movie clips, written exercises, and other exercises emphasizing co-regulation.

Empirical support for CRE. The emergence of a variety of CRE programs has spurred rigorous efforts at evaluating efficacy and dissemination efforts. Over 100 CRE studies have been developed and conducted in recent decades to identify what is efficacious in improving couples' relationships (Blanchard et al., 2009). The diversity of this research allows for the examination of a number of different indicators to be assessed including problem intensity (van Widenfelt et al., 1996), couple communication (Halford et al., 2001), relationship satisfaction (Halford et al., 2001), efficacy of approach used (Stravrianopoulos, 2015), and comparisons of different approaches (Christensen & Heavey, 1999) to name a few. The abundance of research has prompted continuous meta-analytic studies to make sense of the vast amount of data collected. However, interpreting this research can often be difficult due to the differences in sample participant demographic, methodological issues, and intervention variables.

Empirically validated CRE programs have traditionally focused on improving relationship quality through communication skills building or problem-solving techniques (Stavrianopoulos, 2015); however due to the abundance of CRE programs, choosing one becomes difficult. Some are atheoretical and not empirically validated. Consumers may not be aware of why they are opting for any particular workshop and how participation in any given one improves immediate and distal outcomes for the relationship. Often, couples select workshops based on the referrals of their therapists. Thus, it becomes essential that research be conducted on extant CRE programs to guide therapists and couples towards those programs reflective of greater degrees of success in diminishing distress. Early examples of empirically researched intervention programs were *The Prevention and Relationship Enhancement Program (PREP)*, *Couple Commitment and Relationship Enhancement (Couple CARE)*, *Couples Coping and Enhancement Training (CCET)*; Halford et al., 2013). These programs emerged in the public and private sectors, evolved from the behavioral tradition, and included positive communication and conflict resolution skills training. Many continue to be commonly used approaches to relationship education.

With regards to efficacy, previous meta-analytic research has generally shown that CRE programs are effective when compared to no treatment (Hawkins et al., 2008). Hawkins and colleagues (2008) conducted a comprehensive investigation about whether ‘MRE’ (Marriage Relationship Education – used interchangeably with CRE) helped couples develop and maintain healthy relationships. They looked specifically at relationship quality and communication skills. Most of their review consisted of methodological effects of various program factors. Only studies with control groups were included and studies comparing interventions or including sexual interventions were excluded. Effect sizes were noted and outcome measures used in the studies were generally

standardized. Single outcome variables for relationship quality and communication skills were developed from a combination of self-report and observational data collected.

Immediate post-assessments and follow-ups were included (ranging from 1 to 60 months post-workshop attendance) and both published and unpublished studies were used.

Experimental (randomly assigned to a MRE treatment or control group) and quasi-experimental (no-treatment control group/no random assignment) studies were included in the analysis for a total of 117 studies with seven studies having samples containing 25% ethnic diversity.

The results from this meta-analysis suggest that educational interventions produce significant positive effects on participants' relationship quality and communication skills both at immediate post-assessment and at follow-up. Despite the variation in studies included in the analyses, this study added considerably to the literature. Firstly, it organized research on relationship education more broadly with regards to relationship quality and communication. Importantly, they found that effect sizes for relationship quality for experimental studies ranged from $d = .30$ to $.36$ and for communication skills ranged from $d = .43$ to $.45$. Quasi-experimental studies produced smaller effect sizes in each of these variables. Additionally those studies that were published had larger effects than unpublished studies at follow-up for communication skills but there were no differences in relationship quality. Another significant finding was that no gender differences in effects of CRE were evidenced. Importantly, programs that had moderate dosage – between 9 and 20 hours of instructional time produced stronger and more significant effects than low-dosage programs (>9 hours) and the same effects as high-dosage programs (>20 hours). This suggests that programs with moderate dosage may be the most effective for middle-class, non-distressed couples. Furthermore, modest gains were maintained for at least 3 to 6

months after the program concluded. The results from this meta-analysis indicate several important findings. Firstly, CRE workshops can be efficacious for couples seeking to improve the quality of their relationship and communication skills. These gains are found for men and women equally, improvements are maintained for at least 3-6 months following the conclusion of the intervention, and workshops with 9-20 hours of instructional time are sufficient in producing these gains.

Another review by Halford and Bodenmann (2013) attempted to fill the caveat of how longer-term effects of CRE affect relationship satisfaction and the generalizability of CRE research findings for diverse populations. The authors included randomized controlled trials with at least 1-year follow-up, yielding a total of 17 studies included in analyses. The majority of these studies evaluated commonly used programs such as *PREP* and *CARE* and included samples with elevated risk profiles. This review examined forms of CRE – universal, selective, indicated (described above) – on immediate and distal outcomes in relationship satisfaction. They examined risk profile as a potential moderator of the relationship between ‘Relationship Education’ (RE) and satisfaction and communication skills.

Based on the author’s research on risk in various samples, profiles were developed for participants based on the types of interventions implemented in the studies examined. While risk status was not measured in studies included, profiles were nonetheless created based on characteristics of the studies included (See Halford & Bodenmann, 2013 for a review). The authors found that relationship education generally helped couples maintain high relationship satisfaction in 14 of the 17 studies included in their review. With regards to moderators of RE effects, couples with high-risk profiles seemed to benefit from RE more than low-risk couples. This indicates that universal interventions for high-risk couples

may initially appear as though they may not be enough, yet can be effective. Improvements may have been reflective of high-risk couples simply having more room to improve than low-risk couples; however this research suggests that even highly distressed couples can benefit from universal interventions. Relationship commitment began to emerge as another important potential moderator. In other words, level of commitment may influence how much CRE is helpful, though the authors note that this warrants additional research.

Change in relationship communication was examined as a potential mediator of RE effects in this study, yet inconsistent results were found across the studies included. Some found that decreases in negative communication, but not increases in positive communication predicted future relationship satisfaction, while others found a variety of mixed effects regarding increases/decreases in husband/wife communication on relationship outcomes. The authors propose that this may be due to moderated mediational effects of risk profiles between relationship education and future relationship satisfaction. In other words, RE works for those couples with elevated risk factors modifiable by RE (e.g., communication, problem solving, coping, self-regulation) rather than those that are not modifiable (e.g., severe psychopathology).

Carroll and Doherty (2003) conducted a meta-analysis on pre-marital prevention program outcomes using a combination of 23 published experimental, quasi-experimental, non-experimental (no control/comparison group), and ex-post facto (couples' retrospective reports) studies and found that the mean effect size for such programs was .80. Participation in these programs maintained a 30% increase in measures of outcome success immediately and at short-term follow-up. Most were based on a family-systems orientation; however, a significant number did not report ascribing to any particular theoretical orientation. Most programs were moderate dosage (9-20 hours), included pre/post-tests,

and some included follow-up at various time points. With the exception of one study, experimental groups showed significant benefits of CRE on relationship quality and skills. Long-term data showed that those participating in CRE were generally better off than 79% of those who did not. The non-experimental studies showed couples reported that the programs were helpful on post-test evaluations and made improvements in conflict management, communication, and empathy towards the partner.

Several important conclusions can be drawn from the review above. Taken together, the results of the empirical studies conducted to date suggest that CRE programs are effective as a whole as opposed to no treatment. CRE can be beneficial for males and females alike and can be effective for those with varied risk profiles. They increase positive communication, foster empathy, enhance relationship quality and satisfaction. Moderate dosage between 9 and 20 hours is often sufficient. The benefits of CRE are variable based on intervention type and risk profile, though this needs further clarification. Furthermore, the effects of CRE are maintained for some time after the intervention ends. These are important implications for the continued use of CRE to relationship enhancement.

Mechanisms of change in CRE. Little is known about why and how CRE works. There have been challenges to identifying the mechanisms of change. Many reasonable assumptions have been made; however, most meta-analyses focus simply on outcomes rather than mechanisms of change. Wadsworth and Markman (2012) highlight reduction of conflict, acceptance of problems, and emotional softening as potential mechanisms. Some maintain it is prevention efforts that lead to stronger relationship potential (see Carroll & Doherty, 2003 for a review). Meta-analytic studies reviewed above cite dosage, risk profiles, and approach used. Communication skills have been the most widely researched and supported as the change agents in CRE (e.g., Blanchard et al., 2009). This may simply

reflect a lack of research on other potential markers of change such as emotional changes within a relationship. Additionally, many studies do not demonstrate that communication changes are necessarily related to other outcomes of interest such as relationship safety or overall relationship satisfaction (See Wadsworth & Markman, 2003 for a review).

Attachment, Experience, and Emotion

Attachment theory. Adult attachment research has posited that the same emotional bonds existing between parents and their children are manifested in adult relationships. The motivational system that accounts for these bonds in early life with caregivers confers internalized roadmaps that help an individual navigate important relationships throughout life. We can turn to attachment theory to help us understand this motivational system as it has important implications for relationship longevity.

John Bowlby (1969) developed the Theory of Attachment to help us understand the motivations behind infants' behaviors. These behaviors emerge out of a need to maintain proximity to significant others to ensure survival, therefore infants engage in behaviors that ensure proximity to the attachment figure (Fraley, 2004). For example, infants will cry uncontrollably at separation or until they are able to gain attention from or have other needs met by a caregiver. Bowlby suggests that if caregivers are close, accessible, and attentive, a child develops a secure bond and feels loved, confident, and able to engage in appropriate developmental risks. Alternatively, if caregivers are neglectful or rejecting the child will develop an insecure attachment and will experience symptoms of anxiety, depression, and profound anguish. Bowlby strongly believes the attachment system influences individuals "from the cradle to grave" and out of his work came many other models that used this system to explain human relationships including attachment styles, consequences of these styles, and treatment implications.

There is significant evidence to suggest that adult romantic relationships model infant-caregiver relationships (e.g., Hazan & Shaver, 1993). If this is indeed the case, we can use the same attachment system that Bowlby uses and apply it to adult romantic relationships. In fact, it is suggested that the attachment theory perspective is highly relevant to the tasks of couples therapy and furthermore has been empirically validated for creating emotional and interactional shifts in couples (Furrow & Bradley, 2011). In highly dysregulated and insecure states, individuals experience a greater propensity to feel abandoned, unsafe, or rejected to the detriment of a relationship. Instead, in secure and relatively calm states, they are likely to feel more connected, engaged, soothed, and satisfied, enhancing relational outcomes. The assumptions of the attachment perspective are vital to EFT as attention to attachment bonds is thought to be the vehicle for restoring security in relationships (Johnson, 2015).

Experiential models and emotion. Experiential approaches are a category of interventions that focuses on present experience, usually within the person, and with the help of the therapist. They have their roots in humanistic, existential, and Gestalt approaches (Greenberg, Watson, Lietaer, 1998). The therapist assists the patient in processing and deepening the experience in any given moment. Examples of experiential types of interventions broadly include equine therapy, creative arts therapy, and music therapy, as well as clinically therapeutic interventions such as EFT and Accelerated Experiential Dynamic Psychotherapy (AEDP; Fosha, 2002). While the tasks differ, all of these approaches focus on the activation of processes in the present moment. In EFT, it is the exploration of emotions and reactions that arise within the context of the couples relationship with special attention to the expression and experience of core emotional states.

Because of the extensive research on adult attachment and its implications for healthy adult relationships, it seems intuitive that one possible mechanism of change may be the *experience* of relatedness. Approaches that incorporate present experience are on the rise and are being integrated into a wide variety of therapeutic interventions. These include: Diana Fosha's Accelerated Experiential Psychodynamic Psychotherapy (AEDP), Eye-Movement Desensitization and Reprocessing (EMDR), Gottman's Couple Therapy and Gestalt's empty chair techniques.

The basis of experiential approaches rests on the notion that emotions are a key to intrapersonal change and facilitating this process results in changes in interpersonal dynamics (Pascual & Greenberg, 2007). The reorganization of emotion occurs through attending to the negative feelings that arise and then examining the cognitive-affective sequences that cause those feelings in any given moment. On diving deeper into these sequences, what emerges is often a core emotion that is housed in painful self-perceptions, and stems from painful childhood experiences. These emotions are explored more closely through a curiosity-driven, discovery-oriented stance by the therapist. As patients become more focused on exploring their inner workings with curiosity, they tend to be less guarded and more genuine. These approaches make the unconscious conscious in a deliberate, sequential manner that is lodged in the experience of relatedness, often to another person in the room, whether it is a family member, partner, or therapist. More research is certainly needed on the mechanisms of change in experiential therapy, however, at the core of emotion-focused experiential models is the use of emotion and present experience as the vehicle for change.

EFT and HMT: Descriptions, Assumptions, and Empirical Support

Emotionally Focused Therapy (EFT). Emotionally Focused Therapy has emerged as an experiential/ systemic orientation with significant empirical validation (Johnson & Greenberg 1985; Johnson, 2015). Johnson (2015) states that EFT shares a number of principles with other experiential approaches. These include (1) therapeutic alliance as central to healing, (2) validation of an individual's experience, (3) attending to opportunities to formulate new responses, (4) attention to the inner construction of experience and how this affects outer realities, (5) investigating how identity is formed and changed based on our relationships with others, and (6) having corrective experiences. Delving into the cognitive-affective sequences and connecting these to ways of experiencing oneself due to relationships with attachment figures is a further component of this model.

The EFT approach itself highlights an integrative, experiential, systemic approach to couples treatment that puts an emphasis on intrapsychic experience and negative interactional cycles (James, 1991). It has been the most empirically validated approach for couples therapy aside from behavioral approaches (Johnson, 2015). Johnson (2007) outlined three implicit tasks for EFT. These include (1) fostering safety in the therapeutic alliance, (2) gaining access to, understanding, and expanding emotional responses, and (3) orchestrating shifts in reaction sequences. These tasks are encompassed in the stages discussed below and provide the framework for the HMT program.

As mentioned above, the therapist uses experiential principles to enhance the therapeutic effect by being consistently engaged in the moment-to-moment experience of each partner without invalidating the other to promote secure patterns of interaction. This occurs through the identification of patterns of interaction that are informed by and cause

negative emotionality. Through the process of deconstructing and reframing the problem, increased insight helps couples experience adaptive emotional responses that meet the attachment needs being unconsciously communicated. The model holds that, when partners are engaged and attuned to each other's emotional needs, they are able to shift to secure interactional patterns and feel safe in the relationship.

Originally, EFT was developed as an 18-20 session manualized protocol in the 1980's based on experiential and family-systems models (Furrow & Bradley, 2011). The three stages each include specific change elements. More often than not, all of the strategies of the EFT protocol can be used without the time restrictions originally outlined, making the model adaptable to couples with differing levels of distress. The first stage, *cycle de-escalation*, involves getting a sense of the presenting problem, constructing the existing couple pattern (cycle of interactions), understanding the positions each partner assumes, and helping the couple to down-regulate to de-escalate the cycle. While these seem simple and straightforward, de-escalation can be a lengthy process, especially in highly dysregulated couples. Pursuer/withdrawer positions and accompanying indicators are also identified. A pursuer may struggle with feelings of rejection or abandonment and believe their partner "does not want me" but still makes persistent, overt moves towards the partner, which the partner perceives as "nagging". Alternatively, a withdrawer struggles with feelings of inadequacy and shame and believe that he/she "can never get it right" and may often isolate him or herself. In this first stage, the positions each partner assumes are examined while the groundwork is laid through the therapist's constant and unceasing empathy and validation within the context of positive reframes.

During the second stage of treatment, *Changing Interactional Positions*, the emphasis is on restructuring interactions (Furrow & Bradley, 2011). There is a marked shift

on how partners understand the motivations behind their partner's reactions. This is accomplished through a deeper understanding of their positions in the cycle, reframing motivations as attachment yearnings while promoting acceptance, and restructuring interactional positions. This stage of treatment helps partners clearly express vulnerable attachment needs, raw spots (triggers), and experience the feeling of being 'held' by the other partner.

Consolidation/Integration, the final stage, strengthens gains made from the first two stages of treatment (Furrow & Bradley, 2011). This entails forming new solutions to old relational issues and ultimately forming a new pattern of interaction based upon secure interactions. Furthermore, there is a consolidation of new positions that are increasingly accessible and expressive. In the final part of treatment, a new narrative about the couple's relationship is forged based on the couple's unique history and growth.

Empirical research on EFT. Results from a number of trials examining EFT's efficacy for couple distress have demonstrated that couples in EFT treatment report increases in marital satisfaction compared to wait-list and controls and 70-73% have reductions in distress (Johnson, 2008). Wood and colleagues (2005) also conducted a meta-analysis of various treatment approaches. This study examined specific therapeutic treatment effectiveness in a meta-analytic format. Included were studies that focused on treatment of marital distress involving both spouses, involved both spouses, and included a measure of marital satisfaction. Studies were coded as 'Behavioral Marital Therapy' (BMT), 'Emotionally-Focused Therapy' (EFT), 'Others', 'Mixed', or as 'BMT Components'. Of the 41 treatment groups, 7 were identified as mildly distressed (DAS scores 96-107), 33 were identified as moderately distressed (DAS scores 80-95.9), and one was severely distressed (DAS scores < 80).

Standardized pre/post test differences of each treatment group were measured using ESsg – mean gain effect size. EFT showed the highest ESsg while BMT Components had the lowest. While the analyses speak to the efficacy of one treatment over another, it was shown that EFT was significantly more predictive of treatment gains than BMT Components. EFT generally shows significant results with moderately distressed couples, however other models also showed gains. EFT as a comprehensive treatment plan, as opposed to a group of unrelated interventions, possibly lent to its efficacy.

Hold Me Tight (HMT). The HMT CRE program was built on the basis of the self-help book: *Hold Me Tight: Seven Conversations for a Lifetime of Love* (Johnson, 2008). Although HMT workshops have been offered since about 2008, targeted HMT programs developed based on this model have not been widely evaluated for efficacy despite the empirical support for this model in couples therapy (Soltani et al. 2013; Wood, 2005).

As mentioned previously, HMT uses attachment theory/EFT as a guiding theoretical orientation/model for the program. EFT posits that it is crucial to relationship longevity to put in place attachment behaviors that improve the security of the couple's bond and alleviate distress in relationships (Johnson, 2008). Johnson (2010) has provided a facilitator's guide outlining the program. The curriculum is comprised of seven psychoeducational sessions that include short didactic presentations, group discussion, DVD demonstrations of couples modeling the conversations from the curriculum, breakout sessions for the exercises, and homework. Some facilitators adapt the curriculum in unique ways that reflect their own personal style. This can include adding movie clips, use of flipcharts, including other clinical material, and presentations.

HMT conversations. Below are descriptions of the conversations included in the HMT program. These are based on the book: *Hold Me Tight: Seven Conversations for a*

Lifetime of Love. The curriculum is often modified and opens with a review of love and attachment. Key concepts on love and loving as well as underlying attachment needs in romantic relationships are identified. Goals of the program are introduced followed by the conversations below (see Appendix A for a copy of these exercises).

Conversation 1: Recognizing the Demon Dialogues. The importance of this conversation lies in making the complicated relational dynamics and patterns more understandable. In most relationships, both partners assume certain positions. Johnson (2006) has identified these positions as ‘pursuers’ (those who move towards an unresponsive partner) and ‘withdrawers’ (those who move away or minimize conflict). Couples begin to recognize negative interactional cycles and explore their positions in the cycle in the context of primary attachment needs and emotions underlying secondary emotions. They work towards recognizing the impact of their behavior on the relationship and modifying their responses. Accessibility, responsiveness, and engagement (A.R.E) are introduced as key elements of connection. Furthermore, couples attempt to create basic safety by identifying negative interactional cycles. Demon dialogues include ‘Finding the bad guy’, ‘The protest polka’, and ‘Freeze and Flee’. A video clip of a couple engaging in this conversation and an exercise follows that helps to plot out the unique negative “dance” carried out in their relationship.

Conversation 2: Finding the Raw Spots. The second conversation entails education about raw spots, which are emotional triggers that can be the result of sensitivities from temperament, attachment history, present relationship, or traumas. Raw spots are often triggered by a prior negative interaction when one partner responded in a way that heightened the other’s attachment insecurities. Couples begin to understand how quickly emotions can occur and trigger their raw spots when vulnerabilities are touched upon.

Responses are framed in the context of the negative interactional cycle that was identified in the first conversation. A key component of this conversation is identifying triggers that cause a radical shift in couples connections. Identifying and understanding the triggers that spur the cycles enables couples to move toward de-escalation. Once partners are aware of these triggers and how they cause them to spiral into their cycle, the process of de-escalation helps partners to respond in new ways that strengthen their bond. The video segment from this conversation is shown and an exercise follows that helps both partners identify a specific moment when they felt vulnerable, their most negative thoughts at the time, deep emotions that accompanied this moment, and a way to communicate these to their partner.

Conversation 3: Revisiting a Rocky Moment (*omitted as a separate conversation from all workshops included in this study, however aspects of this conversation were included in the material throughout the workshop). In this conversation, the skills and knowledge gained in earlier conversations are utilized. Partners each share a time in their relationship when they felt deprived, hurt, and rejected and allow for the other partner to repair and find a solution to their partner's distress by validating the hurt and apologizing. It speaks to the importance of acknowledging and working through prior attachment injuries. A transcript of a couple modeling the concepts introduced in this conversation is provided as an example. The opportunity is created for repair, emotional safety, and connection through an exercise.

Conversation 4: Hold Me Tight. This conversation focuses on the platform of safety created in the previous conversations to help partners become more accessible, responsive, and engaged (ARE) with one another. In EFT, this conversation is aligned with pursuer softening and withdrawer re-engagement. Partners work on being more open with one

another, working on building more secure bonds. Couples explore the fears that emerge in moments of disconnection and articulate these to their partner to foster a secure connection. An active positive bonding spiral is created and moments of disconnection are turned into opportunities for healing when the other partner responds in an emotionally attuned manner. Again, video clips demonstrate how this process occurs and the exercise helps each partner to express their deepest fear in moments of disconnection and what they need from their partner in that moment. Each partner is provided with the opportunity to engage their partner in a different way than they have previously.

Conversation 5: Forgiving Injuries. Hurting loved ones is unavoidable, and being able to attend to and process these hurts is crucial to maintaining a bond. This conversation includes steps toward forgiveness of injuries by disclosing pain, through attunement with the hurt partner, and meaningfully apologizing. This conversation helps to foster closeness by strengthening the relationship bond by identifying injuries and offering apologies and forgiveness. Security of the attachment bond is enhanced when partners acknowledge the hurt that accompanies feelings of abandonment or betrayal. Although the hurt cannot be taken away, a new way of responding to each other vis-à-vis processing painful emotions together is created. A wounded partner can ask the other partner for comfort that was not initially provided, creating the opportunity for a new image of the relationship. Video clips and an exercise that guides partners in identifying a time they were injured, describing their pain, and offering the opportunity for each partner to “be” with their partner in the present moment is conducted.

Conversation 6: Bonding Through Sex and Love (*omitted from all workshops included in this study). The implications of sexual intimacy and how it fosters emotional connection are discussed. Video clips and exercises are included.

Conversation 7: Keeping Love Alive. Key messages from the workshop include the need for emotional connection, healthy dependency, secure bonds, and attachment needs are reviewed as a prescription for a resilient relationship. Video clips are shown and an exercise that highlights how to maintain a secure bond and assists in the creation of a new narrative of the relationship is included.

Empirical research on Hold Me Tight (HMT). A handful of published and unpublished studies have examined the HMT program's efficacy. Stavrianopoulos (2015) conducted a published study of Hold Me Tight: Conversations for Connection (HMT; Johnson, 2008). This pilot study evaluated the efficacy of HMT programs in increasing relationship satisfaction, increasing trust, and decreasing depression in 28 college students (14 couples). The total time devoted to HMT equaled 16 hours comprised of eight weekly 2-hour sessions. Each session focused on one conversation from the curriculum described in more detail later in this discussion.

Pre/post measures included the *Dyadic Adjustment Scale (DAS)*, a measure of relationship quality, the *Relationship Trust Scale (RTS)*, a measure of interpersonal trust, and the *Beck Depression Inventory (BDI-II)*. Regression analyses were used to determine change over time. Additionally, participants offered feedback regarding what they perceived was helpful and areas for improvement. Data for men and women were analyzed separately as there was significant degree of correlation between couples. The results indicated significant changes in all outcome measures with the *DAS* showing the greatest degree of change for women. Generally, improvements in relationship satisfaction occurred for 85.7% of female participants and about half of male participants. While mean scores increased for trust, they did not reach statistical significance. Finally, 67% of female and 75% male participants initially reporting depressive symptoms at pre-test reported

improvements. Positive feedback was also offered regarding group content and structure in the open-ended questions. These results suggest the HMT program is an effective intervention to enhance relationship quality for college students.

A study conducted by Fisher and colleagues (2014) offered a comparison of the self-help book on which the HMT curriculum is based: *Hold Me Tight: Seven Conversations for a Lifetime of Love* with an HMT relationship course for twenty participants (10 couples) including eight, 2-hour sessions over the course of ten weeks. These sessions followed the content and structure of HMT facilitator guide. Those who only read the book also read it over the same ten-week period as the class. Measures used included the *Dyadic Adjustment Scale* (DAS), a measure of relationship quality and the *Trust Scale*, a measure of faith, dependability, and predictability. Interestingly, the study results found that reading the book alone led to more positive change than reading the book and attending the class. The authors hypothesized this may have been due to the dependent variables not capturing the experience of the participants, as many participants indicated that the course had impacted their relationships positively in their evaluations. This study speaks to the importance of looking at dependent variables that are related to the components that HMT, and more broadly EFT aims to target, i.e., attachment security.

A recently published study by Wong and colleagues (2018) looked at the efficacy of implementing a Chinese-language version of the program to a Chinese-Canadian community sample. The curriculum was extended to 30 sessions and included passages from Scripture that were relevant to attachment. Measures used included the Chinese version of the *DAS*, the *Relationship Satisfaction Questionnaire* (RSAT), and *Experiences in Close Relationships Scale – Short form* (ECR). The latter form measured attachment anxiety and avoidance. An ECR example of attachment anxiety as provided by the authors

includes, “I find that my relationship partner does not want to get as close as I would like”. An example of attachment avoidance is, “I try to avoid getting close to others”. As in the previous study described, the sample size was fairly small. Nonetheless, the results indicated that relationship satisfaction and family harmony increased while attachment avoidance decreased. While the sample used in this study was limited to a specific group of Chinese-Canadians, it importantly looks at the flexibility and uniqueness of attachment styles in any given relationship. In other words, attachment might be more malleable than initially thought. In support, it was found that attachment avoidance decreased over time in this sample. The authors noted that the same did not happen for attachment anxiety. One possibility is if pursuers are conceptualized as those who are anxiously attached and withdrawers as avoidantly attached, then perhaps the change in avoidance was a consequence of withdrawer re-engagement. It was proposed that when one partner’s criticisms are replaced with expressing vulnerabilities, “softenings” facilitate changes in attachment anxiety. Pursuers are often perceived as critical and take more time to express vulnerabilities in treatment. Perhaps, they also take longer to be affected by workshop interventions than do withdrawers, who have already begun the process of feeling re-engaged. This warrants further research, though it is important to note that this was one study that looked specifically at attachment-related changes in individuals as a result of HMT participation.

Two larger-scale studies have looked at the effectiveness of HMT over time. One is an unpublished dissertation with a sample of 97 participants who independently registered to participate in a HMT workshop across the US and Canada (Kennedy, 2016; unpublished dissertation). Couples started out with fairly high relationship satisfaction scores (73% in this sample); 78% of the individuals who reported moderate to severe anxiety and

depressive symptoms also reported relationship distress. Measures included the *DAS*, the *RTS*, *ECR-short form*, *Social Intimacy Scale*, *BDI*, and *BAI*. The study included data from workshops formatted as a weekend retreat (occurring over the course of Friday night, Saturday, and Sunday) and those in a weekly session format occurring over the course of 7 days. Four data points were identified: baseline, pre-program, post-program and follow-up. Results indicated relationship satisfaction and trust increased, depression and attachment avoidance decreased from pre- to post-program, however many of the scores returned to pre-program levels at follow-up. There were no improvements in intimacy and the findings corroborated Wong et al. (2018) as there were no improvements in attachment anxiety in this sample.

A second large-scale study, conducted by Conradi and colleagues (2017) involved a self- and clinician-referred sample of 129 couples. Participants were excluded if they met criteria for DSM-IV diagnoses. Three phases were identified: a waiting period, intervention, and follow-up. The intervention occurred over eight weekly, 2-hour sessions. The measures were administered prior to the waiting period, prior to HMT, following the last HMT session, and then 2.5 weeks and 14 weeks after the intervention. Measures used included the *DAS*, the *Accessibility, Responsiveness, Emotional Engagement* questionnaire (ARE questionnaire included as part of the HMT curriculum), *Tendency to Forgive scale* (e.g., “I am quick to forgive my partner”), the *ECR*, *Daily Coordination scale* (a measure of daily interaction quality), *Maintenance Behavior Scale* (measures frequency of relationally oriented behaviors), and the *General Health Questionnaire* (includes questions related to depression and anxiety). The pattern of results indicated that self-referred couples significantly improved on all measures throughout the intervention and maintained these effects at the 14-week follow-up. Interestingly, clinician-referred samples

demonstrated moderate improvement that reduced at the 14-week follow-up and may have been a product of clinician-referred samples having higher levels of psychological distress.

Taken together, the results from these studies overwhelmingly support HMT as improving relationship satisfaction over the course of the HMT intervention and in many cases these changes are maintained over time. Furthermore, several studies reported indicate pre-post intervention changes in trust, depressive symptoms, and decreasing attachment avoidance. The patterns indicate that the HMT curriculum is one that promotes relationship improvement and suggests that some gains may be maintained, though more research is needed on how and for whom these gains are maintained.

CHAPTER II

Present Study**Study Rationale**

Christensen & Heavey (1999) have found that insight-oriented approaches such as EFT are significantly better when compared to other treatment approaches. These findings are based on post-treatment measures of relationship quality. Extant data overwhelmingly supports the EFT model for improving relationships. Coupled with the abundance of support on CRE education, it is likely that the HMT program will effectively produce positive outcomes, at least for relationship satisfaction.

At the time of the present study's proposal in 2016, the HMT curriculum's efficacy research was limited to one sample of college students (Stavrianopoulos, 2015) and one community sample (Fisher et al., 2014). These two studies found a mixed pattern of results. Stavrianopoulos (2015) found that there were significant changes in measures of relationship distress, trust, and depressive symptoms in college students suggesting that the HMT program, like EFT, is effective in improving relationship outcomes for couples. Fisher et al. (2014) found that participants who read the self-help book, *Hold Me Tight: Seven Conversations for a Lifetime of Love* showed more improvement when compared to those who participated in the HMT curriculum intervention.

At the time this study was proposed, no study had looked at changes in attachment-specific constructs, which would presumably be the most changed from a workshop based on attachment principles. Subsequent to the present study proposal, several researchers have looked at attachment-related changes using the *Experiences in Close Relationships Scale (ECR)* and the *ARE* questionnaire and showed a general trend of positive change from pre-post measures in attachment-avoidance (Conradi et al., 2017; Kennedy, 2016,

unpublished dissertation; Wong et al. 2018). However, no study to date has looked at changes in closeness, connection, emotional safety, relationship satisfaction, and commitment, which are reflective of constructs that HMT presumes will be improved based on the goals of the EFT model. Thus, the aim of the current study was to examine how these specific constructs are affected by workshop participation.

Study Design

The present study attempts to look at changes in attachment-specific constructs from pre- to post-intervention following a weekend HMT retreat through a single self-report measure, the Rating Scale for Couples adapted from the Outcome Rating Scale (ORS; Miller et al., 2003). While ideally more measures and demographic data should be included, the data available was archival. Thus, this study should be regarded as exploratory. Generally, most research on CRE has honed in on variables such as improved communication skills or relationship satisfaction, which are undoubtedly extremely valuable in improving relationships and increasing a couple's bond. Ostensibly, it also makes sense to examine attachment-related constructs in an attachment-oriented intervention. To date, no study has examined how these various constructs that have been previously linked with attachment are changed as a result of participation in the HMT workshop.

Facilitators observed changes in couples over the course of their weekend retreats. Closeness, emotional safety, connection, commitment, and overall relationship satisfaction appeared to improve; however, they were interested in examining whether their observations aligned with couples self-report on a relationship measure. The measure utilized was developed to reflect facilitators' desire to explore participant improvement on these observed dimensions. In addition, the goals of EFT are to increase relationship

longevity by helping couples become safely and securely bonded, increase relationship satisfaction and commitment to each other. The measure was developed to determine if HMT can also produce an impact in these arenas.

Hypotheses

The present study examines the links between participation in the HMT program and the attachment-related constructs and outcomes described in the previous section. This exploratory study adds to the research conducted on HMT programs with standardized measures targeting relationship quality, depression, anxiety, and attachment avoidance and anxiety. Closeness, emotional safety, and connection are all fairly explicit in the HMT curriculum. Commitment and overall relationship satisfaction also fit in with an attachment frame as they are important for relationship enhancement. Because of limited research on the HMT curriculum, the hypotheses proposed here are tentative, yet reflect extant research on these constructs as they pertain broadly to the EFT model and specifically to HMT.

The present study proposes the following hypotheses:

H1: Individuals demonstrate improvement in all of the variables of interest: closeness, emotional safety, connection, commitment, and overall satisfaction.

H2: No gender-based differences are evident in closeness, emotional safety, connection, commitment, and overall satisfaction.

H3: When divided into high, intermediate, and low distress based on the pre-HMT measure, individuals demonstrate improvement regardless of initial levels of distress.

CHAPTER III

Methods

Participants

The sample in the present study is comprised of 103 individuals from the community who signed up for four different HMT workshops between Fall of 2015 and Fall of 2016 and attended the workshop with their partners. Three of these workshops were offered in New Jersey and one was offered in New York. A handful of attendees traveled to the workshops from neighboring states. Couples came to know about the workshop through friends, colleagues, the Internet, therapists, or other service providers in the community. Registration for the workshop occurred online and no demographic information was collected. Because the data used in this study is archival, no demographic or other information was available on the couples participating. Pre-HMT data was available for 51 males and 52 females and post-HMT data was available for 41 males and 47 females. Complete pre/post data were available from 85 of these participants. Some participants only completed a pre- or a post-questionnaire and thus these individuals were only included in relevant analyses.

Procedures

Adults participated in approximately 15 instructional hours for the HMT intervention focusing on psychoeducation about romantic love, understanding their own and their partner's emotional responses, describing and controlling negative interactions that prevent closeness and create pain, and learning how to have secure bonds with their partners. The workshops were offered as a 2-day weekend retreat and were led by some combination of two facilitators who are trained in EFT approach and have been

conducting workshops for a number of years (2 presenters were ICEEFT certified therapists and supervisors; and the other was trained in EFT, however not ICEEFT certified).

There are several changes that were made to the original format of the HMT program. Conversations 1 – 5 and 7 were included, however Conversation 6 was omitted from all groups included in the present study. Additionally, facilitators included an exercise, "Family Messages about Emotion" (See Appendix A). The importance of Accessibility (A), Responsiveness (R) and Emotional Engagement (E) (ARE) were presented and discussed; however, the exercise itself was not included. "Family Messages About Emotion" replaced ARE. This new exercise provided the backdrop or scaffolding to understand where and how attachment needs, yearnings and behaviors develop. It was included to explore the family climate around emotional expression. Included were also questions of how love was expressed, how separations/reunions were handled, messages about how emotion were communicated in childhood, and relationship safety within the family and significant attachment figures.

An affect regulation unit was also added prior to the final conversation in lieu of Conversation 6. This section included a review of the "Window of Tolerance" (Ogden & Minton, 2000), which incorporates somatic processing as an entryway into emotional processing. Several affect-regulation exercises were introduced and practiced. Additionally, facilitators noted that each HMT included choices regarding the use of EFT demonstration videos with the three Canadian couples. Variations were present amongst HMT workshops conducted. Facilitators from the workshops also included video clips from popular movies (e.g., *As Good as it Gets*; *Castaway*) to demonstrate attachment

ruptures/repairs and presentations relevant to content of the workshops (e.g., video clip on empathy by Brené Brown, research professor, University of Houston).

The study design consisted of archival pre/post assessment data collected by facilitators as a part of evaluation efforts. Therefore, it does not reflect an experimental design with control or comparison groups. After being informed that all data collected would be used to improve future workshops, participants were read a script after registration (see Appendix B). The script indicated that facilitators were collecting data on how participants' relationships change from beginning to end of the workshop. This script was added after the first group of workshop participants, so the first group was not read this script. It included directions on completing the measure and asked that responses not be shared as to avoid introducing bias into the study. The pre-measures were collected from participants prior to starting the program. At the end of the two days, participants were asked to complete the same measure again independently in addition to a program survey that including open-ended questions (this data is not included in the present study).

One other important aspect of the weekend retreat was that along with the group facilitators, numerous "helpers" were present throughout the weekend to assist couples in the breakout sessions for the various exercises. Helpers included some combination of licensed psychologists, social workers, and doctoral-level clinical psychology students. Most of the helpers had some training in the EFT model. During the exercises, couples were given the option of working with a helper. Most couples opted for working with a helper during the exercises. Frequently, the same helper worked with the same couple throughout the weekend. In some cases, having professional, personalized help may have conferred considerable benefits for couples participating.

Measures

Rating Scale for Couples (RSC). The Rating Scale for Couples (RSC; See Appendix C) was adapted from the Outcome Rating Scale (ORS) developed by Miller and colleagues (2003) and was originally developed as an alternative to Outcome Questionnaire 45.2 (OQ-45.2). The ORS is a clinical and research tool using visual analog scales as these are thought to have the advantage of brevity as well as ease of administration and scoring (Miller et al., 2003). With regard to the specific items on the ORS, participants are asked to place a mark on the corresponding 10 cm line. The original is a 4-item measuring the overall well-being (general sense of well-being), individual (personal well-being), relational (family and close relationships), and social subscales (work, school, friendships) from the OQ-45. Pearson product moment correlations yielded an adequate concurrent validity coefficient of .58, reliability coefficient alphas at .79 ($n = 15,778$), and test-retest reliability as .58 ($n = 1,710$; Miller et al. 2006). The moderate validity of the ORS as compared to the OQ-45.2 suggests that the method from this measure adequately corresponds to scores on the OQ-45. The authors hypothesized that it was reasonable that higher coefficients of validity were not produced due to the shorter nature of the ORS and its use of an analog scoring method. Though it cannot be expected that a shorter measure produces the depth and precision of a more detailed measure, the study examining the reliability and validity of the ORS indicated that scores were adequately aligned with the more in-depth OQ-45.2. As the method was , then it is reasonable to adapt this measure using constructs that would be more relevant to HMT.

Because of this measure's adequate validity and reliability coupled with the ease of administration, it was adapted to reflect the constructs of interest for HMT evaluation and includes the following scales: closeness, emotional safety, connection with partner,

commitment to partner, and overall satisfaction. Rather than the total score of 4 items in the original measure, each scale was looked at independently to see if there was significant movement amongst individuals who participated in the study. The directions indicated: “Please rate *at this moment* how you feel by placing a mark on the line nearest to the description that best fits your experience”. Please see Appendix B for this measure and the descriptions at each end of the scale. Below are brief descriptions, support for these constructs, and the relevancy of each. It is important to note that this measure has not been validated by previous research.

Closeness. Comfort with closeness has been shown to reliably measure attachment security and differs in avoidantly-attached individuals (Feeney, 2002). Closeness has been linked with increased levels of disclosure, recognition, involvement, and mutual negotiation in interactions (Feeney, 2002). Conversations 1 and 2 attempt to build closeness by helping partners facilitate a dialogue about important vulnerabilities and needs.

Emotional safety. Emotional safety is an important aspect of relationships that the EFT frame hopes to enhance. It has been empirically shown that proximity to attachment figures in infancy helps regulate affect and calms the nervous system (Schorre, 1944, p. 244 as cited by Johnson, 2015) thereby promoting such safety. Safety helps to regulate emotions, process information, and communicate effectively. When partners can turn to each other and share their emotions to a partner who is attuned and present, emotional safety is enhanced. For most distressed couples, emotional safety is usually lacking when a couple first enters treatment. Because it is usually compromised when couples are in distress, it was important to include this construct.

Connection. A basic principle of attachment theory is that connection with caregivers fosters secure bonds, has been hardwired, and is a fundamental survival need. Disconnection is presumed to cause distress in couples and can lead to adverse outcomes such as anxiety and depression (Johnson & Greenman, 2006). From the EFT model, secure connections are an ultimate goal and are thought to reflect a sense that partners are accessible, responsive, and engaged (Johnson, 2010). Conversations 3, 4, and 5 provide opportunities for bonding by working through problematic interactions and repairing previous moments of disconnection while enhancing opportunities for a new way of connecting.

Commitment. Commitment has been shown to be the strongest predictor of relationship satisfaction in a college student sample (Acker & Davis, 1992). Research also suggests that low levels of commitment may cause individuals to think about being with other partners (Stanley et al., 2002) rather than stay with their current partners. Markman and Rhoades (2012) have highlighted that commitment prior to participating in a psychoeducational program may enhance the effects of a program whereas moderate commitment might cue couples to end their relationship. Alternatively, participation in such a program may also enhance commitment. Taken together, the research implies that there are significant implications of commitment for relationships.

Although commitment has been included in this scale, it may be that it reflects the construct of relational stability, which is thought to be constant for an *individual* and less of a reflection of the emotional life of the relationship as an attachment construct. Halford et al. (2013) have suggested additional research is needed on commitment as it may moderate the efficacy of an intervention. In other words, commitment may influence the helpfulness of a CRE intervention such as HMT and thus was important to include.

Overall satisfaction. As described earlier in the literature review, relationship satisfaction is commonly a goal in CRE programs (e.g., Halford et al., 2001). Relationship satisfaction has been typically measured using the *Dyadic Adjustment Scale* which measures frequency of positive behaviors and disagreements (e.g., Conradi et al., 2017; Kennedy, 2016, unpublished dissertation, Stavrianopoulos, 2015; Wong et al. 2018) and was included here as it was thought to be an important indicator of adjustment within the relationship pre-post workshop.

CHAPTER IV

Results**Data**

The data were examined for errors, outliers, and missing entries. In some cases, individuals completed only a pre-or post-measure and thus, these individuals were excluded from paired analyses. A total of 103 pre-HMT and 88 post-HMT measures were available; 85 individuals completed both the pre- and post-HMT measures. An independent consultant who was not connected with the data performed the statistical analyses.

In order to test whether improvement was maintained for all individuals regardless of their distress level at the onset of the intervention (H3), three separate categories were formed: low distress, intermediate distress, and high distress. For each variable, the 10 cm analog scale was separated into approximate-thirds. High distress individuals were identified as those who placed a mark between 0 and 3.3 on the 10 cm line; intermediate distress was identified as those individuals who placed a mark between 3.3 and 6.7; and low distress was identified as individuals who placed a mark between 6.8 and 10.

Support for Hypotheses

The results of this study support the three hypotheses proposed regarding (1) improvement in closeness, emotional safety, connection, commitment, and overall satisfaction, (2) improvement occurring for both males and females on all the dimensions, and (3) improvement when divided according to high, medium, and low distress at pre-intervention regardless of initial distress category.

To examine the data, tests of normality found that data was not normally distributed in this sample (Shapiro-Wilk, 1965). These tests checked to see if each indicator was

Table 1**Correlation Matrix^a N=103**

	Closeness	Emotional Safety	Connection	Commitment	Satisfaction
Closeness	1.0	.814**	.930**	.569**	.798
Emotional Safety	.814**	1.0	.824**	.596**	.768**
Connection	.930**	.824**	1.0	.632**	.825**
Commitment	.569**	.596**	.632**	1.0	.631**
Satisfaction	.798**	.768**	.825**	.631**	1.0

a: Spearman's rho

**Sig. correlation (2-tailed) ($p < 0.001$)

normally distributed. Since most of the distributions significantly differed from normal, parametric statistical tests were inappropriate to use. The non-parametric equivalents of independent samples t-tests (used with normal distributions) were used in this study to examine the changes in score from pre- to post-HMT. Inter-correlations of these variables are included in Table 1. As seen below, all variables with the exception of commitment were strongly correlated with each other ($p > 0.001$) indicating they were measuring a similar underlying construct.

Hypothesis 1. It was proposed that individuals will demonstrate improvement in all variables of interest: closeness, emotional safety, connection, commitment, and overall satisfaction. Tables 2 and 3 include the means, standard deviations, and the medians for

Table 2**RSC Pre-HMT**

	N	Mean	Std. Deviation	Median
Closeness	103	5.14	3.10	5.4
Emotional Safety	103	5.43	2.99	5.8
Connection	103	5.33	2.91	5.4
Commitment	103	7.54	2.67	8.3
Overall Satisfaction	103	5.35	2.85	5.6

Table 3

RSC Post-HMT				
	N	Mean	Std. Deviation	Median
Closeness	88	8.38	1.88	9.1
Emotional Safety	88	7.99	1.94	5.8
Connection	88	8.38	1.74	9.0
Commitment	88	8.99	1.33	9.5
Overall Satisfaction	88	8.06	2.01	8.9

this dataset. As can be seen, there were considerable differences in the means and medians from pre- to post-HMT. To examine whether these changes were significant, The Wilcoxon Signed Ranks Test was conducted (Wilcoxon, 1945). This frequently used nonparametric test looks at non-normal paired data while comparing two sets of scores available on the same participant when a dependent t-test is inappropriate to use. Furthermore, assumptions of this test include (1) the dependent variable is continuous and used on related groups (matched pairs) and (2) the distribution of differences is symmetrically shaped. Based on the results of 85 pre- and post-HMT measures available, there were statistically significant differences in closeness (Wilcoxon signed ranks test $Z = -7.352$; $p < 0.001$), emotional safety (Wilcoxon signed ranks test $Z = -6.852$; $p < 0.001$), connection ($Z = -7.443$; $p < 0.001$), commitment ($Z = -5.222$; $p < 0.001$), and satisfaction ($Z = -7.340$; $p < 0.001$). Results indicate that participation in the HMT course elicited statistically significant improvements

Table 4**Test Statistics^a**

	Closeness	Emotional Safety	Connection	Commitment	Satisfaction
Z	-7.352	-6.852	-7.433	-5.222	-7.430
Asymp. Sig. (2-tailed)	.000	.000	.000	.000	.000

a. Wilcoxon Signed Ranks Test

Table 5

RSC MALES				
	Pre-HMT		Post-HMT	
	N	Medians	N	Medians
Closeness	51	6.0	41	9.1
Emotional Safety	51	6.6	41	8.8
Connection	51	6.0	41	9.0
Commitment	51	8.2	41	9.5
Overall Satisfaction	51	5.2	41	9.0

in closeness, emotional safety, connection, commitment, and relationship satisfaction in this sample (See appendix D for graphs of this data). The same pattern of results was shown when t-tests were conducted (data not shown.)

Hypothesis 2. Next, it was proposed that no gender-based differences will be evident in closeness, emotional safety, connection, and commitment, and overall satisfaction. Table 5 includes the medians of all RSC variables for males from pre- to post-HMT. Table 6 provides the same information for females. The Mann-Whitney U test was used to compare gender differences (Mann & Whitney, 1947). This test is often used on

Table 6

RSC FEMALES				
	Pre-HMT		Post-HMT	
	N	Medians	N	Medians
Closeness	52	5.0	47	9.1
Emotional Safety	52	5.1	47	8.5
Connection	52	5.0	47	8.9
Commitment	52	8.2	47	9.5
Satisfaction	52	5.2	47	8.9

Table 7				
Test Statistics^a by Gender				
			Males	Females
	Z	Asymp. Sig. (2-tailed)	Z	Asymp. Sig. (2-tailed)
Closeness	-5.345 ^b	.000	-5.127 ^b	.000
Emotional Safety	-4.822 ^b	.000	-4.886 ^b	.000
Connection	-5.098 ^b	.000	-5.447 ^b	.000
Commitment	-2.870 ^b	.004	-4.413 ^b	.000
Satisfaction	-5.123 ^b	.000	-5.383 ^b	.000

a. Wilcoxon signed ranks test

b. Based on negative ranks

gender comparisons and assumes (1) that the dependent variables are continuous (2) the independent variable has two categorical groups (3) observations are independent of one another (4) variables are not normally distributed. Results from the Mann-Whitney U did not differ significantly on any variable pre- or post-HMT. For males, a Wilcoxon indicated that males and females, a Wilcoxon Signed Ranks test showed that males experienced statistically significant changes in closeness ($Z=-5.345, p < 0.001$), emotional safety ($Z=-4.822, p < 0.001$), connection ($Z=-5.098, p < 0.001$), commitment ($Z=-2.870, p < 0.001$), and overall satisfaction ($Z=-5.123, p < 0.001$). Females also showed statistically significant changes in closeness ($Z=-5.127, p < 0.001$), emotional safety ($Z=-4.886, p < 0.001$), connection ($Z=-5.447, p < 0.001$), commitment ($Z=-4.413, p < 0.001$), and overall

Table 8			
n per distress category (N=85)			
	High (<3.3)	Medium (3.4-6.7)	Low (6.8-10)
Closeness	30	21	34
Emotional Safety	22	29	34
Connection	23	32	30
Commitment	7	12	66
Satisfaction	24	28	33

satisfaction, ($Z=-5.383, p < 0.001$). Table 7 shows these results. These demonstrate that no gender-based differences emerged from this sample and that both males and females improved significantly following HMT. Again, the same pattern of results was shown when t-tests were conducted (data not shown).

Hypothesis 3. The final hypothesis looks at how individuals experiencing differing levels of distress fare after HMT. When divided into high, intermediate, and low distress based on the pre-HMT measure, it was proposed that individuals would demonstrate improvement regardless of initial distress level. Each dimension was split into thirds categorizing individuals as experiencing low, intermediate, and high levels of distress based on the pre-HMT scores. Table 8 contains a list of the number of individuals per category across RSC dimensions and Table 9 shows the results. Analyses revealed that all distress categories showed statistically significant changes irrespective of initial distress level as indicated on the pre-HMT RSC. In other words, regardless of distress category, individuals demonstrated significant improvements in closeness, emotional safety, connection, commitment, and satisfaction. These results are not surprising as tests previously indicated that all individuals improved. It is interesting to note that only 7 individuals were classified as being distressed on commitment and more on this finding is discussed below.

There are significant drawbacks, however to using this approach. First, when continuous data is divided categorically, valuable information can be lost; this technique also assumes homogeneity of risk within categories leading to possible inaccurate estimation and a loss of power. Still, because the nature of this study is exploratory, such analyses were included for the purposes of extracting additional information as it pertains to this sample and offers information about the efficacy of this

Table 9**Test Statistics^a by Distress**

		High (<3.0)	Medium (3.4-6.7)	Low (6.8-10)
Closeness	Z	-4.783 ^b	-3.720 ^b	-4.054 ^b
	Asymp. Sig. (2-tailed)	p=.000	p=.000	p=.000
Emotional Safety	Z	-4.109 ^b	-4.099 ^b	-2.829 ^b
	Asymp. Sig. (2-tailed)	p=.000	p=.000	p=.005
Connection	Z	-4.199 ^b	-4.610 ^b	-4.244 ^b
	Asymp. Sig. (2-tailed)	p=.000	p=.000	p=.000
Commitment	Z	-2.371 ^b	-2.903 ^b	-3.413 ^b
	Asymp. Sig. (2-tailed)	p=.018	p=.004	p=.001
Satisfaction	Z	-4.286 ^b	-4.206 ^b	-4.291 ^b
	Asymp. Sig. (2-tailed)	p=.000	p=.000	p=.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks

treatment as it pertains to people who start the intervention at different levels of distress. It is valuable to know that for this sample of HMT participants, individuals across the spectrum of distressed measured here showed significant improvements in the variables included.

CHAPTER V

Discussion

This is one of few studies examining the efficacy of the HMT workshop intervention as it relates to constructs that are important to secure attachment. When initially proposed, no other study looked at how such features of a relationship change due to HMT participation. Since then, a handful of studies have examined relationship satisfaction (quality), trust, attachment avoidance/anxiety, and social intimacy (see literature review above). Specifically, no study has looked at the improvement along scales closely aligned to aspects of a secure attachment bond such as closeness, connection, emotional safety, and relationship satisfaction. It is also one of the few studies on HMT incorporating commitment as a variable. Commitment, prior to participating in a psychoeducational program was suggested to act as a moderator and thought to enhance the effects of the program (Markman and Rhoades, 2012); therefore, it was also important to see how this changed for participants.

Overall, the results from this study indicate that individuals participating in this workshop demonstrated significant improvements on all dimensions of the RSC: closeness to their partners, emotional safety with their partners, connection with their partners, feeling more committed to the relationship, and in their overall levels of satisfaction with the relationship at the end of the HMT workshop (Hypothesis 1). Furthermore results indicated that both males and females showed significant improvement on all the dimensions included in the RSC at the end of the HMT workshop (Hypothesis 2). Finally, regardless of initial level of distress, all individuals showed significant improvement on all

the dimensions included in the RSC at the end of the HMT workshop (Hypothesis 3). The results are discussed in more detail below.

Efficacy of HMT

The inclusion of a control group would have allowed for stronger conclusions that the HMT intervention produced the improvements indicated in the results. In a within subjects research design, it becomes difficult to attribute whether the changes that occurred for individuals were due to time or the HMT intervention. Still, individuals endorsed significant positive changes in all of the variables measured. They noted improvements in closeness, emotional safety, connection, commitment, and relationship satisfaction from the pre- to the post-HMT measure. In any given relationship, these are the variables that one hopes will be affected from an EFT frame to promote a secure bond.

With the exception of commitment, most individuals disclosed that they felt moderately close, emotionally safe, connected, and satisfied with their partners at the onset of the HMT workshop; 66 individuals started out the workshop at fairly high levels of commitment and fell into the “low distress” category. Only seven individuals were classified in the “high distress” category at the start of the workshop. However, by the end of the workshop, even those individuals indicating lesser commitment on the pre-RSC experienced significant improvement in their commitment levels. Additionally, when inter-correlations were conducted, commitment was moderately correlated with the other variables on this measure whereas closeness, emotional safety, connection, and overall satisfaction were all significantly related to one another. When variables show strong correlations, this is one indication that they are measuring a similar underlying construct, which in this case could be attachment. Further exploration is indicated for construct and

face validity of this measure. Correlating it with existing measures of attachment such as the ECR may shed light on the nature of these relationships.

Interestingly, commitment stood out from the other variables. Haldol et al. (2001) have suggested that commitment may reflect a factor for individuals that remains more constant over time and is less a reflection of the emotional life of the relationship. While inter-correlations provided moderate support for commitment as being a stable construct, changes in commitment in the “high distress” category run counter to this notion. One possible explanation to this is that response bias may have been present when individuals were filling out the post-HMT measure. Those who initially endorsed lower commitment at the onset of the workshop may have felt a pressure to respond in an extreme way given the intensity of emotional engagement throughout the weekend. The question of commitment may have also introduced a social-facilitation-like effect where individuals did not want to appear negative to partners or facilitators. Another possible explanation is that commitment may fluctuate as a result of certain kinds of interventions such as those implemented in the HMT workshop. Future research on the role of commitment will be important, particularly as it has been suggested to moderate the efficacy of psycho-educational interventions (Haldol et al., 2001).

Closeness, emotional safety, connection, and relationship satisfaction were shown to be strongly correlated to one another. In previous HMT research, closeness has not been explicitly evaluated. However, it may be that closeness represents some aspect of attachment as measured by the ECR in previous studies of HMT (e.g., Conradi et al., 2017). Research on attachment has repeatedly demonstrated the need for proximity to caregivers and speaks to accessibility and attentiveness from the attachment figure (Bowlby, 1969). Considerable parallels exist between the infant and adult attachment

systems (Hazen & Shaver, 1987). A simple 3-question measure was developed to measure the manner in which adults attached (Hazen & Shaver, 1987). In each of the descriptions used, closeness was one part of the descriptor that categorized adults into the avoidant (“I am somewhat uncomfortable being close to others . . .”), secure (“I find it relatively easy to get close to others . . .”), or anxious-resistant (“I find that others are resistant to getting as close as I would like . . .”). Furthermore, numerous researchers have posited that comfort with closeness separates out avoidantly-attached individuals from other attachment categories (Feeney, 2002). Though the inclusion of closeness on this measure was not intended to measure avoidant attachment when the measure was developed, it nonetheless made sense to include it due to previous empirical literature measuring attachment styles. Based on this literature, closeness can be presumed to be a strong indicator of attachment style, particularly for avoidantly-attached individuals; however, further assumptions are not possible due to the single scale used to measure closeness. Still, individuals endorsed feeling much closer to one another by the end of the workshop speaking to the importance of including a measure of closeness in future HMT research.

Emotional safety is another goal of EFT that has not been explicitly measured in any HMT workshop to date, though how basic emotions are dealt with and managed are key components of the HMT conversations. Johnson (2009), drawing upon humanistic tradition, has discussed how emotional safety has considerable implications for a more positive and empowered sense of self. Furthermore, it is maintained that this safety enhances flexibility and reflects emotional attunement from a partner. If greater emotional safety (attunement), an important aspect of adult attachment, is fostered, presumably it can lead to the development of a secure bond. From this sample, there were significant improvements in emotional safety for individuals from pre- to post-HMT, suggesting that

individuals were feeling a greater degree of safety regarding their emotional life with their partners, a critical factor in promoting secure attachments. Future research should attempt to include a measure of emotional safety as it was significantly changed in the present study.

It can also be seen that changes in partners' connection occurred from pre- to post-HMT. Connection is another factor that has not been explicitly evaluated in HMT workshops. Couples seeking treatment experience moments of disconnection with their partners and this disconnection can be painful, threatening, and lead to adverse outcomes (Johnson & Greenman, 2006). Disconnection is often accompanied by a dysregulated state arising from disrupted attachment. Furthermore, attachment theory also suggests a strong connection with a caregiver paves the path for secure bonding to occur (Bowlby, 1969). Taken together, connection may be another factor in secure attachments and should be included as an indicator of marital improvement.

The results from this study corroborate extant research in the efficacy of HMT in enhancing relationship satisfaction. Satisfaction has been defined as a state of happiness over pain (Collard, 2006). Relationship satisfaction has been a commonly assessed measure in previous studies, commonly using the *Dyadic Adjustment Scale*, which typically measures dyadic consensus dyadic satisfaction, dyadic cohesion, and affectional expression. The DAS, however was not originally developed to measure relationship satisfaction and briefer measures have been shown to be effective such as the Satisfaction with Married Life Scale (SMLS; Ward et al., 2009). Because this measure directly assessed satisfaction in one's relationship with their partner and improvements were demonstrated, it will be important to continue to understand what is encompassed in relationship satisfaction so that the effects of the workshop can be understood more clearly.

In the sample above, it was shown that all variables of interest considerably improved as a result of participation. HMT has been previously shown to be effective through a handful of studies that have been published, though some have been published with specific samples such as college students (Stavrianopoulos, 2015), couples coping with cancer (Lynch, 2015, unpublished dissertation), or Chinese-Canadians, (Wong, 2018). Only two other studies examined the efficacy of HMT in broader samples (Conradi et al., 2017; Kennedy, 2017, unpublished dissertation). This is the first study to directly measure important variables of interest related to enhancing attachments in relationships as a result of HMT workshop participation.

Relationship Enhancement and “Felt Sense”

The variables on the RSC were selected based on therapists’ experiences when the measure was developed to evaluate the HMT intervention. At the time the RSC was developed, it was done so with the experiential aspects of the EFT model in mind and the importance of felt experience in the moments before and after workshop participation. Facilitators were interested in the “felt sense” that was occurring in the domains measured. A “felt sense” has been defined as any individual’s manner of experiencing, beginning as a vague bodily sense that when clarified and understood becomes the basis of thought, feeling, and action (Pos & Greenberg, 2006). It is contextually informed, refers to the meaning sensed first through the body, and how this sense produces words and images (Hendricks, 2001). It is an intrapersonal process that takes place in the interpersonal realm as our bodies continuously interact with the environment. A “felt sense” has been identified as a “motor of change” in psychotherapy (Hendricks, 2007) and is potentially an important component of experiential therapies. It is the process of searching one’s experience in a given moment so that internal processes can be crystallized.

In successful therapeutic interventions, the process of self-actualization from a humanistic perspective involves becoming "able to live more fully and acceptantly in the process of experiencing, and to symbolize the meanings which are implicitly in the immediate moment." (Rogers, 1959, pg. 102 as cited by Hendricks, 2001). Furthermore, higher "experiencing" has been shown to correlate with more successful outcomes in therapy (see Hendricks, 2001 for a review). In essence, this is what the RSC aims to capture: the experiences in HMT that culminate into a more secure bond through closeness, connection, and emotional safety in the relationship as a result of the conversations that occur throughout the retreat. Much of the HMT intervention is based on the clarification of the "felt sense", or the experience of an individual within and at various important points throughout the relationship. This is primarily accomplished through emotional awareness, regulation, reflection, and transformation, all of which take place in EFT in the context of an attuned relationship (Pos & Greenberg, 2006). Emotional content is continually activated vis-à-vis the conversations included in the curriculum by revisiting painful emotional content and transforming it through new experiences. Given that many of the couples that sought out the intervention indicated moderate closeness, connection, emotional safety, and satisfaction prior to the workshop and ended with higher levels after the workshop, it suggests that the end of the workshop meaningfully transformed their experience of each other and of the relationship.

Limitations

A number of limitations should be taken into account when interpreting the findings of the present study. One important limitation of this study is that the RSC has not been empirically validated. It was constructed partially based on the goals indicated by the EFT model and HMT intervention and partially on the improvements that workshop facilitators

were observing occurring in participants in the workshop. The format of the RSC as per the Outcome Rating Scale has been empirically validated and Pearson product moment correlations have yielded an adequate concurrent validity coefficient of .58, a reliability coefficient alpha at .79 (Miller et al., 2003). The original measure, the ORS was developed to assess the broad categories on the OQ-45.2 and moderate coefficients of reliability and validity are somewhat expected due to lesser items on the ORS. While Miller and colleagues often used the total score on the ORS, it made more conceptual sense to analyze each subscale separately as it pertained to the present study.

Historically, researchers have attempted to measure one construct as a compilation of numerous variables as indicated in the psychological literature. Some have suggested that the sum of discrete variables is somehow more representative than a global evaluation. This is the case for marital satisfaction as discussed by Ward and colleagues (2009), where composite scores on the *DAS* are thought to represent relationship satisfaction, but include additional factors (such as cohesion) not necessarily representative of satisfaction. It may be the case, however, that a global evaluation may also be effective in measuring a construct of interest; however, researchers hesitate to use single-item scales due to certain drawbacks. Limitations of single-item scales are that they leave room for socially biased responses and answers are difficult to corroborate (Collard, 2006). As this study was exploratory, further measures can be included for the purposes of corroborating the findings from the RSC. Still, it was suggested that this measure captured change occurring in individuals' experiences as a result of HMT participation and was based on the participants' own ratings. Future research may benefit from the use of such measures, as they are inexpensive, easy to understand and implement, transparent, and free of some of the psychometric complexity in longer instruments.

A further limitation of this study was the lack of a randomized, no-treatment control group that limits the ability to draw conclusions about causality. Couples may generally change within their relationships over time and without randomizing individuals to particular interventions, we cannot draw solid conclusions about the efficacy of HMT in producing the changes that were shown as opposed to those that may naturally occur over time. For future research, collecting follow-up measures is recommended, e.g., at 6 weeks and at 6 months, to determine if the changes hold.

The use of archival data also has certain benefits and disadvantages. One advantage is that the researcher does not have the concern about introducing changes in participant behaviors during an intervention as these can impact the results of the study. The drawbacks of archival data include limitations in data collection and introduction of extraneous variables that can potentially introduce confounds into the study. Due to these factors, the internal validity of the study results can be affected. The latter is particularly important as demographic data including age, ethnicity, marital status, income, and education, were not available and limit the inferences that can be made about the applicability of this intervention to different samples. Extraneous variables in this study included the influence of being self- or clinician-referred, the use of a helper (and that person's training level), discussions with previous participants about the program's efficacy, involvement in individual or couples therapy at the time of the workshop (and length/orientation of treatment), and interactions with facilitators or other couples. Additionally, facilitators omitted conversations and altered other parts of the initial protocol, somewhat limiting the comparability of this study to others that follow protocols more strictly. Furthermore, no measures of mental health were included in this study. Thus, changes along the scales may have been due to decreases in symptoms of anxiety or

depression. Though demographic data is important, Sue Johnson, the developer of the EFT model and HMT has suggested these interventions are applicable to all individuals.

Another limitation was the categorization of participants into low, moderate, and high distress categories. In statistical procedures, such categorization comes at a cost of loss of power and precision and can lead to false positives. As individuals were already shown to have significantly improved on all dimensions prior to the categorization, it is likely that the categorization did not significantly alter the results. A drawback of this categorization was the sample size, as some categories only had a small number of individuals limiting the power of these result. Further research with larger samples may serve to clarify how participants with varied degrees of distress are affected by workshop participation.

In summary, there were potentially many other variables that were not controlled for and could have offered more precise information about the efficacy of this intervention. Still, previous HMT research has demonstrated that this intervention has been effective with a wide variety of participants (see literature review above). Arguably, tightly controlled conditions would reduce the generalizability of this study. As this study is archival and the collection of such measures was not possible, future research would benefit from including measures of demographic data, psychological distress, and other measures that are presumed to capture the global constructs included on the RSC.

Conclusion and Future Directions

The results from this study provide strong preliminary support for the efficacy of *Hold Me Tight: Conversations for Connection* by Sue Johnson, Ph.D., couples relationship education program and furthermore corroborates extant research regarding the effects of this program in enhancing relationship satisfaction. Furthermore, the results add to extant

literature by suggesting that HMT produces significant improvements in experiencing closeness, emotional safety, connection, commitment, and overall satisfaction with their partners. Other factors precluded follow-up, so it will be important to assess whether these gains are maintained over time as other studies measuring maintenance of gains have yielded mixed results.

There were considerable limitations due to the use of archival data and a single measure. As such, this study should be regarded as exploratory. As preliminary results suggest significant improvements amongst the constructs measured, future research into these factors would benefit the literature on HMT. Additionally, there are other factors that are of interest when considering the importance of a secure bond. Trust is one factor that was not included, however may be of interest in promoting secure attachment bonds. Attachment undoubtedly shares considerable conceptual ground with the goals of the HMT workshop and if attachment is indeed malleable, then this has important implications for relationship enhancement. Psychoeducational interventions such as HMT may offer important efficacious techniques that can confer protective effects on relationship longevity.

References

- Acker, M., & Davis, M. H. (1992). Intimacy, passion and commitment in adult romantic relationships: A test of the triangular theory of love. *Journal of Social and Personal Relationships, 9*(1), 21-50.
- Baker, K. G. (2015). Bowen family systems couple coaching. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 246-267). Guilford Publications.
- Baucom, D.H., Epstein, N.B., Kirby, J.S., LaTaillade, J.J. (2015). Cognitive-behavioral couple therapy. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 23-60). Guilford Publications.
- Blanchard, V. L., Hawkins, A. J., Baldwin, S. A., & Fawcett, E. B. (2009). Investigating the effects of marriage and relationship education on couples' communication skills: a meta-analytic study. *Journal of Family Psychology, 23*(2), 203.
- Bradbury, T. N., & Lavner, J. A. (2012). How can we improve preventive and educational interventions for intimate relationships?. *Behavior Therapy, 43*(1), 113-122.
- Bringhurst, D. L., Watson, C. W., Miller, S. D., & Duncan, B. L. (2004). *The reliability and validity of the Outcome Rating Scale: A replication study of a brief clinical measure*. AIR FORCE INST OF TECH WRIGHT-PATTERSONAFB OH.
- Carroll, J. S., & Doherty, W. J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations, 52*(2), 105-118.
- Christensen, A., & Heavey, C. L. (1999). Interventions for couples. *Annual review of*

psychology, 50(1), 165-190.

Christensen, A., Dimidjian, S., Martell C.R. (2015). Integrative Behavioral Therapy. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 61-94). Guilford Publications.

Cohen, J & Cohen, P (1983). *Applied multiple regression/correlational analysis for the behavioral sciences*. Hillsdale, NJ.: Lawrence Erlbaum & Associates.

Collard , D. (2006). Research on well-being: Some advice from Jeremy Bentham . *Philosophy of the Social Sciences* , 36 (3), 330 – 354 .

Copen, C. E., Daniels, K., Vespa, J., & Mosher, W. D. (2012). First marriages in the United States: Data from the 2006–2010 national survey of family growth. *National health statistics reports*, 49. Retrieved online:

[http://www.cdc.gov/nchs/data/nhsr/nhsr049.pdf#x2013;2010%20National%20Survey%20of%20Family%20Growth%20\[PDF%20-%20419%20KB](http://www.cdc.gov/nchs/data/nhsr/nhsr049.pdf#x2013;2010%20National%20Survey%20of%20Family%20Growth%20[PDF%20-%20419%20KB)

Feeney, J. A. (2002). Attachment, marital interaction, and relationship satisfaction: A diary study. *Personal Relationships*, 9(1), 39-55.

Fisher, A. , Stokey, M. , Sasaki, H. & Sexton, T. (2014). When It Helps, When It Hurts: Preliminary Results of Relationship Enhancement Education and *The Hold Me Tight* Program. *Psychology*, 5, 1254-1259. doi: 10.4236/psych.2014.510137.

Fraley, R. C. (2004). A brief overview of adult attachment theory and research.

Retrieved April 19th, 2016.

Fosha, D. (2002). The activation of affective change processes in accelerated experiential-dynamic psychotherapy (AEDP). *Comprehensive handbook of psychotherapy*, 1, 309-344.

Furrow, J. L., & Bradley, B. (2011). Emotionally focused couple therapy: Making the

- case for effective couple therapy. In Furrow, J. L., Johnson, S. M., & Bradley, B. (Eds.) *The emotionally focused casebook: New directions in treating couples*. (pp. 3-29). London, England: Routledge
- Gottman, J.M. & Gottman, J.S. (2015). Gottman Couple Therapy. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 129-157). Guilford Publications.
- Greenberg, L. S., Watson, J. C., & Lietaer, G. (Eds.). (1998). *Handbook of experiential psychotherapy*. Guilford Press.
- Gurman, A. (2015). The Theory and practice of couple therapy: History, contemporary models, and a framework for comparative analysis. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 1-18). Guilford Publications.
- Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.). (2015). *Clinical handbook of couple therapy*. Guilford Publications.
- Halford, W. K., Markman, H. J., Kline, G. H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of marital and family therapy*, 29(3), 385.
- Halford, W. K., Markman, H. J., & Stanley, S. (2008). Strengthening couples' relationships with education: social policy and public health perspectives. *Journal of Family Psychology*, 22(4), 497.
- Halford, W. K., & Snyder, D. K. (2012). Universal processes and common factors in couple therapy and relationship education: Guest Editors: W. Kim Halford and Douglas K. Snyder. *Behavior Therapy*, 43(1), 1-12.
- Halford, W. K., & Bodenmann, G. (2013). Effects of relationship education on

- maintenance of couple relationship satisfaction. *Clinical Psychology Review*, 33(4), 512-525.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of personality and social psychology*, 52(3), 511.
- Hawkins, A. J., Stanley, S. M., Blanchard, V. L., & Albright, M. (2012). Exploring programmatic moderators of the effectiveness of marriage and relationship education programs: A meta-analytic study. *Behavior Therapy*, 43(1), 77-87.
- Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does marriage and relationship education work? A meta-analytic study. *Journal of consulting and clinical psychology*, 76(5), 723.
- Hendricks, M. N. (2007). The role of experiencing in psychotherapy: Attending to the “bodily felt sense” of a problem makes any orientation more effective. *Journal of Contemporary Psychotherapy*, 37(1), 41-46.
- Hendricks, M.N. (2001). In Cain, David and Seeman, Jules (Eds.) *Humanistic Psychotherapy: Handbook of Research and Practice*, American Psychological Association.
- Jakubowski, S. F., Milne, E. P., Brunner, H., & Miller, R. B. (2004). A review of empirically supported marital enrichment programs. *Family Relations*, 53(5), 528-536.
- James, P. S. (1991). Effects of a communication training component added to an emotionally focused couples therapy. *Journal of Marital and Family Therapy*, 17(3), 263-275.
- Johnson, S. M., & Greenberg, L. S. (1985). Differential effects of experiential and

- problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, 53(2), 175.
- Johnson, S. M., & Greenman, P. S. (2006). The path to a secure bond: Emotionally focused couple therapy. *Journal of Clinical Psychology*, 62(5), 597-609.
- Johnson, S. M. (2007). The contribution of emotionally focused couples therapy. *Journal of Contemporary Psychotherapy*, 37(1), 47-52.
- Johnson, S. M. (2008). *Hold me tight: Seven conversations for a lifetime of love*. New York, NY: Little, Brown, and Company.
- Johnson, S. M. (2009). Attachment theory and emotionally focused therapy for individuals and couples. *Attachment theory and research in clinical work with adults*, 410-433.
- Johnson, S. M. (2010). *The Hold Me Tight program: conversations for connection, facilitator's guide for small groups*. International Center for Excellence in Emotionally Focused Therapy, Ottawa, Ontario, Canada.
- Johnson, S. M. (2015). Emotionally Focused Therapy. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 97-128). Guilford Publications.
- Kaiser, A., Hahlweg, K., Fehm-Wolsdorf, G., & Groth, T. (1998). The efficacy of a compact psychoeducational group training program for married couples. *Journal of Consulting and Clinical Psychology*, 66(5), 753-760.
- Kennedy, N. (2016). Conversations for Connection: An Outcome Assessment of the Hold Me Tight Relationship Education Program for Couples. (Unpublished dissertation).
- https://ruor.uottawa.ca/bitstream/10393/36059/1/Kennedy_Nikki_2017_thesis.pdf
- Levenson, R. W., & Gottman, J. M. (1985). Physiological and affective predictors of

- change in relationship satisfaction. *Journal of personality and social psychology*, 49(1), 85.
- Lynch, L.E. (2015). *Couples coping with cancer: A Hold Me Tight pilot Intervention Study* (unpublished dissertation).
- Mann, H. B. & Whitney, D.R. (1947). On a Test of Whether one of Two Random Variables is Stochastically Larger than the Other. *Annals of Mathematical Statistics*, 18(1), 50-60. doi:10.1214/aoms/1177730491.
- Makinen, J. D. & Johnson, S. M. (2006). Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology*, 74, 1055-1064.
- Markman, H. J., & Rhoades, G. K. (2012). Relationship education research: Current status and future directions. *Journal of Marital and Family Therapy*, 38(1), 169-200.
- Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The outcome rating scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy*, 2(2), 91-100.
- Miller, S. D., Duncan, B. L., Brown, J., Sorrell, R., & Chalk, M. B. (2006). Using formal client feedback to improve retention and outcome: Making ongoing, real-time assessment feasible. *Journal of Brief Therapy*, 5(1), 5-22.
- Morris, D. (1982). Attachment and intimacy. In *Intimacy* (pp. 305-323). Springer US.
- Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why "the only way out is through." *Journal of Consulting and Clinical Psychology*, 75(6), 875.
- Shapiro, S. S.; Wilk, M. B. (1965). "An analysis of variance test for normality (complete samples)". *Biometrika*. 52 (3-4): 591-611. doi:10.1093/biomet/52.3-4.591

- Shaver, P. R., & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. *Advances in personal relationships, 4*, 29-70. *Consulting and Clinical Psychology, 74*, 1055-1064.
- Siegel, J.P. (2015). Object Relations Therapy. In Gurman, A. S., Lebow, J. L., & Snyder, D. K. (Eds.) *Clinical handbook of couple therapy*. (pp. 224-245). Guilford Publications.
- Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review Psychology, 57*, 317-344.
- Stanley, S. M., Markman, H. J., & Whitton, S. W. (2002). Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Family process, 41*(4), 659-675.
- Soltani, M., Molazadeh, J., Mahmoodi, M., & Hosseini, S. (2013). "A Study on the effectiveness of Emotionally Focused Couple Therapy on Intimacy of Couples." *Social and Behavioral Sciences, Vol.82*, 461-465.
- Stavrianopoulos, K., Faller, G., & Furrow, J. L. (2014). Emotionally Focused Family Therapy: Facilitating Change Within a Family System. *Journal of Couple & Relationship Therapy, 13*(1), 25-43.
- Van Widenfelt, B., Hosman, C., Schaap, C., & van der Staak, C. (1996). The prevention of relationship distress for couples at risk: A controlled evaluation with nine-month and two-year follow-ups. *Family Relations, 156*-165.
- Wadsworth, M. E., & Markman, H. J. (2012). Where's the action? Understanding what works and why in relationship education. *Behavior Therapy, 43*(1), 99-112.
- Ward, P.J., Lundenberg, N.R., Zabriskie, R.B., Berrett, K. (2009). Measuring Marital

- Satisfaction: A Comparison of the Revised Dyadic Adjustment Scale and the Satisfaction with Married Life Scale. *Marriage and Family Review*, 45(4), 412-429.
- Wilcoxon, Frank (1945). Individual comparisons by ranking methods (PDF). *Biometrics Bulletin*. 1 (6): 80–83. doi:10.2307/3001968
- Wong, T. Y., Greenman, P. S., & Beaudoin, V. (2017). “Hold Me Tight”: The Generalizability of an Attachment-Based Group Intervention to Chinese Canadian Couples. *Journal of Couple & Relationship Therapy*, 1-19.
- Wood, N. D., Crane, D. R., Schaalje, G. B., & Law, D. D. (2005). What works for whom: A meta-analytic review of marital and couples therapy in reference to marital distress. *The American Journal of Family Therapy*, 33(4), 273-287.

APPENDICES

Appendix A

Recognizing the Demon Dialogues

See if you can plot out the steps in the usual negative dance that you find yourself caught in with your partner.

When you suddenly find that you do not feel safely connected to your partner, what do you usually do? See if you can find a descriptor in the list below that fits for you.

Share this with your partner.

When things are not going right between us, I find that I tend to:

Move towards you by:

- Complaining
- Becoming critical
- Blaming or pointing out your mistakes
- Yelling
- Telling you how to improve
- Becoming angry – blowing up
- Insisting on making my point even if I get pushy
- Expressing frustration in an angry way
- Expressing disapproval
- Defining you as THE problem
- Pursuing – insisting that you pay attention
- Telling you how to change
- Making threats
- Prodding

Move away from you by:

- Trying to zone out
- Staying calm and reason with you
- Shutting you out
- Trying to stop to conversation by leaving, turning to a task
- Not listening and numbing out
- Changing the subject
- Defending myself and showing you that you are wrong
- Finding an exit – just trying to get away
- Staying in my head and just not responding

- Going into my shell – like a turtle
- Protecting myself by distancing
- Refusing to talk and leaving
- Giving up and withdrawing

How do you think your partner sees you at this moment? Check this out with your partner.

See if you can agree on a name for your main Demon Dialogue. The couples in the DVD call their negative pattern the Tornado, The Vortex and the Nothing.

Has this dance always been part of your relationship or did it get going at a specific time?

Do you think you learned your move in this dance in a previous relationship? If so, how did it help you in that relationship? Share this with your partner.

Now outline your main Demon Dialogue, step by step. Go slowly and use simple verbs (e.g. push, move away, etc.) whenever possible.

See if you can each fill in the blanks:

The more I _____, the more
you _____.

And then the more I _____ till we are caught in
our _____.

Share your versions and see if you can merge them into a version you can both endorse.

“The past is never dead. It’s not even past.” -- William Faulkner

Exploring Family Messages about Emotion

What was the emotional “weather” like in your family?

<p>Sunny and Warm The atmosphere is emotionally friendly. People are open and responsive and it is generally safe to experience and express feelings.</p>	<p>Icy and Cold People tend to be emotionally unresponsive and avoidant. The air is constrictive and there is little support for emotional exploration.</p>
<p>Stormy There is criticism, shame, even punishment in response to feelings. The emotional road conditions are treacherous and unsafe</p>	<p>Mixed Conditions fluctuate – sometimes sunny and warm, sometimes icy and cold, sometimes stormy – difficult to predict.</p>

Family Messages about Emotion

How did your family express feelings of love? Did family members tell each other that they loved you or each other?

Did your family hug, embrace, shake hands?

How did your family handle separations and reunions?

Did your family express anger outwardly? If so, did everyone express anger, or was the expression of anger discouraged for some and encouraged for others?

What was the message about expressing emotion? For example:

- Expressing emotion is a sign of weakness.
- Expressing emotion is a sign of strength.
- Sadness is allowed but anger is not allowed.
- Anger is allowed but sadness is not allowed.
- Grownups don’t express emotions. It is a sign of immaturity or impulsiveness to express emotion.

It is “not nice” or “not OK”:

- to be jealous
- not to share
- to be angry.
- to be frustrated or agitated
- not to try at something
- not to participate when others are participating
- to have feelings that are different than those around you
- not to like the things that your siblings or parents like.

Running head: IMPROVING INTIMATE RELATIONSHIPS

Was it OK to feel fear?

Did you feel that people tried to “talk you out of” your feelings: e.g. “There’s nothing to be afraid of....This shot won’t hurt....There’s no reason to be upset or angry.....He/she didn’t mean it.... We just have to move on. “

Was it shameful to express emotion? Was it shameful to try something and fail?

When you did something wrong, were you shamed for it? Was there room for you to make mistakes, apologize and move on, or were you ridiculed or humiliated by those around you?

Did you feel protected from those around you when you felt unsafe or hurt (emotionally or physically)?

Who did you go to when you were upset, hurt, needed someone? How did they respond?

Adapted in part from Living Like You Mean It, by Ron Frederick

Finding the Raw Spots

See if each of you can:

- a. Identify a specific moment during a fight or times of distance when you suddenly feel more vulnerable or on guard.
- b. Identify the most negative thoughts that go through your head at that point. What is the worst, most catastrophic thought about your partner, yourself and your relationship? (For example, “He doesn’t care.” “I am just never going to make it here.” “We are going to fight and split up.”)
- c. Choose from the descriptive list given below and pick the word that best describes the deeper emotion that comes up for you in these moments. This is often some kind of fear about yourself or your partner and how he or she feels about you. It may be some kind of anguish or hurt.

In moments of disconnection, deep down I feel:

Lonely	Dismissed
Unimportant	Helpless
Scared	Hurt
Hopeless	Intimidated
Panicked	Rejected
Inadequate	Sad
Failing/Ashamed	Lost/Confused
Isolated	Let down
Humiliated	Overwhelmed
Small/Insignificant	Vulnerable
Unwanted	Worried/Shaky

- d. Do you show this feeling to your partner? If not what feeling do you usually show your partner? (Most often when we are unsafe, we show anger/frustration or no feeling at all.)
- e. Try to share the answers above with your partner.
- f. Taking turns, fill in the blanks:

When we get stuck in disconnection, our Demon Dialogue, I show you

_____.

But underneath I feel _____.

It is _____ (choose from: hard/easy,
pleasurable/

scary, strange/comfortable) to tell you this.

If you wanted to help me with this feeling, then right now you could

_____.

Share your answers with your partner.

Hold Me Tight

1. It is now time to try the *Hold Me Tight* conversation between the two of you. It is best if the person who is usually the withdrawn partner goes first. Begin by going back to the feelings you identified in Conversation 2.

If you listen in to these feelings, you can usually find, at the core of these feelings, a fear or anxiety that involves being rejected or abandoned by your partner. This fear is wired into our brains. Everyone has them. See if you can pinpoint this fear.

2. What response or specific reassurance from your partner would help you with this fear right now? See if you can tell your partner in a short, simple and direct way what it is that you need from him/her when this fear comes up. This need or longing is usually for some kind of caring, comfort or reassurance. If this is hard to do, here is a simple list taken from page 163 of *Hold Me Tight*.

I need to feel or sense that:

- I am so special to you and that you really value our relationship. I need that reassurance that I am number one with you and that nothing is more important to you than us.
- I am wanted by you, as a partner and a lover, that making me happy is important to you.
- I am loved and accepted, with my failings and imperfections. I can't be perfect for you.
- I am needed. You want me close.
- I am safe because you care about my feelings, hurts and needs.
- I can count on you to be there for me, to not leave me alone when I need you the most.
- I will be heard and respected. Please don't dismiss me or leap into thinking the worst of me. Give me a chance to learn how to be with you.
- I can count on you to hear me and to put everything else aside.
- I can ask you to hold me and to understand that just asking is very hard for me.

3. As the listening partner, you just attempt to take in this confiding and hear what it is that the other longs for. If you wish to check if what you have heard is accurate, that is fine. If you wish to respond and this is easy for you, that is fine, but it is not a part of the in-class exercise.
4. Now, as the partner who has been listening, it is your turn to try steps 2 and 3 above.

Forgiving Injuries

1. Each partner picks a time when they felt significantly injured. On a scale of 1 to 10, with 1 being the least and 10 being the most distressing, rate the incident. You might not want to select a “10.” But if you do, know that you may begin the repair process and learn some of its steps, but it will likely take work beyond today. Ideally, each partner should in turn be the one apologizing and the one receiving the apology.

2. Person receiving the apology:
 - Distill and disclose the pain -- What happened and how did it impact you?
 - Grasp the core of the hurt – Express it without blaming or defining the other.

3. Person who is apologizing:
 - Tune in to partner’s pain. Accept their hurt and explore how the injuring actions evolved. What was the context in which this happened and what was going on inside you? Use only “I” statements, signaling ownership.
 - Language you might use:
 - “I was overwhelmed.”
 - “I was feeling cut off and lost.”
 - “I didn’t know how to (ask, reach, connect) _____.”
 - “When I did _____, I didn’t intend to hurt you.”

4. Person who is apologizing:
 - Offer the apology. Express regret, sadness, shame, whatever your core feelings are.
 - Language you might use:
 - “I get how much I hurt you.”
 - “I hate that I hurt you so much.”
 - “It breaks my heart to see you suffer because of something I did.”
 - “If I could take it back, I would do it in a heartbeat.
 - “I’m so sorry I hurt you.”
 - “Words can’t express how sorry I am.”
 - “Your hurt is legitimate and understandable.”
 - “Your hurt impacts me. You matter.”
 - “I feel sorrow, regret, even shame – I own that I hurt you.”

5. Person receiving apology can now ask for comfort and the connection that was missed and is still missed.

6. The other responds with the antidote – “I am here now.”

7. Both partners can create a story of the injury and healing – a new image of the relationship.

Keeping Your Love Alive

This conversation is an opportunity to reflect on what you do to keep your bond strong and to make plans for what you would like to do moving forward

1. Rituals are important in showing our partner how important he or she is in a steady, regular way. Rituals around parting and reuniting at the beginning and end of each day are particularly important. Examples are:
 - Bringing a morning cup of coffee to your partner
 - A kiss before leaving the house
 - A hug when you come together in the evening
 - A shared family meal

Rituals we now do:

Rituals we'd like to add:

2. Can you share a moment of special connection in the history of your relationship that you cherish and that when you think of it, fills you with a sense of secure belonging. Can you tell your partner about this moment?

3. Arrange a special time to be together, such as a regular date, when the focus is on personal sharing and topics such as problem solving around kids, chores and money are not allowed. Plan your next one now.

4. As a couple choose between creating a list of the main events in a Resilient Relationship Story about how the two of you have resolved a difficult issue or improved the safety of your bond, or creating a Future Love Story about what you would like your relationship to look like in five or ten years' time.

Appendix B

Script for Rating Scale for Couples

After registration, say:

We are collecting data on how your relationship changes from the beginning of this workshop to the end of the workshop.

You'll find 2 copies of a measure called the **Rating Scale for Couples**. You can find one of these when you open up your folder on the right side (**Please open one folder and point to the pre-measure**). Please fill out only this pre-measure when you find your seats and lay it face down on the table where you are sitting. Do not let your partner see your responses.

Thank you for helping us make this workshop a better experience for future couples!

Appendix C

Rating Scale for Couples (modified from SRS V.3.0)

Please rate *at this moment* how you feel by placing a mark on the line nearest to the description that best fits your experience.

Closeness

I feel distant with my partner at this moment.

I-----I

I feel close with my partner at this moment.

Emotional Safety

I *do not* feel emotionally safe with my partner at this moment.

I-----I

I feel emotionally safe with my partner at this moment.

Connection with Partner

I *do not* feel a connection with my partner at this moment.

I-----I

I feel a strong connection with my partner at this moment.

Commitment to Partner

I *do not* feel committed to this relationship at this moment.

I-----I

I feel a strong commitment to this relationship at this moment.

Overall Satisfaction

I *do not* feel satisfied in this relationship at this moment.

I-----I

I feel strongly satisfied with my relationship with my partner at this moment.

Appendix D



