

Examining Predictors of Change in Emotionally Focused Couples Therapy

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To everyone who commits themselves to a direction without ever truly knowing the road.

General Abstract

Emotionally Focused Couple Therapy (EFT; Johnson, 2004) is an empirically validated approach to couple therapy that uses attachment theory to understand the needs and emotions of romantic partners. In EFT, relationship distress is conceptualized as resulting from negative affect, emotional disconnection, and unmet attachment needs. Although EFT is recognized as one of the most researched and effective approaches to couple therapy, little research has examined theoretically related characteristics of couples to changes in marital satisfaction throughout EFT. The present doctoral thesis examined this area of literature. Thirty-two couples were provided approximately 21 sessions of EFT. The goal of the first study was to identify intake characteristics related to change in marital satisfaction over the course of EFT. Couples completed self-report measures of marital satisfaction, attachment security, relationship trust, and emotional control at pre- and post-therapy and after each therapy session. Individuals higher on self-report attachment anxiety and higher levels of emotional control had greater change in marital satisfaction over the course of EFT. The goal of the second study was to examine intake levels of attachment security and its relationship to the occurrence of the blamer-softening event, a key change event in EFT, and changes in marital satisfaction. Results indicated that the occurrence of a blamer-softening event significantly predicted positive changes in marital satisfaction. Results also suggested that the occurrence of a softening event significantly moderated the relationship between attachment avoidance at intake and change in marital satisfaction from pre- to post-therapy. For couples who completed a blamer-softening event, partners with lower levels of attachment avoidance were more likely to have positive changes in marital satisfaction. However, this relationship was not evident for attachment anxiety. Overall, results from this thesis suggest that attachment security is a key characteristic of couple partners for therapists

to consider when implementing EFT. Therapists may benefit from assessing attachment security at the start of therapy to help inform them of the emotion regulating strategies used by couple partners. This information may help therapists to tailor specific interventions such that couples may begin to develop more secure attachment bonds.

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Statement of Co-Authorship

The two manuscripts included in this dissertation were prepared in collaboration with my dissertation supervisor. I was the primary author and Dr. Susan Johnson was the secondary author. As the primary author on all manuscripts, I was responsible for conceptualization of the research question and methods, planning and execution of statistical analyses, and preparation of manuscripts. Dr. Johnson provided guidance and assistance in all aspects of the project. I also consulted with Dr. George Tasca for conceptualization of the research question and planning of statistical analyses. Melissa Burgess Moser, a fellow lab member, was involved with recruitment of study couples, data collection, and coding of process measures. I prepared the two articles in this dissertation for publication. As such, the co-authors are listed on the article title page.

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General Introduction

Couple therapy continues to gain popularity, with growing evidence demonstrating its efficacy and utility in treating couple distress (Snyder, Castellani, & Whisman, 2006). Research indicates that relationship distress has a negative impact on both the emotional and physical well-being of individual partners. Researchers have found this distress to cause adverse effects on physiological aspects of each person in the couple, including cardiovascular, endocrine, immune, and neurosensory functioning (Kiecolt-Glaser & Newton, 2001). Individuals experiencing relationship distress are also more likely to experience mood and anxiety disorders, and engage in substance abuse (Whisman et al., 2000). Continued evidence suggests that couple therapy works for not only improving marital satisfaction and decreasing marital distress, but also has positive effects on emotional and behavioural problems, as well as mental and physical health disorders (Snyder et al., 2006).

Research demonstrates that couple therapy is effective and “the literature supporting this conclusion is at least as strong as it is for other forms of psychotherapy” (p. 345, Shadish et al., 1995). Shadish and Baldwin (2003) reviewed 20 meta-analyses of couple and family interventions and found effect sizes ranging from 0.50 to 1.30 for couple therapy. An overall mean effect size of 0.84 was found, with 40-50% of treated couples demonstrating clinically significant changes in couple functioning. These findings remained significant at follow-up of treatment; however, the effects of therapy decreased.

Two types of couple therapy are accepted as empirically validated interventions: Behavioral Marital Therapy (BMT) and Emotionally Focused Therapy (EFT). An effect size of 0.59 was found for a meta-analysis of 30 studies on BMT, indicating that BMT is better than no treatment (Shadish & Baldwin, 2005). A meta-analysis of 4 randomized control trials

of EFT found a 70-73% recovery rate for relationship distress, with an 86% significant improvement over controls (Johnson et al., 1999). An overall weighted mean effect size of 1.31 was found, a large effect size for couple therapies. Other tested modalities of couple therapy include Integrative Behavioral Couple Therapy (IBCT; see Christensen, Jacobson, & Babcock, 1995) and Insight Oriented Marital Therapy (IOMT; see Snyder & Wills, 1989).

Although research continues to demonstrate the efficacy of the different modalities of couple therapy, a statement from Jacobson and Addis (1993) over 15 years ago still rings true; “It appears that all treatments are helping some couples, all treatments are leaving substantial numbers of couples unchanged or still distressed by the end of therapy” (p. 86). Although all the therapies listed above have been shown to impact relationship distress in at least one study, there are still treated couples that do not reach recovery (Snyder et al., 2006). Further research is required to address which type of couples benefit from which types of treatments.

Two types of research can be employed to examine which couples are benefiting from which couple therapy treatment. First, examining predictors of change in marital satisfaction allow researchers to identify key characteristics of couples that are benefiting the most from a specific type of treatment. As of now, the research in this area has been inconclusive as a result of varied methodology. While there have been numerous studies conducted on predictors of success in couple therapy in general, there has only been one study conducted on predictors of outcome in EFT (Johnson & Talitman, 1997). Second, researchers examine the process of change in couple therapies to identify key change moments related to successful outcomes. This type of research links process to outcome. To date, there is little research that examines the process of change in couple therapies. There is also little research examining the characteristics of couples that are related to key change

moments in specific types of couple therapies. In EFT, previous research has linked the blamer-softening event, a key change moment, to successful outcomes (Bradley & Furrow, 2004). However, researchers have yet to examine the characteristics of couples who are able to reach this key change moment. These two areas of research are also limited by the lack of studies using variables that are derived from the theoretical models on which a treatment is based.

The paucity of research on understanding change in EFT is not consistent with the growth in this approach, which demonstrates the largest effect sizes in the field and has shown stable results even in high risk couples (Gordon-Walker, Johnson, Manion, & Cloutier, 1996). Since the one study on predictors of outcome, EFT has continued to show effectiveness with different populations, including couples with attachment injuries (Makinen & Johnson, 2006), childhood sexual abuse (MacIntosh & Johnson, 2008), and breast cancer (Naaman, Johnson & Radwan, in press). Long-term stability has also been demonstrated (Halchuk, Makinen, & Johnson, 2010). Since its initial development, EFT has further developed the use of attachment theory to understand the nature of close relationships and enhance therapy interventions. Although EFT has continued to grow, there has been a lack of research examining which couples benefit most from this type of therapy.

This thesis consists of two studies that examine intake couple characteristics related to changes in marital satisfaction in EFT. The purpose of the first study is to extend the research conducted by Johnson and Talitman (1997) on predictors of change in marital satisfaction. It will build on this study and examine variables that are theoretically related to this modality of therapy and use validated measures of attachment that have been developed as a result of the growth in attachment research, including self-report and observational measures. The goals of this study are to a) examine the session by session changes in marital

satisfaction over the course of EFT; and b) examine key characteristics of couples related to session by session changes in marital satisfaction across EFT, including attachment, emotion regulation, and relationship trust. The goal of the second study is to build on the process of change literature by examining the characteristics of couples that are able to complete key change moments in EFT that are associated with recovery from relationship distress, an area previously unexamined in EFT research. The goals of this study are to a) examine the relationship between attachment security at intake and the occurrence of a blamer-softening event (i.e., a key change moment in EFT), b) examine the relationship between the occurrence of the blamer-softening event and change in marital satisfaction from pre to post therapy, and c) examine the blamer-softening event as a moderator between attachment security and change in marital satisfaction.

The results of this thesis will provide significant contributions to the EFT literature for distressed couples and present a better understanding of who will benefit from this type of therapy. As a result of this thesis, therapists may implement EFT with clients who are most likely to benefit from this approach and EFT interventions can be improved and refined. In general, this type of research can help prognosis and enable therapists to make better treatment decisions, ultimately making therapeutic interventions stronger. Given that so little research has been conducted on the predictors of change in marital satisfaction throughout EFT, this doctoral thesis will provide valuable contributions to the EFT literature, as well as to related areas such as attachment theory and couple therapy literature in general.

In this introduction, I will first review previous research on predictors of success in couple therapy, followed by a review of the process of change in couple therapy with a focus on key components related to change and outcomes. I will then discuss some of the limitations in these two areas of research to help guide the rationale for this thesis. Next, I

will provide a description of EFT, followed by an examination of key relationship variables related to EFT. Finally, I will present the rationale and hypotheses of this thesis.

Predictors of Success in Couple Therapy

Previous studies on predictors of outcome in couple therapy have examined how different characteristics of individual partners, the couple, and therapeutic processes affect the couples' marital satisfaction and marital distress at the end of treatment and at follow-up. Previous research has explored four categories of outcome variables: demographics, intrapersonal variables, interpersonal variables, and therapeutic alliance. This section will review previous research on each of these predictors of outcome of couple therapy.

Demographic Variables. Research involving predictors of couple therapy has examined the characteristics of partners, including age, length of marriage, education, employment and income status, and the presence of children. When age was investigated as a predictor, some early research suggested that younger couples respond more favourably to BMT compared to older couples (Baucom & Aiken, 1984; Halweg et al., 1984). However, other studies that examined BMT have not found that age is a significant predictor of marital satisfaction at termination (Jacobson, Follette, & Pagel, 1986; Atkins et al., 2005). For EFT, Johnson and Talitman (1997) found that older males were more likely to be maritally satisfied at three-month follow-up. Older males also demonstrated a greater gain in satisfaction at termination and follow-up compared to younger males, suggesting that EFT may indeed have a greater impact for older males.

Researchers found length of marriage to predict marital satisfaction at termination (Atkins et al., 2005). Atkins and colleagues (2005) found that couples who were married longer made greater treatment gains at termination for both IBCT and BMT. Similar results were also found at two-year follow-up. Also, for each additional year of marriage, a couple's

likelihood of success from therapy increased (Baucom et al., 2009). It should be noted that previous studies did not find length of marriage to predict marital satisfaction for BMT (Medonca et al., 1982) or EFT (Johnson & Talitman, 1997).

Education has also been examined as a predictor of marital satisfaction at termination and follow-up. Recent studies found no relationship between education level and treatment outcome at termination and follow-up in BMT (Atkins et al., 2005; Baucom et al., 2009). Results for EFT have been mixed; one study found that education does not predict marital satisfaction (Johnson & Taliman, 1997), while another found that lower education levels were correlated with better treatment outcome (Denton et al., 2000).

In several studies, researchers have not found employment and income to significantly predict marital satisfaction following BMT or IBCT (Mendonca et al., 1982; Atkins et al., 2005; Baucom et al., 2009) or EFT (Johnson & Talitman, 1997; Denton et al., 2000). Looking at long-term outcome, Snyder, Mangrum, and Wills (1993) found unemployment or unskilled labor predicted significantly poorer outcomes at four-year follow-up for both BMT and IOMT. A significant interaction between therapy condition and occupational status was also found (Snyder et al., 1993). Couples with low occupational status, where either both partners were unemployed or restricted to unskilled labor, demonstrated the poorest response at four-year follow-up if they received BMT. Conversely, employment status and level did not predict outcome in a two-year follow-up study of BMT (Baucom et al., 2009).

The presence of children has also been examined as a predictor of marital satisfaction. In a 10-year longitudinal study of couples not seeking therapy, couples without children reported significantly higher marital satisfaction compared to couples with children (Kurdek, 1999). These findings may be related to the stress of becoming a parent and its

effects on marital satisfaction. For couples seeking therapy, the presence of children was found to be associated with lower initial levels of marital satisfaction; however, the presence of children did not significantly predict marital satisfaction at termination (Atkins et al., 2005) or follow-up of IBCT or BMT (Baucom et al., 2009). These results are consistent with previous findings for EFT (Johnson & Talitman, 1997), suggesting that, although the presence of children may be related to lower levels of marital satisfaction in couples, it does not predict whether couples will change in couple therapy.

Intrapersonal Variables. Researchers have examined intrapersonal variables of the couple in the prediction of couple therapy outcome. These variables are typically measured through self- and other-report measures. Researchers have examined personality, the presence of a psychiatric disorder, and traditional sex roles. The only personality factor that has been shown to be of interest is neuroticism. In a longitudinal study of newlywed couples not seeking therapy, neuroticism was associated with initial levels of marital satisfaction but not with change in marital satisfaction over time (Karney & Bradbury, 1995). However, neuroticism was not found to be a significant predictor of marital satisfaction at outcome or two-year follow-up in BMT or IBCT (Atkins et al., 2005; Baucom et al., 2009).

The presence of a psychiatric disorder and aspects of psychological functioning have also been examined as predictors in couple therapy. Whisman (1999) looked at marital satisfaction and psychiatric disorders using the National Comorbidity Survey. Based on a two-item measure, marital dissatisfaction was associated with mood disorders, anxiety disorders, and substance-use disorders. These findings are partially supported in the couple therapy literature through studies finding that the presence of a psychiatric disorder other than depression in one partner predicts a poorer response to BMT when compared to couples without a psychiatric disorder or couples where one partner was depressed (Sher, Baucom, &

Larus, 1990). Snyder et al. (1993) also found that women with higher scores on the MMPI measures of hysteria and psychopathic deviance were more likely to be maritally distressed at termination of therapy.

Conflicting results have been found when depression was examined. One study found no link between pre-therapy depression levels and marital satisfaction at termination of BMT (O'Leary & Beach, 1990). Conversely, Snyder et al. (1993) found higher levels of depressed affect to predict poorer outcome in marital satisfaction. Jacobson et al. (1986) also found that depressive symptoms in partners were associated with outcomes. However, in this case, depressive symptoms were positively related to outcome at termination of BMT. Atkins et al. (2005) examined mental health scores in relation to marital satisfaction at termination of IBCT and BMT. When symptoms of anxiety and depression were considered, partners with higher mental health scores (i.e., fewer symptoms of depression and anxiety) improved over treatment compared to partners with lower mental health scores. Mental health scores did not predict marital satisfaction for these couples at two-year follow-up (Baucom et al., 2009). Looking at psychological resiliency, Snyder et al. (1993) found that lower psychological resiliency predicted marital distress at four-year follow-up for couples receiving BMT and IOMT.

Researchers examined femininity/masculinity and traditionality of sex roles as predictors of couple therapy outcome. Higher levels of femininity in wives have been found to be associated with greater satisfaction after BMT (Baucom & Aiken, 1984; Jacobson et al., 1986). Similarly, higher levels of femininity predicted better outcome at four-year follow-up of BMT (Snyder et al., 1993). Traditionality has also been examined through looking at levels of affiliation and independence in the roles partners assume in their relationships. Greater traditionality, defined as higher affiliation needs in wife and higher

independence needs in husband predicted poorer responses in BMT (Jacobson et al., 1986). In EFT, traditionality did not predict marital satisfaction at outcome (Johnson & Talitman, 1997).

Interpersonal Variables. Interpersonal variables focus on the relationship and the couple, including marital satisfaction, commitment and trust, communication and power, attachment and marital affect. Researchers typically measure these variables through self-report, though some researchers have included observational measures. Research demonstrates that marital satisfaction at intake is one of the strongest predictors of outcome in BMT, accounting for up to 46% of variance in treatment outcome (Whisman & Jacobson, 1990). Couples with lower levels of distress and higher levels of satisfaction at intake are more likely to improve at termination and at follow-up in BMT, IBCT, and IOMT (Snyder et al., 1993; Atkins et al., 2005; Baucom et al., 2009). Snyder et al. (1993) found that intake levels of marital distress are less predictive of long-term outcome at four-year follow-up. However, the Dyadic Adjustment Scale (DAS; Spanier, 1976), a measure which incorporates marital satisfaction, continued to predict four-year follow-up status. Interestingly, initial satisfaction did not predict outcome for EFT at termination or at three-month follow-up (Johnson & Talitman, 1997). Initial satisfaction scores accounted for only 4% of the variance in outcome at follow-up of EFT. These findings suggest that varying levels of satisfaction at intake do not significantly impact change in this type of therapy.

Research demonstrates mixed results for the impact of the level of commitment in the relationship. Previous research suggests that lower levels of commitment are associated with poorer outcomes in therapy (Beach & Broderick, 1983; Hahlweg et al., 1984). However, other research has not found a relationship between commitment and short- and long-term outcome in couple therapy (Jacobson et al., 1986; Atkins et al., 2005; Baucom et al., 2009).

These mixed findings may be due in part to the measurement of commitment, as researchers argue argued that the DAS encompasses commitment constructs and the commitment subscale of the DAS has not been measured as a separate predictor (Snyder et al., 1993). In addition, some of these studies employed measures that have not been validated. For EFT, the best predictor of outcome for females was a component of a trust score, that is, the belief that the partner still cares for her (Johnson & Talitman, 1997). This finding may be related to the level of relationship commitment: if the female partner continues to believe that her partner is still committed to the relationship, greater changes in marital satisfaction may be made. Further research is needed to address the role of commitment on predicting outcomes in couple therapy.

Communication has also been examined as a possible predictor of marital satisfaction after therapy. Findings appear to vary, a result of the different methodology in which communication is examined. Researchers have typically measured communication through observing interactions between partners. In one study, results suggested that negative behaviour in communication at pre-therapy predicted lower levels of marital satisfaction at treatment termination (Baucom & Mehlmen, 1984; Hahlweg et al., 1984). Snyder et al. (1993) found no relationship between pre-therapy communication and treatment outcome, though there was a relationship between problem solving skills and marital therapy outcome. Couples who used more problem solving skills were more likely to be maritally distressed at four-year follow-up. From termination to follow-up, couples were also more likely to be divorced and experiencing marital distress if they exhibited greater use of problem solving or information exchange as ways of communicating and if they used less positive nonverbal listening behaviour. Communication has been examined through self-report and observational measures at termination of IBCT and BMT (Atkins et al., 2005) and at two-

year follow-up (Baucom et al. 2009). There were no significant findings using self-report measures, including measures of demand/withdraw patterns, affective communication and constructive communication. A behavioural-coded variable of power processes in communication at pre-therapy was found to be a significant predictor of outcome at two-year follow-up and it interacted with the type of therapy received. Partners who used more collaborative language, which enables freedom of partners' responses, responded better to IBCT compared to couples who used lower levels of soft influence tactics. Furthermore, couples who used less manipulative language and provided space for partners to respond predicted better treatment responses if they were moderately distressed. These findings suggest that couples who are able to use collaborative and open types of communication are more likely to benefit from the interventions and changes made through this type of couple therapy.

Researchers have also examined power as a predictor of couple therapy outcome. Whisman and Jacobson (1990) considered power to be a central process in couple interactions, where partners may have defined roles in their relationship. In general, the researchers found higher marital satisfaction in relationships that are more egalitarian. Conversely, in relationships where one partner is more dominant in power, marital satisfaction tends to be lower. In couples seeking therapy, Whisman and Jacobson (1990) found that power inequality in dominance and support in communication at intake predicted positive outcome at termination and six-month follow-up in BMT. This result suggests that when there is inequality between partners, the problem solving and communication skills that used in BMT may be helpful. Conflicting results were found for outcomes in BMT when examining power in a problem solving task (Gray-Little, Baucom, & Hamby, 1996). Egalitarian couples at intake were significantly more satisfied at termination compared to

wife-led or anarchic couples. These inconsistent findings suggest that the varied methodology for measuring power results in different outcomes, making conclusions difficult.

Attachment, a key relationship variable (Mikulincer & Shaver, 2007), has been examined as a predictor of outcome in only one study. Johnson and Talitman (1997) examined attachment as it is related to the theoretical underpinnings of EFT. The Attachment Questionnaire (AQ; see West, Sheldon, & Reiffer, 1987) assesses the quality of adult attachment through seven subscales: secure base, separation protest, proximity seeking, feared loss, reciprocity, availability, and use of attachment figure. Johnson and Talitman (1997) found the proximity seeking subscale significantly predicted outcome. Proximity seeking is the tendency of the individual to reduce the distance from the attachment figure in times of distress. Males who had higher levels of proximity seeking at intake were more likely to be satisfied at outcome, indicating they are more likely to be satisfied at termination if they are able to turn to their attachment figure, their partner, for comfort in times of distress. Attachment was not a significant predictor for females in this study. This remains to be the only study that has examined attachment security as a predictor of couple therapy outcome. In couples not seeking therapy, couples with low levels of marital satisfaction had higher levels of insecurity over a four-year longitudinal study (Davila & Bradbury, 2001). Continued research is needed to further understand attachment processes in predicting couple therapy outcome.

Research has also examined marital affect as a predictor of couple therapy outcome. Studies in BMT and IOMT found that a higher level of expressed negative affect is associated with poorer outcome (Hahlweg et al., 1984, Snyder et al., 1993). Specifically, Snyder and colleagues (1993) found that couples who exhibited higher levels of negative

marital affect and disengagement were more likely to be distressed at termination of IOMT and BMT and were more likely to be divorced or experiencing marital distress at four-year follow-up. Vansteenwegen (1998) also found lower levels of empathy and positive regard toward the partner predicted divorce seven years following termination of therapy. When research examined couples not seeking therapy and predictor variables of future functioning, Gottman and Levenson (2002) found that neutral affect was a significant predictor of divorce over a 14 year period. The researchers discussed how high levels of neutral affect during times of conflict may be dysfunctional, which lead to lower levels of marital satisfaction and ultimately divorce. Gottman and Levenson (2002) also suggested that this finding was related to attachment security: if partners expressed neutral affect, the opportunity to tune into each others emotions and to feel connected would not be available. Gottman and Levenson (2002) found different results for couples who were more expressive and hostile, and for wives with high levels of negativity. These couples were more likely to be divorced earlier rather than later. Marital affect appears to be an important component in relationship distress, specifically when looking at patterns of negative affect and the pursue/withdraw cycle of couples. For EFT, this cycle includes understanding that the more one partner withdraws, the more the other partner pursues, feeling that their partner has disengaged and abandoned them. This is consistent with previous findings from Gottman and Levenson (1992). Couples found to demonstrate more negative interactions, including criticism, defensiveness, contempt, and stonewalling, were more likely to be divorced at follow-up. In addition, husbands' higher levels of withdrawal from their partners predicted decreases in marital satisfaction over time (Gottman & Krokoff, 1989).

Therapeutic Alliance. Researchers have examined variables related to the therapeutic alliance as predictors of outcome. Many characteristics of the therapeutic

relationship and qualities of the therapist have been examined in individual therapy, including skill, collaborativeness, empathic understanding, therapist credibility, affirmation of client, and attention to client's affective experience (see Orlinsky, Grawe, & Parks, 1994 for review). Orlinsky and Howard (1986) noted that the therapeutic alliance is an important nonspecific factor influencing change in clients. Bordin (1979) delineated three primary components of the therapeutic alliance: bonds (the affective quality of the client-therapist relationship including trust, warmth, and caring), tasks (the extent to which the client is comfortable with the activities of therapy and finds them credible), and goals (the agreement between the client and therapist on the goals of therapy). In an attempt to examine the therapeutic relationship in couple therapy, Holtzworth-Munroe et al. (1989) examined therapist and client behaviours associated with positive responses to BMT. The therapist's ability to create collaboration between couples and therapist significantly predicted outcome. Furthermore, results indicated that ratings of client positive behaviour by the therapist and both partners were positively associated with therapy outcome. These behaviours included collaboration, active participation, and homework compliance. Johnson and Talitman (1997) found the quality of the alliance accounted for 22% of the variance in satisfaction at the end of EFT, the most significant variable for change in marital satisfaction in this study. The best predictor of success for couples was the task element of the alliance, where partners believed the tasks they were doing in sessions were relevant to them. These findings emphasize that a positive alliance is key in experiential therapies and that it is essential to treatment success (Greenberg, Rice, & Elliot, 1993). Across models, the therapeutic alliance appears to play an important role in predicting the outcome in couple therapy.

Summary. Several conclusions are made as a result of reviewing the literature on predictors of outcome in couple therapy. Some studies support the notion that older men will

be more responsive to treatment. The presence of children in a relationship is related to an increase in relationship distress though this does not indicate whether couples are able to change in therapy. Results suggest that flexible patterns in personality and sex roles may also predict better outcome in couple therapy. In addition, lower levels of psychological functioning seem to predict a poorer response to couple therapy. Although the findings for interpersonal variables are not consistent, some general conclusions may be made. Studies examining marital affect suggest that couples with high levels of negative affect and high levels of disengagement are less likely to benefit from couple therapy and are more likely to be divorced at follow-up. Couples where the female partner's commitment and trust levels are high are more likely to improve following couple therapy. Furthermore, couples with less rigid and more open communication patterns may be better at achieving and maintaining marital satisfaction. Based on this review, one may conclude that predictions vary depending on the type of couple therapy employed. For example, initial levels of marital satisfaction may be important in determining the outcome for BMT and IOMT but not for EFT.

Researchers have also examined therapeutic alliance as possible predictors of marital satisfaction at termination of therapy. These results suggest that a strong therapeutic alliance and couples feeling as though they are working on relevant tasks are key predictors of positive outcome in EFT.

Process of Change in Couple Therapy

Researchers recommend process of change research to narrow the research-practice gap (Johnson, 2003; Pinsof & Wynne, 2000). It allows for a better understanding of how change occurs. Researchers use process research to help understand how to translate *theory* and *general intervention models* into *moments* of change in therapy (Bradley & Johnson, 2005). It looks at the moment to moment process in sessions, allowing therapists to have a

greater understanding of key shifts and how they can help partners achieve these pivotal changes. By understanding how couples change, therapists will not only know how to create change, but also when to use specific interventions (Johnson, 1999). Randomized control trials that demonstrate general effectiveness of therapies do not lead to a better understanding of how change occurs in therapy (Shedler, 2010). Shedler (2010) postulates that the “active ingredients of therapy are not necessarily those presumed by the theory or treatment model” (p. 103). This recent statement emphasizes the importance of conducting process research in providing a better understanding of how a specific treatment model helps create change in clients.

Previous researchers have attempted to understand the process of change by examining common factors of change in couple therapy (Sprenkle, Blow, & Dickey, 1999). These variables have included therapeutic alliance, therapist characteristics, nonspecific treatment variables (e.g., behavioural regulation, cognitive mastery, and emotional experiencing), motivation and expectancy of clients, nonspecific change mechanisms, client characteristics (e.g., age, emotional expression, and attachment), and other mediating and moderating variables (Sprenkle, Davis, & Lebow, 2009; Sprenkle et al., 1999). Although identifying common factors related to change enables an understanding of what contributes to change, Kazdin (2007) recommended using theory as a guide to examine mediators and mechanisms of change to address how treatment achieves change in specific treatment modalities.

Researchers have also attempted to examine key moments in therapy related to outcome. In EFT, process research has looked at the blamer-softening event, a key change event, and its relationship to outcome. Looking at the completion of these change events should predict results, and should also be helpful in terms of explaining “how a particular set

of interventions creates change in a particular therapeutic context” (Johnson & Greenberg, 1988, p. 175). In EFT, a softening event is at the core of the change process. The EFT therapist sets up deepened emotional enactments that culminate in Stage 2 of EFT in a softening event to change partners’ stance in their relational cycle. This event is characterized by the more blaming partner placing themselves in a position of vulnerability, and asking for reassurance, comfort, or a response to an attachment need (Johnson, 2004; Bradley & Furrow, 2004). In a softening event, both partners are able to respond in an accepting manner in the context of a high level of emotional experiencing. Research has found that couples who were unable to soften were more vulnerable to relapse (Johnson & Greenberg, 1988; Bradley & Furrow, 2004). Johnson and Greenberg (1988) examined the process of change and whether these pivotal moments in therapy predicted outcome. Looking at best sessions in EFT, the depth of experiencing as measured by the Experiencing Scale (ES; Klein, Mathieu, Kiesler & Gendlin, 1969) and the quality of interpersonal interactions as measured by the Structural Analysis of Social Behavior (SASB; Benjamin, 1974) have been used to delineate the process of change. Overall, couples who performed better in therapy were engaged at a deeper level of experiencing (level four or higher on the ES) and had shifted into more affiliative and autonomous statements. Bradley and Furrow (2004/2007) have mapped out the softening change event in Stage 2 of EFT and have found that softening events predict successful outcome. Specifically, the researchers found that deepening of emotional experiences, and specific kinds of affiliative disclosing interactions which focused on attachment needs and fears, were related to the completion of these key change events and to positive outcome in EFT. Process research in EFT has demonstrated that there are significant differences in levels of experiencing and more positive interpersonal

behaviours in later sessions. Furthermore, couples who demonstrated more of these experiences and behaviours displayed more satisfaction at termination.

Summary. Process of change research allows for an examination of key components related to change in couple therapy. Researchers suggest that there needs to be an examination of variables related to change that are derived from the theoretical model, which will further enable an understanding for how change occurs (Kazdin, 2007). For EFT, research indicates that the blamer-softening event is a key change moment for couples (Bradley & Furrow, 2004). Couples who complete a blamer-softening event are more likely to be maritally satisfied at treatment termination. Further exploration of the blamer-softening event is needed in regards to whether specific characteristics of couples predict their ability to reach and complete these key change events that appear to lead to more secure bonding interactions.

Implications for the Present Thesis

In summarizing the varying and inconclusive findings on predictors of couple therapy outcome and the process of change, there are several implications for this thesis. First, researchers suggested that the inability to find consistent results is due to poor and varied methodology (Jacobson et al., 1986; Snyder et al., 1993). This is seen through the varying operational definitions of key concepts and how these concepts are measured. Studies continue to use unreliable and varying measures for constructs, making conclusions and generalizations more difficult. Across studies, outcome measures also tend to vary. Christensen, Baucom, Vu, and Stanton (2005) suggest that the outcome measures should look at marital satisfaction, as increasing satisfaction is the primary goal of couple therapy. Furthermore, the Dyadic Adjustment Scale has been shown to be a more sensitive measure of change in marital satisfaction compared to the Global Distress Scale (Whisman & Jacobson,

1992). As such, this thesis uses reliable and validated measures to assess predictors of change, and the Dyadic Adjustment Scale as the outcome measure.

The second limitation in this area of research is due to the use of only self-report measures to examine predictor variables. As a result, studies may be biased. Gottman (1994) discusses the “common method variance problem,” where partners may represent themselves in a certain light and minimize effects of the relationship to please the researcher. In addition, researchers may not be able to tap into specific concepts as a result of self-report measures. This is seen through the self-report measures of relationship attachment, which measures the social-cognitive representations of attachment but does not access attachment based behaviours (Crowell et al., 2002). Researchers have speculated on the validity of self-report measures of attachment, and whether they are measuring the same construct of attachment as behaviour- or interview-based measures (Davila & Cobb, 2003). Self-report and interview attachment measures tend not to correlate, except when measuring the same domain (Crowell, Fraley, & Shaver, 1999; Bartholomew & Shaver, 1998). Furthermore, some researchers suggest that self-report measures may activate some means of defense mechanisms that allow avoidant individuals to deny their attachment fears (Bartholomew, 1990; Main et al., 1985). If individuals are more avoidant in their attachment with their significant partner, it would be imperative to measure attachment through other means aside from self-cognitive representations. Consequently, the present thesis employs both a self-report measure of attachment (The Experiences in Close Relationships; Brennan, Clark, & Shaver, 1998) and a behavioural measure of attachment (The Secure Base Scoring System; Crowell et al., 2002) to examine predictors of change in marital satisfaction over the course of EFT.

A third limitation is through the type of data analysis that is conducted. Previous research has used correlations and regressions to conduct the analyses. However, these methods do not take into account the interdependent nature of couples data, and they address missing data, attrition, unbalanced data sets, and change in status in a limited manner (Christensen et al., 2005). Some researchers have also conducted analyses that do not control for important contributing factors (i.e. pre-therapy marital satisfaction), thus affecting the variance of a variable that may contribute to predicting outcome. These inconsistent methods of analysis pose a problem as to how predictors may be understood. Atkins (2005) recommended the use of multilevel models to analyze couples data due to the nested or group-structured nature of the information (e.g., the individual is nested within the couple). This more conservative approach to analyzing couples data accounts for the interdependence of partners' scores, in addition to examining change over time and better addressing missing data points. The present thesis uses multi-level modeling to analyze changes in marital satisfaction.

A final limitation on predictors of couple therapy outcome arises due to the types of variables that are chosen as predictors. For over a decade, researchers note that investigators fail to select predictors that are based on theoretical models of change or of relationships (Snyder et al., 1993). For example, the recent study by Atkins et al. (2005) did not choose variables that were theoretically related to the model of therapy they were examining. Recommendations have been made for future researchers to investigate predictors of treatment outcome that are based on sound theory and theoretical mechanisms that are related to the type of couple therapy (Snyder et al., 1993; Atkins et al., 2005). Only through creating clear theoretically based models that predict outcome in different modalities of therapy, therapists will be better able to assess couples' suitability for a particular type of

therapy and tailor their interventions to the couple to enhance the outcome. Assessing suitability would be prescriptive, rather than descriptive, and would recognize that not all modalities of therapy are made for all clients. Following this clear limitation in the literature, the goal of the present thesis is to choose variables that are theoretically related to the EFT model.

The following section will now review the model of EFT and the empirical evidence for outcome in EFT, followed by a description of the variables that will be used in the two studies of this thesis.

Emotionally Focused Couple Therapy

Emotionally Focused Couple Therapy (EFT; Johnson, 1996/2004) is an empirically validated approach to couples therapy that uses attachment theory to understand the needs and emotions of romantic partners. According to EFT theory, relationship distress is understood as an increase in negative affect, emotional disconnection, and unmet attachment needs between partners. It views relationship distress as resulting from ongoing negative interaction patterns where individuals feel as though their partner has failed to respond to their cries for support and connection and the security of their attachment bond is weakened. Relationship distress is maintained by how partners organize and process their emotional experience, as well as the interactional patterns they engage in. These interactional patterns tend to be both narrow and constricting, and they are circular in nature: partners reinforce each others' ways of interacting and responding (Johnson & Best, 2002). For example, one partner blames and pursues for contact while the other dismisses and stonewalls which cues more blame from the first partner. As a result of these negative cycles, partners' attachment needs continue to be missed, which creates insecurity and feelings of rejection.

EFT is an integrative approach to couples therapy, using both an intrapsychic perspective and an interpersonal systemic perspective to create change (Johnson, 2004). Experiential and systemic approaches to therapy are combined in EFT. In a humanistic experiential approach, the therapist acts as a process consultant who focuses on the articulation, expansion, and reprocessing of couples' experience, as well as their unexpressed affect and attachment needs. This perspective allows a focus on the present and ongoing emotional experience of the individual. As an experiential approach, EFT creates a safe, collaborative therapeutic alliance as a necessary secure base from which to foster change. The therapist provides acceptance and empathy, allowing individuals to feel validated and heard, while they explore their inner worlds.

Using an experiential lens, EFT focuses on emotion to help individuals recognize their healthy needs and desires. Emotions tell individuals and others what they want and need, as well as help guide responses in relationships. Experiential theorists suggest that emotional frames are built in relation to situations that frustrate or satisfy needs and goals. These emotional frames help guide people in understanding their experience and organizing their expectations and reactions. Emotions are not viewed as being stored; rather they are reconstructed by the appraisal of a situation that activates these emotional frames. Emotional frames then allow partners to respond in an organized way. In EFT, these emotional frames and key ways of responding are activated, explored, and then modified by new emotional experiences in session (Johnson, 2004). Emotion is accessed, developed, and restructured in EFT, and it is used to help partners send new signals to each other and create new ways of responding to each other.

Using a systemic perspective in EFT, the focus is maintained on the interaction that occurs between the couple and how each partner impacts the interaction cycle. This cycle is

circular in that one partner says “I blame because you withdraw” and the other partner responds, “I withdraw because you blame”. This common negative cycle has been called the demand/withdraw pattern of communication in relationships and has been found to be linked to marital dissatisfaction (e.g., Caughlin, 2002; Christensen & Heavey, 1990; Noller, Feeney, Bonnell, & Callan, 1994). Change in EFT occurs by therapists helping partners change elements in this destructive relationship dance. When the negative cycle is interrupted and responses begin to change, a more positive cycle that helps couples move towards a secure bond is developed. The goal of EFT is to have partners access, express, and reprocess emotional responses that underlie their negative interactional pattern. Partners can then send new emotional signals that allow interaction patterns to shift towards greater accessibility and responsiveness, ultimately creating a more secure and satisfying bond.

EFT is currently one of only two treatments for marital distress that has been empirically validated (Alexander, Holtzworth-Munroe & Jameson, 1994). Previous research includes studies using randomized clinical trials (RCTs), where EFT was compared to pharmacological or psychological treatments and to wait-list controls (Dessaulles, 1991; Goldman & Greenberg, 1992; James, 1991; Johnson & Greenberg, 1985a; Gordon-Walker et al., 1996). Studies have also been conducted where couples served as their own controls (Johnson & Greenberg, 1985b; Johnson & Talitman, 1997). The changes in relationships are measured on the couples’ Dyadic Adjustment Scale (DAS; Spanier 1976). In addition, as suggested by Jacobson and Truax (1991), the Reliable Change Index is used to understand whether the changes couples have made are clinically significant. Using these criteria, Johnson and colleagues (1999) found couples to significantly improve on the DAS following EFT when compared to both wait-list control and couples’ pre-therapy DAS scores. A meta-analysis of four randomized control trials of EFT found a 70-73% recovery rate for

relationship distress, with a 90% significant improvement over controls (Johnson et al., 1999). An overall weighted mean effect size of 1.31 was found, a large effect size. This is very positive when compared to previous meta-analytic estimates of couples therapy ranging between 0.60 (Shadish et al., 1993) to 0.90 (Dunn & Schwebel, 1995).

EFT has not only been shown to be effective, but it has also been demonstrated to have stable results at follow-up. Across a three-month follow-up period, Johnson and Talitman (1997) found that not only were the effects of EFT stable, couples also improved following termination of EFT. At three months, 70% of couples recovered, compared to 50% at the end of therapy. Stable results were also found at 2-year follow-up for couples dealing with chronically ill children (Cloutier, Manion, Gordon-Walker & Johnson, 2002) and at 3-year follow-up for couples who were able to resolve an attachment injury (Halchuk et al., 2010). Compared to the recovery rates for couples treated with EFT, wait-list control couples have not been found to improve (Johnson & Greenberg, 1985b; Gordon-Walker, et al., 1996; Cloutier et al., 2002). At the five month and two year marks following termination of EFT, the couples treated in Gordon-Walker and colleagues' (2002) study were found to have higher marital satisfaction and lower separation rates compared to wait-list control couples. This study was also conducted with chronically-ill children, indicating that these couples are part of a high-risk population for relapse.

Process of Change in EFT. EFT uses nine steps and three stages to help guide changes in the negative interaction cycle and help couples express their underlying attachment needs (Johnson, 2004). Therapists focus on developing a strong alliance with both partners, while helping partners create new emotional responses where partners can ask for their needs to be met from a vulnerable position.

There are three change events that take place in EFT: *cycle de-escalation*, *withdrawer reengagement*, and *blamer softening*. Cycle de-escalation occurs in the first stage of EFT. This is a first-order change, where partners begin to recognize their cycle resulting in small changes in how their interactions are organized. Partners begin to engage with each other and share the emotions that underlie their positions in the negative cycle. Withdrawn partners may become more engaged and critical partners may become less hostile. This results in each partner recognizing their cycle, containing it and starting to take small risks to engage with the other in a more open manner (Johnson, 2004).

The second and third change events in EFT are considered second-order change, in which a basic change in the structure of the relationship occurs (Johnson 2004). Withdrawer reengagement occurs when the more withdrawn partner becomes more active and engaged in the relationship. The individual asserts his or her attachment needs and they become more emotionally engaged with their partner in therapy. This is compared to their withdrawn stance of stonewalling and avoiding the spouse.

The final key change moment in EFT occurs in Stage 2, where the blaming partner softens and engages in what is called a blamer-softening event. This pivotal moment is when “a previously hostile/critical partner asks, from a position of vulnerability and within a high level of emotional experience, for reassurance, comfort, or for an attachment need to be met” (Bradley & Furrow, 2004, p. 234; Johnson, 2004). Although these two second-order change events are described as occurring separately, they are intertwined in that each partner is affecting the other’s way of responding and connecting. As a blaming partner becomes less angry and the withdrawn partner becomes more engaged, the blaming spouse is then able to congruently share his or her needs and desires.

The goal of this thesis is to add to the current literature in both predictors of change research and process of change research in EFT. This type of research is most relevant when it focuses on theory specific variables (Atkins et al., 2005; Kazdin, 2007). Thus, a summary of the theoretical assumptions underlying EFT will be presented. Each assumption will be followed by the predictor variable and its relevance to romantic relationships and marital satisfaction.

Theoretical Assumptions of EFT

EFT uses attachment theory to conceptualize a general understanding of romantic relationships, including relationship distress and satisfaction. In order to examine predictor variables that are theoretically related to the model of EFT, three assumptions underlying the theory and practice of this type of therapy will be discussed: 1) EFT conceptualizes romantic relationships in terms of an emotional bond; 2) experiencing and expressing emotion takes a primary role in modifying romantic relationships; 3) change occurs through new emotional experiences in the presence of attachment-salient interactions.

Assumption 1. The first theoretical assumption of EFT is that romantic relationships are conceptualized in terms of an emotional bond. This is a much different conceptualization compared to BMT, which uses a quid pro quo arrangement to understand the maintenance of successful relationships. Instead, EFT uses attachment theory to help guide the conceptualization of relationships.

In romantic relationships, attachment theory helps to understand the needs and emotions of partners. Attachment theory has been described as “the propensity of human beings to make strong affectional bonds to particular others” (Bowlby, 1977, p.201). Bowlby (1969/1982) described attachment as an innate psychobiological system, and viewed attachment as an innate primary need. Attachment motivates individuals to seek proximity

and closeness to significant others, deemed attachment figures. This bond includes attachment behaviours of maintaining closeness and contact with the significant other, especially at times of uncertainty, stress, or anxiety. The quality of the attachment bond is dependent upon the accessibility and responsiveness of the caregiver. Interacting with attachment figures who are available and responsive develops attachment security, which further promotes confidence in support seeking as a way to regulate distress. However, when attachment figures are not reliably accessible and supportive, the ability to securely attach is undermined. Individuals who turn to unresponsive attachment figures have to develop strategies to help regulate their affect in alternative ways.

Three normative aspects characterize an attachment relationship: 1) an individual seeks proximity to their partner, especially at times of uncertainty, and this closeness helps calm the nervous system; 2) individuals desire a safe haven and secure base from an irreplaceable other. This security makes an individual resilient to stress; 3) individuals go into separation distress and panic when the attachment figure is unavailable. These characteristics are normative, in that they are a fundamental part of the attachment system (Mikulincer & Shaver, 2007).

Using attachment theory, EFT views partners as having an innate need for emotional contact and security, and these attachment needs as healthy and adaptive. Relationship satisfaction is then based on the degree of closeness and security between partners and the level of accessibility and responsiveness to one another. In the EFT perspective, satisfied couples develop a secure emotional bond with each other. Conversely, EFT views relationship distress as a result of feelings of alienation, isolation, and emotional deprivation in a relationship where partners are not able to meet their normal needs for contact and

intimacy. Thus, in EFT, couples experiencing relationship distress are seen as struggling with an insecure attachment bond.

EFT aims to create more secure bonding events through the exploration and expression of needs and wants associated with the emotions around the loss of connection. The goal then is to create more accessibility and responsiveness to one another. In EFT, the focus is on affective experiences to help restructure the attachment bond. EFT creates new emotional experiences with each partner that fosters this increase in accessibility and responsiveness to each other's needs.

EFT places an emphasis on the intimate attachment bond between partners and the way partners explore and express their needs for closeness, dependency, and reassurance. It may be that an individual's level of attachment security plays a role in their ability to engage in therapy. Specifically, individual differences in attachment security may help to explain why some individuals experience more positive changes in marital satisfaction at termination.

Attachment Theory. Attachment theory posits that all individuals have normative characteristics and responses to their basic needs for closeness and security. In addition to these normative characteristics, and through early meaningful relationships and social development, individuals construct cognitive and affective schemas that represent themselves and influence the attachment process. It is through these early experiences that people develop individual differences in their attachment behaviours, which influences their romantic relationships.

Researchers have used working models to examine how attachment behaviours play a role in relationships. For example, a positive model of the self is characterized by feeling worthy of love and support from other individuals, whereas a positive model of other is

characterized by viewing other people as trustworthy and available (Bartholomew & Horowitz, 1991). Working models develop through attachment in childhood and continue to adulthood where early attachment experiences influence the patterns of support seeking and giving, and closeness in relationships (Simpson, Rholes, & Nelligan, 1992).

Attachment across the lifespan. Attachment behaviours have been researched throughout the lifespan, with research beginning in childhood. Ainsworth, Blehar, Waters, and Wall (1978) examined the separation of the mother and child between 12 and 18 months of age through a test called the *Strange Situation*. Through the child's reactions of separating from the mother, Ainsworth and colleagues were able to identify three primary attachment styles in children: secure, anxious/ambivalent, and avoidant. This test demonstrates that secure children are easily calmed and comforted after the mother has left, anxious-ambivalent children have mixed reactions between protest and anger, and avoidant children ignore and disregard the mother. Research has studied how attachment behaviours are normative and that individual differences in dealing with separation can be observed at an early age and across the life span.

Bowlby (1979) stated that attachment extends from "the cradle to the grave" (p. 129) and is carried throughout the lifespan. Research on attachment across the lifespan developed out of two main areas. The first area of research used adults' memories of childhood experiences with their parents (Main & Goldwyn, 1984). This research examined the attachment patterns from childhood and its continuation into adulthood, using a developmental conceptualization of attachment. However, childhood attachment patterns are affected by close relationships with others across the lifespan. Research demonstrates that attachment patterns change across the lifespan (Davila & Cobb, 2004) and that attachment differs across relationships (Koback, 1994; Baldwin et al., 1996).

The second area of research on adult attachment is the social-cognitive conceptualizations of attachment. This began with the seminal work of Hazan and Shaver (1987), who examined adult attachment in romantic relationships. Hazan and Shaver (1987) found three attachment styles that correspond to those in children described by Ainsworth and colleagues, only using appropriate terms for adult love. Using a single-item measure, Hazan and Shaver found that secure individuals described their relationships as happy, friendly, trusting, and longer lasting. Avoidant individuals were found to have a fear of intimacy, experience emotional highs and lows, and jealousy. Anxious-ambivalent individuals were found to be in relationships characterized by an obsession with their partner, a desire for reciprocation and union, emotional highs and lows, and jealousy.

Two dimensions of attachment were then created: attachment anxiety and attachment avoidance (Bartholomew & Horowitz, 1991). These dimensions are found to be the most valid constructs of self-reported attachment (Griffin & Bartholomew, 1994). These attachment dimensions can be placed on a continuum or separated to create four attachment typologies: secure, anxious-preoccupied, fearful and avoidant-dismissing. Secure attachment is characterized by a positive model of self (low anxiety) and a positive model of other (low avoidance). It is described as having a sense of worthiness, and views others as accepting and responsive. Having a negative model of self (high anxiety) and a positive model of others (low avoidance) is characterized by individuals who are anxiously preoccupied. Bartholomew and Horowitz described these individuals as having a sense of unworthiness and they seek acceptance from others as a way of achieving self-acceptance. The difference in Bartholomew and Horowitz's attachment styles from Hazan and Shaver's original adult attachment is the avoidant attachment style, which Bartholomew and Horowitz differentiate into fearful and dismissing types. Fearful individuals have a negative model of self (high

anxiety) and of others (high avoidance) and are characterized by a sense of unworthiness and worry that they will be viewed negatively by others creating a fear of rejection and insecurity (Bartholomew, 1990). Dismissing individuals have a positive model of self (low anxiety) and a negative model of others (high avoidance), creating a sense of worthiness while avoiding intimacy with others. These individuals are autonomous, down play the importance of others to maintain a high self image, and often experience more negative affect (Bartholomew, 1990). They have been described as being unaware of their emotional needs and thus do not commit to others. Researchers emphasize the importance of using dimensions when measuring attachment compared to groups or prototypes. Using dimensions helps to prevent the loss of information that comes with putting individuals into groups, they are highly reliable, and they provide simplicity (Griffin & Bartholomew, 1994).

Attachment and romantic relationships. Attachment theory provides a map of romantic relationships. By understanding partners' attachment security, patterns of communication and how these patterns help develop the model of self and other in relationships can be explored (Johnson & Best, 2002). Securely attached individuals demonstrate more open and flexible communication and responsiveness in relationships (Johnson & Best, 2002). They have relationships that are long, stable, and satisfying, and describe their relationships as happy, friendly and trusting (Hazan & Shaver, 1987). Secure individuals are also more comfortable with closeness, are able to depend on others, and are not worried about abandonment or being unloved (Collins & Read, 1990). Individuals who are high on the anxiety dimension are comfortable with closeness and the availability of others; however, they are occupied with fear of abandonment and being unloved (Collins & Read, 1990). Individuals high on the attachment avoidance dimension are often uncomfortable with closeness and intimacy, and they are not confident in their partners'

availability (Collins & Read, 1990). By examining individual differences in attachment, there is a better understanding of how individuals with different levels of attachment security interact with significant others.

Bowlby (1982) proposed that in addition to individual attachment, there is also the interaction between dyads that includes support seeking and caregiving. This is particularly true in romantic relationships, where partners turn towards each other for support, but also provide care and support for their partners. Crowell and Waters (1994) note that reciprocity in attachment is important in romantic relationships as it may be part of the relationship distress experienced when partners are not able to provide care and support for the individual. This concept closely relates to the model of EFT and the demand/withdraw cycle that frequently occurs between distressed couples and the unmet attachment needs that co-occur within relational distress. Through careseeking and caregiving interactions, partners learn whether they can count on their partner to understand their needs, accept responsibility, and make themselves emotionally available (Collins et al., 2004). The ability to provide support to one's partner is a way of further developing felt security.

Individual differences in attachment have been found to influence how individuals seek support and offer caregiving to their partners. In secure individuals, support seeking and caregiving behaviours are said to occur together in harmony (Crowell et al., 2002). Securely attached individuals recognize that they may have flaws, but they can turn to their partner for comfort and support in times of distress. Secure attachment seems to act as a buffer to negative components in relationships (Johnson, 1998). Secure partners have been found to signal more clearly for support in times of distress and provide support regardless of how clear their partner signals for support (Collins & Feeney, 2000). In distressful situations, secure partners have been found to seek more support as their anxiety increases compared to

avoidant individuals (Simpson, et al., 1992). Caregivers that are higher in anxiety have been found to be less responsive, provide less support, and have more negative caregiving behaviour (Collins & Feeney, 2000). However, if support signals are clear and direct, individuals with high attachment anxiety are able to provide support. Avoidant men and women are less likely to offer support during times of distress and have been found to withdraw from their partners (Simpson, et al., 1992). Overall, individuals with more avoidant attachment are more likely to have ineffective support-seeking behaviours, and those with higher anxiety are linked to ineffective caregiving (Simpson et al., 1992).

Consequent to individual differences in attachment support seeking and caregiving, partners develop interaction patterns based on their attachment strategies. Insecure partners develop negative cycles that perpetuate their distress. Bowlby (1969) described these patterns as the enactment of separation distress. Patterns between partners manifest as the critical, contemptuous pursuit and the defend, distancing or stone walling. Anxious preoccupied pursuers seek comfort while the avoidant distancers seek to protect the self. Avoidant partners, who minimize their own attachment needs, have been found to withdraw specifically at times when their partner is vulnerable, in distress, or seeking comfort (Simpson et al., 1992). How one's partner responds, or does not respond at times of need has a great influence on the quality of attachment relationships (Simpson & Rholes, 1994).

Attachment has been found to be significantly related to relationship satisfaction (Collins & Read, 1990; Simpson, 1990). Studies have found that the more secure individuals are the more satisfied they are in their relationships (Feeney, 1999; Simpson, 1990). Conversely, couples with insecure attachment have been found to have lower marital satisfaction (Feeney, 1999; Simpson, 1990). Feeney (1999) found marital satisfaction negatively related to one's anxiety. Individuals high on anxiety are also more likely to

perceive more relationship conflicts and view these conflicts as having negative impacts on perceived satisfaction and closeness (Campbell, Simpson, Boldry, & Kashy, 2005). Avoidant attachment in wives has also been found to be negatively correlated with marital satisfaction (Fuller & Fincham, 1995). Also, in a four year longitudinal study of dating partners, attachment predicted long-term relationship stability and status (Kirkpatrick & Davis, 1994). These findings suggest that attachment in romantic relationships plays a key role in relationship satisfaction and partners' ability to seek comfort and support in times of distress.

EFT understands relationship distress in terms of disconnection and attachment insecurity. The goal of EFT is to create more secure emotional connections and bonding. In the blamer-softening event, partners are asked to articulate their attachment-related needs and respond to one another in a supportive manner, a conversation that parallels a securely attached conversation (Davilla & Kashy, 2009; Johnson, 2004). The first study of this thesis examines attachment levels of partners at pre-therapy and its ability to predict change in marital satisfaction across EFT. The second study of this thesis examines partners' attachment levels in relation to the blamer-softening event.

Assumption 2. A second theoretical assumption in EFT is that experiencing and expressing emotion takes a primary role in modifying and enhancing romantic relationships. Emotion is viewed as primary in organizing attachment behaviours. Partners use emotional signals to express their needs and desires. Emotion also plays a role in how the self and other are experienced in intimate relationships. Emotions give meaning to perceptions, motivate and cue attachment responses, communicate to others and help organize their interactional behaviours (Johnson, 2004).

EFT places a focus on emotion as a primary communication system and a source of adaptive behaviours (Johnson, 2004). Emotion is a powerful force in altering negative

interactional patterns. Through various interventions such as empathic reflection and evocative responding, partners are encouraged to focus on, expand, reformulate, and restructure key emotional experiences. These expanded responses are evoked and ordered by the therapist and experienced in a new way by the partner. By expressing these new and expanded emotional experiences, interactional positions that partners take in the relationship are reorganized. In turn, new levels of emotional engagement that foster the growth of safety and trust are developed, which are essential for healthy and flexible interactional patterns.

From the EFT perspective, dealing with and expressing primary emotions is the best way to enhance couple functioning. This is compared to alternative ways of coping with emotions, such as “stuffing down” emotions or attempts to control negative emotions. Therefore, the degree to which an individual controls their emotions and inhibits their emotional experience may be an important factor in determining positive changes in EFT. Based on the second theoretical assumption of EFT, emotion regulation will now be discussed.

Emotion Regulation. Emotion regulation refers to how individuals influence which emotions they have, when they have them, and how they experience and express these emotions (Gross, 1998). Partners need to be able to share their distress, making emotional cues important in the role of getting one’s needs met. Emotion regulation is also the ability to deal with negative emotions (Feeney, 1999). Regulating emotions is part of an adaptive strategy to achieve one’s goals in a relationship. In romantic relationships, a main goal would be to create and maintain proximity to the attachment figure (Cassidy, 1994).

Emotion regulation is arguably a key component of attachment in relationships (Collins & Read, 1990; Feeney & Noller, 1990). Emotion regulation is viewed as part of the innate psychobiological system that helps soothe and comfort the individual in times of

distress (Bowlby, 1973). Individuals learn strategies for organizing their emotional experiences and distress through the experiences with their caregivers. Proximity seeking is one of the ways in which an individual attempts to regulate negative affect. Secure individuals, who have experienced consistent accessibility and responsiveness from their caregivers, are able to regulate negative affect by seeking support and turning to their caregiver in times of distress. However, when individuals have not received consistent accessibility and responsiveness, they must develop secondary methods to regulate their negative emotions. When caregivers are not accessible, emotional appraisal occurs to help decrease their distress. Individuals might hyperactivate or deactivate their emotions in an attempt to meet their needs and self regulate. Emotion regulation can be seen as one of the leading elements in close relationships (Johnson & Best, 2002). It shapes the ways partners react, the messages partners send and how partners respond to the signals sent by their partner.

Much of the research on emotion regulation has examined the different attachment orientations and its relationship to differences in emotion regulation (Feeney, 1995; Feeney, 1999; Simpson et al., 1992). Individuals with secure attachment are more likely to regulate their emotions during times of distress by turning to significant others, or mental representations of significant others, for comfort and support (Feeney, 1995; Simpson et al., 1992). In contrast, more avoidant partners are more likely to turn away from their partners to deal with negative emotions during an anxiety provoking situation.

One key way in which individuals attempt to regulate themselves is through emotional control. Emotional control is an individual's attempt to regulate their negative affect and stop themselves from expressing negative affect to their partners (Feeney, 1995). Securely attached individuals are less likely to control negative emotions and are less likely

to have perceptions that their partner is controlling their negative emotions as well (Feeney, 1995). Feeney (1995; 1999) found a significant relationship between insecure attachment and high levels of control of negative emotion. Individuals concerned with abandonment and relationship loss (high anxiety) controlled their expression of anger. This finding may be a result of fears about alienating relationship partners and therefore anxious individuals control the expression of their negative emotions. This supports the notion that anxiously attached individuals will not express their anger in fear of their negative feelings driving their attachment figure away (Bowlby, 1973). Individuals higher on avoidance were also found to control their negative emotions. Avoidant individuals may display less negative emotions as a way of decreasing the importance of the attachment figure and avoid depending on others. Overall, insecure attachment was related to more frequent experiences of negative affect in relationships (Feeney, 1995) and greater control of emotion (Feeney, 1999).

The role of emotion regulation and its effect on relationship satisfaction has also been examined (Gottman, 1991; Feeney, 1995; Feeney, 1999). Gottman (1991) noted the pattern in emotion regulation between couples and the power of negative affect in relationships on long-term stability and satisfaction. Female partners were more likely to be able to regulate negative affect in interpersonal conflict, which may explain why females are more likely to take the complaining position. Men, however, tended to withdraw from partners to regulate affect. Gottman and Krokoff (1989) found that the expression of negative affect between partners was a significant predictor of marital satisfaction. Although it was related to concurrent marital distress, the expression of negative affect predicted improvement in marital satisfaction over three years (Gottman & Krokoff, 1989). Gottman (1994) emphasized the importance of emotional responses and emotional engagement in partners and how they were engaged in self-reinforcing interaction patterns.

Research has also found associations between satisfaction in relationships and partners' control of emotions. Relationship satisfaction has been found to be inversely related to partners' control of sadness and positively related to partners' control of anger (Feeney, Noller, & Roberts, 1998). Feeney (1999) examined married couples and found similar results; emotional control predicted marital satisfaction, after controlling for attachment. Partners' control of emotion also predicted relationship satisfaction, over and above partners' attachment orientation (Feeney, 1995). These findings suggest that partners' expression of emotions, both negative and positive, has a positive effect on relationship satisfaction.

Previous research suggests that emotional control plays a key role in romantic relationships, specifically in partners' relationship satisfaction. In addition, the interventions used in EFT focus on decreasing emotional control such that partners develop an increased experience and expression of their emotions. As a result of the importance of emotional regulation in relationships and its relatedness to EFT, the present study examines emotional control as a predictor of change in marital satisfaction throughout EFT.

Assumption 3. A third theoretical assumption in EFT is that change occurs through new emotional experiences in the presence of attachment-salient interactions, and not through insight into the past, catharsis, or negotiation. Instead, partners are asked to take risks and confront the unknown to break the negative interaction cycle. These new emotional experiences become part of the new interactions that couples experience as a result of the reframing of each partner's underlying emotional needs and desires. This leads to a more secure bond, which in turn leads to an increase in marital satisfaction. However, it may be a large risk for one partner to step out of the stable, constant and familiar negative pattern to create a more secure base. It involves the risk of making one self emotionally vulnerable to their partner. To take this risk, partners must have some faith that the other partner still cares

for them and is willing to be somewhat responsive to their emotional vulnerability. If partners do not feel that their loved one no longer cares for them, taking this risk will be especially difficult.

On the basis of this assumption, one might expect relationship trust to be an important component in partners' willingness to engage in these new emotional experiences. Therefore, relationship trust and its relevance to marital satisfaction will now be reviewed.

Relationship Trust. Trust is one of the most important components for the development and maintenance of happy, well-functioning relationships (Fehr, 1988; Regan, Kocan, & Whitlock, 1998). It is desired in committed relationships and is crucial for the emergence of healthy and secure relationships (Holmes & Rempel, 1989). Individual vulnerabilities may arise in relationships as partners become increasingly dependent on each other (Simpson, 2007). These vulnerabilities may include loss, exploitation, and rejection. With a basic level of trust, individuals are able to initiate, invest in, and sustain their romantic relationship. Trust provides a cornerstone to any secure relationship (Simpson, 2007; Rempel, Holmes, & Zanna, 1985).

Trust in dyads has been described to have four critical elements from previous theoretical and operational definitions (Rempel, et al., 1985). First, trust evolves out of past experiences and prior interactions and develops out of relationship maturity. Second, trust involves dispositional attributions that are made to the partner. These include whether the partner is reliable, dependable, and concerned with providing expected rewards. Third, trust involves a willingness to risk oneself and be vulnerable, such as through intimate disclosure and relying on partner's promises. Finally, trust is defined by feelings of confidence and security in the caring responses of the partner and the strength of the relationship (Rempel, et al., 1985). In addition to these key elements, trust involves a blend of cognitive and

emotional elements. Trust involves individuals' expectations about their partner's reliability and dependability in addition to basic feelings of hope and security that the bond between partners is strong (Rempel et al., 1985).

These elements of trust outlined by Rempel and colleagues led to the development of three components of trust (Holmes & Rempel, 1989). The first component, predictability, is the degree to which partners are perceived as reliable. The second component, dependability, is whether partners are perceived to be concerned about one's welfare and are willing to support one's best interests, especially in times of need. The third component, faith, looks at whether individuals are confident about the continued strength and permanence of their partner and relationship. Rempel and colleagues (1985) indicate that the most important aspect of trust in close relationships appears to be faith, which includes the belief that one's partner will act in loving and caring ways regardless of what the future holds.

According to Holmes and Rempel (1989), individuals in relationships characterized by greater levels of trust will have more benevolent, long-term views of their partner's motives and actions. In addition, they have more positive, well-integrated, and well-balanced internal working models that help them resolve relationship difficulties. Individuals in relationships characterized by higher levels of trust have been found to be more likely to emphasize positive aspects of the relationship (Rempel, Ross, & Holmes, 2001). Conversely, individuals in relationships characterized by low levels of trust tend to have minimal confidence in their partner's ability or willingness to be caring and responsive. They hold cynical and negative views and expectations of the relationship. These negative views held by individuals with low levels of trust further perpetuate the cycle of relationship distress.

Trust has been examined with attachment, as the development of attachment theory considers trust as a necessary component to any relationship. Bowlby (1969; 1973) states

that children who receive warm, supportive, and situationally contingent care when they are distressed will develop positive working models of themselves and of others. By developing a greater level of attachment security, a certain element of trust is also developed that allows individuals to take risks with their significant others. In relationship distress, the level of trust begins to decrease as the attachment security between partners weakens.

Although research has indicated that trust and attachment are related, trust has been argued to be conceptually different from attachment in romantic relationships (Collins & Read, 1990). Trust has been found to have only small to moderate correlations with secure attachment and this finding varies depending on the measure of attachment that is used. Therefore, although these variables have been found to be related to each other, attachment and trust appear to be different concepts.

Previous research suggests that individuals with higher levels of trust have more long-term, positive motives in their relationship. During times of distress, high levels of trust may act as a protector against marital distress. More trusting couples experiencing marital distress may be more willing to work on their relationship and more willing to invest in the therapeutic process because they trust that their partner is dependable. These higher levels of trust may allow an individual to take more risks in therapy and work towards increasing their satisfaction. However, partners with lower levels of trust may hold more rigid and defensive patterns during marital distress and may not be able to alter their negative interaction cycles. Research has demonstrated that couples with higher levels of trust do in fact have higher levels of marital satisfaction (Larzelere & Huston, 1980; Rempel et al., 1985), suggesting a relationship between trust in partners and the ability to work on and improve one's relationship.

In addition to examining attachment security and emotional control, the present study examines levels of relationship trust and its ability to predict change in marital satisfaction throughout EFT. The following section will provide a rationale for the present study, followed by the hypotheses.

Rationale for the Present Study

Although research has provided some insight as to which couples benefit from couple therapy, the findings have been mixed. There has been an inability to delineate a clear understanding of specific variables related to change in different models of couple therapy due to the use of poor and varied methodology (Jacobson et al., 1986; Snyder et al., 1993). Furthermore, previous studies have tended not to look at key variables that are theoretically important to the model of therapy being studied (Snyder et al., 1993). Johnson and Talitman (1997) examined possible predictor variables of marital satisfaction at post-therapy and at 3-month follow-up that were derived from EFT theory. This remains to be the only study that looked at variables derived from the theory and model of the therapy. It is also the only research that has been conducted on predictors of EFT outcome. There have been several developments in the field of romantic relationships and couple therapy since the study by Johnson and Talitman (1997). These developments can be listed as:

- EFT and attachment theory have continued to grow. A better understanding of how attachment insecurity affects relationship distress has been developed. As a result of this development, EFT therapists have strengthened and refined interventions used for couples in this model.
- The measure of attachment used in the previous study did not examine the two dimensions of attachment, as it is understood now.

- Observational measures of attachment have developed that have been able to capture the more implicit aspects of attachment.
- Past studies have used general measures, such as self-disclosure (Johnson & Talitman, 1997). However, in light of recent research on EFT (Bradley & Furrow, 2004) and psychotherapy in general, it is now more appropriate to examine levels of affect regulation.
- The field of couple therapy has continued to develop the methods used to analyze couples data.

These positive changes in the field that have resulted from continued research warrant a new study on predictors of change that will incorporate the knowledge that is now available on EFT, attachment, and couple therapy.

In addition to a lack of research on predictors of change in EFT, the process of therapy and what may be helpful in the moment-to-moment process in therapy is rarely examined (Johnson & Lebow, 2000; Pinsof & Wynne, 2000). There is currently a poor understanding of how interpersonal change actually occurs in couple therapy (Friedlander, Widman, Heatherington, & Skowron, 1994). Process research has allowed for a greater understanding of how key change moments occur in EFT and how they relate to outcome (Johnson & Greenberg, 1988); however, research to date has not looked at the attachment of couples who are able to reach the pivotal change moments in EFT. Since not all couples have these key change moments, it is important to examine if attachment security is a key characteristic in couples that allow them to more openly engage in and complete blamer-softening events.

The present thesis is divided into two studies. The first study examines predictors of change in marital satisfaction in EFT. Based on previous research and theory, this study

examines pre-therapy romantic attachment and relationship trust as possible predictors of change in marital satisfaction. Furthermore, affect regulation is also be examined as it closely relates to the expression of attachment needs and EFT theory. A supplemental analysis is presented in the appendices as part of the first study. The supplemental analysis examines therapeutic alliance as a predictor of change in marital satisfaction across EFT. Previous research demonstrates that the therapeutic alliance is a key predictor of change in marital satisfaction from pre to post therapy (Johnson & Talitman, 1997). Therefore, this analysis attempted to examine the therapeutic alliance as a predictor of session by session changes in marital satisfaction. This analysis is an extension of the first study examining predictors of change in marital satisfaction. I chose to present it as supplemental analysis to focus the content of the first article presented in this doctoral thesis.

Consequent to the lack of research predicting which couples reach blamer-softening events, the second study looks at the attachment of couples who are able to complete blamer-softening events. Specifically, the relationship between pre-therapy attachment security and the occurrence of a blamer-softening change event is examined. Previous research has found that couples who reach blamer-softening events in EFT are more likely to have higher levels of marital satisfaction at termination (Bradley & Furrow, 2004). Research has also demonstrated that there is a clear relationship between attachment security and marital satisfaction. In light of these previous research findings, this study also examines completed blamer-softening events as a possible moderator of the relationship between attachment security and change in marital satisfaction.

Hypotheses

Study 1 – Hypothesis: Predicting Change in Marital Satisfaction over the course of EFT

Hypothesis 1a. The first goal of study 1 was to examine the growth change in marital satisfaction throughout EFT. It was hypothesized that there will be an overall positive change/growth in marital satisfaction over the course of therapy (as measured by the Dyadic Adjustment Scale; Spanier, 1979).

Hypothesis 1b. The second goal of study 1 was to examine predictors of change in marital satisfaction throughout EFT. It was hypothesized that lower pre-therapy levels of self-report attachment anxiety and attachment avoidance will be associated with positive changes in marital satisfaction over the course of therapy.

Hypothesis 1c. As part of the second goal of study 1, it was hypothesized that higher pre-therapy levels of observed secure base use and secure base support behaviour would be associated with greater positive changes in marital satisfaction over the course of therapy.

Hypothesis 1d. As part of the second goal of study 1, it was hypothesized that lower pre-therapy levels of self-report emotional control will be associated with greater positive changes in marital satisfaction over the course of therapy.

Hypothesis 1e. As part of the second goal of study 1, it was hypothesized that higher pre-therapy levels of self-report relationship trust will be associated with greater positive changes in marital satisfaction over the course of therapy.

Hypothesis 1f (Supplemental Analysis). The goal of the supplemental analysis was to examine the relationship between therapeutic alliance and change in marital satisfaction. It was hypothesized that higher levels of therapeutic alliance at the third session, which is based on three components (bond between therapist and client, agreement of therapeutic goals, and perceived relevance of the therapeutic task) will be associated with greater positive changes in marital satisfaction across therapy.

Study 2 – Hypotheses: Predictors of Change Events in EFT

Hypothesis 2a (Exploratory). The first goal of study 2 was to examine the relationship between intake levels of attachment security and the occurrence of a blamer-softening event. It was hypothesized that lower pre-therapy levels of attachment anxiety and attachment avoidance will predict the occurrence of a blamer-softening event (defined by greater depth of experiencing and more affiliative and autonomous responses in key blamer-softening sessions) compared to individuals with higher pre-therapy levels of attachment anxiety and attachment avoidance.

Hypothesis 2b. The second goal of study 2 was to link the occurrence of a blamer-softening event to changes in marital satisfaction. It was hypothesized that the occurrence of a softening event (defined as higher levels of depth of experiencing and more affiliative and autonomous responses in key blamer-softening sessions) will predict greater positive change in marital satisfaction throughout EFT compared to couples who did not have a softening event (defined as lower levels of depth of experiencing and less affiliative and autonomous responses).

Hypothesis 2c. The third goal of study 2 was to examine the occurrence of a blamer-softening event as a moderator of the relationship between attachment security and change in marital satisfaction from pre to post therapy. It was hypothesized that the relationship between Attachment security (defined by lower levels of attachment anxiety and attachment avoidance) and change in marital satisfaction throughout EFT will be moderated by the occurrence of a softening event (defined by greater depth of experiencing and more affiliative and autonomous responses).

Running head: PREDICTORS OF CHANGE IN EFT

**Predicting Change in Marital Satisfaction throughout Emotionally Focused Couple
Therapy**

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Abstract

Emotionally Focused Therapy (EFT; Johnson, 2004) is an empirically validated approach to couple therapy that uses attachment theory to understand the needs and emotions of romantic partners. Although EFT is recognized as one of the most researched and effective approaches to couple therapy, there is only one previous study that has examined the characteristics of individuals who benefit from EFT (Johnson & Talitman, 1997). Furthermore, other research examining predictors in couple therapy have used variables that are not theoretically related to the model that is being examined (Atkins et al., 2005). In order to guide therapists in their use of evidence-based approaches to couple assessment and interventions, a theoretically based model to predict change is needed. This study created such a model for EFT for couples. Thirty-two couples were recruited and therapists provided approximately 21 sessions of EFT. Couples completed self-report measures of marital satisfaction, attachment security, relationship trust, and emotional control at pre and post therapy and after each therapy session. Hierarchical linear modeling was used to examine predictors of change in marital satisfaction. Results suggested that individuals higher on self-report attachment anxiety had greater change in marital satisfaction across EFT. Individuals who started therapy with higher levels of emotional control also had greater changes in marital satisfaction. The results imply that EFT is particularly relevant for partners with higher levels of attachment anxiety and emotional control at the start of therapy. Attachment avoidance may not be a key characteristic in determining change over the course of EFT, suggesting that EFT works for a range of relationship attachment avoidance.

Keywords: Emotionally Focused Therapy, Attachment, Hierarchical Linear Models

Predicting Change in Marital Satisfaction throughout Emotionally Focused Couple Therapy

Couple therapy continues to gain popularity, with growing evidence demonstrating its efficacy and utility in treating relationship distress (Snyder, Castellani, & Whisman, 2006). Although research continues to demonstrate that couple therapy is effective in alleviating relationship distress, researchers have reported that approximately 50% of couples do not reach recovery at termination of treatment (Jacobson, 1986; Snyder et al., 2006). This low percentage of couples who remain distressed after couple therapy suggests that further research is needed to understand which couples benefit the most from specific models of couple therapy.

Emotionally focused couple therapy (EFT; Johnson, 2004) is an empirically validated approach to couple therapy, and has a demonstrated 70-73% recovery rate for relationship distress, with a 90% significant improvement over controls (Johnson et al., 1999). An overall weighted mean effect size of 1.31 has been found, a large effect size. EFT uses attachment theory to guide an understanding of the core needs and emotions of romantic partners. Attachment theory emphasizes the propensity for human beings to make and maintain powerful affectional bonds with significant others (Bowlby, 1988). Using attachment theory, EFT views partners as having an innate need for emotional contact and security, and these attachment needs are healthy and adaptive. Relationship satisfaction is then based on the degree of closeness and security between partners and the level of accessibility and responsiveness to one another.

Although EFT has continued to grow by further developing the use of attachment theory to understand the nature of close relationships and enhance therapy interventions, there is a paucity of research which has examined predictors of success. To date, there has

only been one study conducted on predictors of outcome in EFT (Johnson & Talitman, 1997). Understanding predictors of change enables the treatment to be modified to be more effective for the specific couple. In order to guide therapists in their use of evidence-based approaches to couple interventions, a theoretically based model to predict change is needed. The purpose of this study was to create such a model for EFT and examine attachment security, a theoretically relevant characteristic of individuals, and its influence on changes in marital satisfaction throughout EFT. Specifically, this study proposes attachment and two related constructs of attachment, affect regulation and relationship trust, as key characteristics related to change in EFT.

Emotionally Focused Couple Therapy: Process of Change

According to EFT (Johnson, 2004), relationship distress occurs when partners fail to respond to individual's attachment cues, resulting in an increase in negative affect and a weakening of the security of attachment bonds. Relationship distress is viewed as a result of ongoing negative interaction patterns where individuals feel as though their partner has failed to respond to their cries for support and connection. These negative interaction cycles tend to be narrow and constricting, and are circular in nature: one partner says "I blame because you withdraw" and the other partner responds, "I withdraw because you blame". This common negative cycle has been called the demand/withdraw pattern of communication in relationships and has been linked to marital dissatisfaction (e.g., Caughlin, 2002; Noller, Feeney, Bonnell, & Callan, 1994). As a result of these negative cycles, partners' attachment needs continue to be missed and relationship distress is maintained with feelings of insecurity and rejection.

EFT uses three stages and nine steps to help guide changes in the negative interaction cycle and help couples express their underlying attachment needs (Johnson, 2004). There are

three change events that take place in EFT. First, cycle de-escalation occurs in Stage 1 of EFT, where partners begin to recognize their negative interaction cycle and begin to engage with each other and share the emotions that underlie their positions in the negative cycle. Withdrawn partners become more engaged and critical partners become less hostile. Second, the withdrawer reengagement occurs in Stage 2 when the more withdrawn partner becomes more active and engaged in the relationship. The partner asserts his or her attachment needs and is more emotionally engaged with their partner in therapy. This is compared to their withdrawn stance of stonewalling and avoiding the spouse. Third, the blamer-softening event occurs in Stage 2, when “a previously hostile/critical partner asks, from a position of vulnerability and within a high level of emotional experience, for reassurance, comfort, or for an attachment need to be met” (Bradley & Furrow, 2004, p. 234). Then both partners are capable of responsive and engaged connection.

An Attachment Perspective in EFT

EFT uses an attachment perspective to understand the nature of relationships and guide interventions. Attachment theory posits that all individuals seek and maintain attachment bonds with close significant others, and that these bonds influence how one views the self and other in close relationships. This innate attachment system organizes partners’ emotional and behavioural expressions in order to gain closeness to an attachment figure in times of distress (Bowlby, 1969). The emotional accessibility and responsiveness of the attachment figure helps regulate emotional distress and restores a felt sense of security. In secure couples, reciprocal support and care regulate emotional distress during moments of need. Attachment security is characterized by low attachment anxiety (a positive view of self) and low attachment avoidance (a positive view of other; Bartholomew & Horowitz, 1991). Securely attached couples are more likely to have higher levels of trust, commitment,

and marital satisfaction (Collins & Read, 1990; Feeney, 1999). However, when responsive caregiving is not consistently available, insecure attachment develops (i.e., high levels of attachment anxiety and attachment avoidance). For partners who are insecurely attached, they either hyperactivate or deactivate their attachment needs as a way to self-soothe.

Individuals high on attachment anxiety tend to rely on hyperactivating strategies, where energetic attempts are made in order to attain greater proximity, support, and love combined with a lack of confidence that these will be provided (Mikulincer & Shaver, 2007).

Conversely, individuals high on attachment avoidance tend to deactivate their attachment needs by inhibiting proximity seeking and trying to handle stress alone (Mikulincer & Shaver, 2007). Previous research has linked insecure attachment to relationship distress (Mondor et al., 2011; Feeney & Noller, 1990). The EFT model assumes that the negative emotions and negative interaction cycle of distressed couples represent a struggle for attachment security (Bowlby, 1969). The negative cycle is an attempt to cope with separation distress, and to change the partners' responses in the direction of increased accessibility and responsiveness. Attachment theory posits that accessibility and responsiveness are the building blocks of secure attachment bonds between partners. Thus, EFT aims to create more secure bonding events through the exploration and expression of emotional needs and wants associated with the loss of connection, and to create increased accessibility and responsiveness between partners.

Attachment theory emphasizes the focus in EFT on regulation, processing, and integration of key emotional responses within the couple relationship (Johnson, 2004).

Attachment theory places an emphasis on emotion as a prime motivator for and organizer of attachment responses. Emotional responses give meaning to relationship cues, and are viewed as the primary communication system and source of adaptive behaviours (Johnson,

2004). Emotions provide communication to the self and other of the individual's current motivational state (Bowlby, 1973). According to attachment theory, attention must be given to the emotions that partners bring to therapy, especially anger, sadness and longing, shame, and fear (Johnson, 2003). Experiencing and expressing emotion takes a primary role in modifying romantic relationships. EFT interventions help partners to focus on, expand, reformulate, and restructure key experiences. Interactional positions begin to modify as a result of expressing new and expanded emotional experiences, which then allows partners to develop healthy and flexible interactional patterns and increased security of the attachment bond.

Predictors of Success in EFT

Although EFT is one of the most researched approaches to couple therapy, a paucity of research exists on looking at predictors of outcome in EFT and the variables related to change in marital satisfaction. In fact, predictors of marital satisfaction outcome have only been examined in one study. Johnson and Talitman (1997) examined variables that are theoretically related to the model, in addition to demographic variables. The quality of the romantic attachment relationship, emotional self-disclosure and relationship trust were examined at termination and 3-month follow-up. The only demographic variable related to outcome was male partner age. Older males were more likely to be satisfied at follow-up and exhibited more treatment gains at post treatment and follow-up. Of the variables examined that were thought to be theoretically related to the EFT model, the level of faith, a dimension within the trust measure, was the only variable that significantly predicted outcome. Specifically, female partners with higher initial levels of faith predicted couples' higher scores on marital satisfaction at termination and follow-up. With more faith in their partner, wives may conclude that their partner is capable of caring and loving, which may foster a

willingness to respond to the emotional engagement tasks that are key to EFT. Overall measures of the quality of the romantic attachment relationship and emotional self-disclosure did not significantly predict marital satisfaction at termination. Looking at the subscales for attachment, males with higher levels of proximity seeking at intake were more likely to make the most gains at termination. The emotional self-disclosure measure may not have examined the affective experience and ability to be emotionally expressive that is essential to EFT. Furthermore, it may not have captured the negative affect exhibited between partners at the start of therapy. The researchers questioned whether the quality of attachment relationship measure and self-disclosure measure captured the theoretical underpinnings of EFT. Denton et al. (2000) found no significant moderating effects for demographic variables (i.e., educational, age, income, years married) or intrapersonal variables (i.e., religiosity, interpersonal cognitive complexity), suggesting that these characteristics of partners may not be crucial to outcome.

In the general couple therapy literature, previous research in predictors of success has failed to clearly delineate who is able to successfully change following a specific type of treatment (Snyder et al., 2006; Atkins et al., 2005). In a recent study, Atkins et al. (2005) found variables that predicted initial status over and above change, leaving an unclear picture of what predicted change in Behavioral Marital Therapy (BMT; Jacobson, Follette, & Pagel, 1986) or Integrative Behavioral Couple Therapy (IBCT; Christensen et al., 2004). This may be a result of the predictor variables not being theoretically related to the model that is being examined. However, Atkins et al. (2005) emphasized that predictors of initial distress are not relevant to how couples change in therapy. Research on predictors of success is most relevant when it focuses on theory-specific variables. EFT has a clear and empirically validated model of romantic relationships that is grounded in attachment theory. As

suggested by Atkins et al. (2005) and guided by the theory of EFT, the present study chose individual characteristics at intake that are theoretically relevant to this model as predictors of change

The Present Study

The purpose of the present study was to examine the partner characteristics of distressed couples at intake that are related to couple change in marital satisfaction throughout EFT. Based on the theoretical underpinnings of EFT, partner attachment security may be key in the prediction of change in EFT. EFT places an emphasis on the intimate attachment bond between partners and the way partners explore and express their needs for closeness, dependency, and reassurance. Individual's level of attachment security may play a role in their ability to engage in therapy. Specifically, individual differences in romantic attachment security may help to explain why some individuals experience greater positive changes in marital satisfaction. To date, no research has examined romantic attachment by examining both self-report and observational romantic attachment as a predictor of change in marital satisfaction in EFT. Thus, in addition to a self-report measure of romantic attachment, an observational measure of romantic attachment (Secure Base Coding System, Crowell et al., 2002) was used to predict change throughout EFT.

In addition to attachment security, two key constructs of attachment theory that are also related to the EFT model include affect regulation and relationship trust. One method of regulating affect is through emotional control. Emotional control is an individual's attempt to regulate their negative emotion by suppressing the expression of negative affect to their partners (Feeney, 1995). If partners have higher control of their emotions, it may be more difficult for them to engage in this type of therapy. Previous research has linked higher levels of emotional control to lower marital satisfaction in couples (Feeney, Noller, & Roberts,

1998; Feeney, 1999). Therefore, levels of emotional control at the start of therapy may impact partners' ability to engage in and benefit from EFT. Relationship trust is also closely related to attachment theory and EFT. When an attachment figure is available and responsive during times of need, trust is developed. Trusting one's partner also enables the expression of affect and asking for attachment needs to be met. The interventions in EFT requires individuals to trust each other and have some faith that their partner still cares for them when they are beginning to open up and share their more primary emotions and attachment longings. Individuals are asked to take risks of making one self emotionally vulnerable to their partner. If partners do not feel that their loved one cares for them, or they do not trust their partner, taking risks in therapy will be especially difficult. According to Holmes and Rempel (1989), individuals in relationships characterized by greater levels of trust will have more benevolent, long-term views of their partner's motives and actions. In addition, they have more positive, well-integrated, and well-balanced internal working models that help them resolve relationship difficulties. Couples with higher levels of trust do in fact have higher levels of marital satisfaction and are more likely to be in secure relationships (Larzelere & Huston, 1980; Rempel et al., 1985). Conversely, couples with lower levels of trust have more rigid and defensive patterns during marital distress (Rempel et al., 1985). The relationship between trust and marital satisfaction suggest that levels of relationship trust may be an important characteristic of partners in determining their ability to make positive changes in EFT.

Several hypotheses were made for the present study. It was first predicted that there would be an overall positive change/growth in marital satisfaction over the course of therapy. For predictors of change using individual characteristics at intake, it was predicted that lower pre-therapy levels of self-report attachment anxiety and attachment avoidance would be

associated with positive changes in marital satisfaction over the course of therapy. It was also predicted that lower pre-therapy levels of self-report emotional control and higher pre-therapy levels of self-report relationship trust would be associated with greater positive changes in marital satisfaction across therapy. It was predicted that higher pre-therapy levels of observed secure base use and secure base support behaviour would be associated with greater positive changes in marital satisfaction over the course of therapy.

Method

Participants

To participate in the present study, couples had to be over the age of 25, in an exclusive, long-term, heterosexual relationship, and be living together for at least one year. Partners were also required to be mildly to moderately distressed (scores in the range of 80-95 as measured by the Dyadic Adjustment Scale; Spanier 1976). Partners also had to be insecurely attached as part of a larger study, as measured by the Experiences in Close Relationships – Relationship Specific Scale (ECR-SCRM; Brennan et al., 1998; Johnson & Shaver, 2006). Partners needed to score over the 95% confidence interval on either attachment anxiety or attachment avoidance, as set out by Brennan et al. (1998) to be considered to have insecure attachment. Couples were excluded if one or more partner did not meet the above criteria, one or both members of the relationship had been previously diagnosed with any psychotic disorder, or taking medication known to treat psychosis or psychotic disorders, one of both partners met the DSM-IV criteria for current drug or alcohol dependence, currently undergoing psychotherapeutic treatment, had a history of sexual abuse, or there was physical or sexual violence in the relationship. The present inclusion and exclusion criteria were developed to select the most homogenous sample of couples that would be most suitable to receive psychological treatment.

Couples ($N = 32$) in the present study were moderately distressed, with a mean couple DAS score of 87.66 (range = 73-106, $SD = 8.17$). The majority of partners were Caucasian (95.2%), with 3 individuals of minority origins. Partner ages ranged from 28 to 64 years ($M = 44.62$, $SD = 7.46$). On average, the length of relationship was 15.9 years ($SD = 8.5$), and couples had 2 children. The majority of individuals (73.4%) had a university degree, and couples had a mean gross annual income of \$75,886 ($SD = 60,103$). See Figure 1 for eligibility flowchart.

Measures

Demographic Questionnaire. Demographic information collected included age, ethnicity, length of the relationship, number of children, education, and income.

The Dyadic Adjustment Scale (DAS). The DAS (Spanier, 1976) is a 32-item self-report questionnaire designed to globally assess romantic relationship adjustment between married or cohabiting couples. On a 5- or 6-point scale, the DAS measures the rate of occurrence of relationship disagreements and positive relationship exchanges. Theoretical scores range from 0 to 151 for the entire scale. Higher scores indicate better relationship adjustment or greater relationship satisfaction. Partners in the present study were required to score between 80-95 on the DAS. This range was determined based on previous research by Spanier (1976): couples with scores lower than 80 are indicative of severe distress, and below 70.7 corresponds to divorced individuals. Jacobson et al. (1984) used a clinical cut-off score for married couples on the DAS at 97, one standard deviation (17.8) below the mean for the happily married sample in Spanier's original development of the scale (a mean score of 114.8). Similar to previous studies of EFT (Johnson & Talitman, 1997; Makinen & Johnson, 2006), using a range of 80 to 95 on the DAS was thought to be representative of a relationship that is considered mildly to moderately distressed. The DAS demonstrated a

highly reliable measure, with Cronbach's alpha coefficient of .96 for the total scale (Spanier, 1976). In the present study, Cronbach's alpha coefficient was .96 for the total scale.

Experiences in Close Relationships –Relationship Specific (ECR-SCRM). The ECR-SCRM, a modified version of the ECR (Brennan, Clark, & Shaver, 1998), is 36-item measure designed to assess individual differences in Attachment Anxiety (i.e., the extent to which the individual experiences worry or abandonment in their relationship) and Attachment Avoidance (i.e., the extent to which the individual moves away from being close with other individuals). Attachment security is defined by low levels of attachment anxiety and attachment avoidance. The modified version has been altered with permission to indicate partners to respond to the items with their romantic relationship in mind (P. Shaver, Personal Communication, December 6, 2006; Mikulincer & Shaver, 2007). This questionnaire uses a 7-point Likert scale ranging from 1 (*disagree strongly*) to 7 (*agree strongly*). Each scale consists of 18-items and the mean is used, with scores ranging from 1 to 7. Higher scores indicate greater attachment-related avoidance and anxiety. For the ECR, Cronbach's alphas of .94 for the avoidant scale and .91 for the anxiety scale have been reported (Brennan et al., 1998). The ECR has also been found to have high convergent validity with other measures of attachment security (Griffin & Bartholomew, 1994). High stability for the ECR has also been found (Brennan et al., 1998). For the ECR-SCRM for the current study sample, Cronbach's alpha was .86 for both scales.

The Secure Base Scoring System (SBSS). The SBSS (Crowell et al., 2002) is an observational coding system of romantic attachment where partners are coded on two attachment-based behaviours (secure base use and secure base support) while discussing a mutual conflict for 15 minutes. It is thought that the more unconscious aspects of partners' romantic attachment would be assessed by coding a conflict interaction between partners

(Crowell et al., 2002). Couples are coded based on the two attachment-based behaviours. Each partner is coded in each role of attachment behaviour. The two secure base behaviours are scored on four 7-point subscales, where higher scores indicate more secure base use and secure base support (see Crowell et al., 2002). These four subscales lead to a total summary score on a 7-point scale. For secure base use, high scores indicate that the partner is expressing his/her distress clearly, approaches the partner with the clear belief that they will help, and is happy with the partner's effort to help. For secure base support, high scores indicate that the individual has been sensitive to the partner's distress, recognizes the distress, and is understanding and responsive to the distress. Crowell and colleagues (2002) calculated inter-rater agreement between two coders for 89 couples. Secure Base Use Summary scale was $r = .73$ and averaged $r = .73$ for the subscales ($r = .70$ to $r = .79$). Secure Base Support Summary scale was $r = .80$ and averaged $r = .69$ for the subscales (range $r = .55$ to $r = .75$). Convergent and divergent validity for the SBSS has also been demonstrated (Crowell et al., 2002).

Four graduate students with knowledge in romantic attachment were trained using the SBSS. Videos of the conflict interaction task were randomly assigned for coding to two groups of coders. Coders discussed disagreements among their respective groups and the average was used for the final data analysis. Intra-class correlation, with two-way mixed and consistency agreement classification for inter-rater reliability ranged between .65 and .87. These coefficients suggest good to excellent agreement between coders (Bech & Clemmensen, 1983).

The Courtauld Emotional Control Scale Revised (CECS-R). The CECS-R (Feeney, 1995) is a revised version of the CECS (Watson & Greer, 1983) to examine the control of emotional expression within attachment relationships (Feeney, 1995). The items

were modified to indicate for individuals to respond to the questions with regards to their interactions with their current romantic partner, compared to the generalized responses on the original CECS. The CECS-R consists of 21 items assessing the individual's tendency to suppress the experience of anger, sadness, and anxiety in their current relationship, using a 6-point scale ranging from 1 (*hardly ever*) to 6 (*almost always*). High scores indicate greater emotional control, where an individual may be hiding and/or smothering their feelings. Watson and Greer (1983) found good test-retest reliability with a correlation of .95 for the total scale over a 3 to 4 week period. In the present study, Cronbach's alpha coefficient was .96 for the total scale.

The Relationship Trust Scale (RTS). The RTS (Holmes, Boon, & Adams, 1990) is a 30-item self-report questionnaire that measures interpersonal trust between cohabitating and married couples. The RTS uses a 7-point Likert Scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) with a theoretical range of scores from 30 to 210. High scores indicate a stronger level of trust between partners. Reliability has been established, with a Cronbach alpha coefficient of .89 for the total scale (Holmes et al., 1990), demonstrating good internal consistency. In the present study, Cronbach alpha coefficient was .87 for the total scale. Test-retest reliability over a three-year period was approximately .72 (Holmes et al., 1990). The RTS demonstrated good construct validity and discriminate validity (Holmes et al., 1990).

The Couple Therapy Alliance Scale (CTAS). The CTAS (Pinsof & Catherall, 1986) is a 28-item measure assessing the therapeutic alliance from the point of view of each partner. The therapeutic alliance examines the ability of the therapist and partners to mutually collaborate and contribute to therapy. The CTAS is used to ensure that therapist and partners have developed a strong working alliance. The CTAS is rated on a 7-point Likert scale ranging from 1 (*completely disagree*) to 7 (*completely agree*). Total scores consist of

the mean of all items. High scores indicate a greater quality alliance between the couple and the therapist. Test-retest reliability over a one-week period (between sessions) has been found at .79 (Pinsof & Catherall, 1986). Alpha coefficients for the CTAS has been reported at .93, indicating excellent internal consistency (Heatherington & Friedlander, 1990). In the present study, Cronbach alpha coefficient was .92, indicating excellent internal consistency.

Procedure

Couples were recruited through media advertisements, posters at local community agencies, and referrals from the Ottawa Couple and Family Institute (OCFI). All interested couples for the larger study were screened using a two-step procedure: (a) a 20-minute telephone screen to assess demographic and relationship eligibility, and marital satisfaction; (b) a research session that assessed marital satisfaction and attachment insecurity. During this research session, all study procedures were reviewed and informed consent was received. Partners completed all self-report measures and the 15-minute conflict interaction task. The research session took 3 hours, and couples were compensated \$20.00 per hour of participation in the research sessions. Eligible couples attended EFT sessions at the OCFI. At the end of each therapy session, partners completed the DAS (and the CTAS only after the third session to ensure a therapeutic alliance between each partner and therapist). Couples completed the same research session following the termination of therapy. Three graduate students conducted all research sessions. Ineligible couples were provided referrals to the community. The Research Ethics Board of the institution involved approved all aspects of the study.

Therapeutic Intervention. Couples were randomly assigned to 1 of 14 EFT registered psychologists and/or social works at the OCFI. Therapists had a minimum of two years experience in EFT and offered their services on a voluntary basis. All therapy sessions

were audiotaped. Couples participated in a range of 13 to 35 sessions ($M = 21$) of EFT.

Previous outcome studies in EFT have provided a specific number of therapeutic intervention sessions. However, the number of sessions provided varied, as a result of some couples dealing with more difficult and long-standing issues (e.g., infidelity).

Treatment Adherence. To ensure that EFT was being implemented faithfully and according to its treatment manual by each therapist, an implementation checklist was used (Johnson & Greenberg, 1985; Johnson & Talitman, 1997). The implementation checklist consists of 8 items that are considered to be EFT interventions and 8 non-EFT interventions. Two independent graduate student raters listened to a ten-minute segment, thirty minutes into the session and rated the interventions used. Raters received three hours of training in which they coded segments of previous sessions of EFT for couples and reached a Cohen's Kappa (Cohen, 1960) of .78. One third (approximately 6) of each therapist's sessions were rated for the present study. For EFT to be faithfully implemented according to its model, at least 75% of therapists' interventions must be coded as EFT interventions. Inter-rater reliability was calculated on 4143 therapist statements. Cohen's Kappa coefficient was achieved at .71, indicating high reliability between coders. Of 4143 therapist statements, 93.5% were coded as EFT interventions (range 88.4-92.8%). These results suggest that EFT was implemented faithfully to the treatment manual.

Data Analysis

Hierarchical linear modeling (HLM; Raudenbush & Bryk, 2002) was used to analyze the data. The present study employed a three-level model to assess predictors of change in marital satisfaction across therapy (see Equation 1 for base model in Appendix A). The first step in the modeling process was to develop growth curve trajectories for each individual using all data from pre-to post-therapy for the outcome variable, the DAS. This allowed for

the first hypothesis to be examined. A basic three-level model was created without any predictors to demonstrate each individual's trajectory of change with intercept, linear slope, and error components. After reviewing individual plot trajectories, a linear model was chosen as it would best represent the data (see Equation 2 for the unconditional linear model). To test the hypotheses concerning individual characteristics as predictors of change, all self-report variables were added to the unconditional model at the individual level on both the intercept and slope (level 2; see Equation 3 for the nested conditional linear model). A separate conditional model was used to examine the relationship between the observational measure of attachment security and session by session changes in marital satisfaction. These conditional models allow for the estimation of variability associated with the three levels. By examining the predictor variables' influence on the intercepts (initial level of marital satisfaction), we were able to identify whether they were significant predictors of marital distress at pre-therapy. If predictor variables significantly influenced the change components (i.e., slope), it was considered a significant predictor of change in marital satisfaction. The difference in deviance statistics between the unconditional and conditional models was calculated to assess improved model fit resulting from adding a set of predictors. The difference in deviance statistics was assessed against a chi-square distribution, and a significant chi-square indicates significantly improved model fit. Pseudo R^2 has been suggested to be seriously flawed in providing a measure of proportion of variance accounted for by a particular variable as it may result in a negative number (Singer & Willett, 2003), or an overestimation and biased result when predictor variables are added to the model (Snijders & Bosker, 1999). Therefore, the use of the deviance statistic is appropriate to determine a better model fit when nested models are used (Hox, 2002). All individual predictor variables were centered around the mean of the couple (Hox, 2002), and level three

predictors were grand mean centered. All analyses were conducted using the HLM7.

Statistical significance was set at $< .05$.

Results

Data cleaning and screening were conducted to ensure all assumptions for the planned analyses were met. One univariate and three multivariate outliers were found. The extreme scores were corrected to be 3.3 SD of their respective means (Tabachnik & Fidel, 2007). All scales were normally distributed, variables were homogeneous, and the variables were neither singular nor multicollinear. All 32 couples completed all pre-therapy questionnaires, the pre-therapy SBSS interaction task, and at least 10 sessions of EFT. One couple did not complete the post therapy research session. Seventy-eight percent of couples provided complete data for post-session questionnaires. Preliminary analyses were conducted to examine if the data were missing at random with a pattern mixture model assessing couple drop out as a predictor (Gallop & Tasca, 2009). The model indicated that the couple drop out pattern was not significantly related to outcome ($p = .22$). Preliminary analyses were also conducted to examine the number of sessions received and therapist effects as a predictor. The number of sessions received was not a significant predictor of change for couples' DAS growth curve ($p = .83$). Therapists were also not significant predictors of change ($p > .05$). Thus, number of sessions received and therapist effects were not controlled for in the present study. Demographic characteristics (i.e., age, gender, education, marital status, first language, length of relationship) were investigated as potential predictors of intercept and slope. Demographic characteristics were not significant predictors of the intercept ($p > .05$) or slope ($p > .05$). Therefore, no demographic characteristics were controlled for in the conditional models. On average, partners had a mean score of 6.06 ($SD = .64$) on the

therapeutic alliance scale, suggesting all couples had a positive alliance with the therapist.¹

Means and standard deviations for all predictor variables are reported in Table 1.

Unconditional Linear Model Analysis – DAS Change across Therapy

The first step in the modeling process was to fit the unconditional model. This included finding the best model fit for the DAS growth curve and appropriate error terms. The deviance statistic was examined, and suggested that the unconditional linear model was better than the base model, $\chi^2(10, N=32) = 531.13, p < 0.001$. The results suggest that there was a large correlation between initial status and growth, $r(64) = .55, p < .001$, indicating a large effect. This large effect suggests that, like other psychotherapy studies, it is appropriate to control for pre DAS scores in the unconditional linear model.

The first hypothesis predicted that there would be a positive linear growth in DAS scores across therapy. This hypothesis was tested using the unconditional linear model. The model estimated intercept value for all couples was 88.33 on the DAS (γ_{000}), $SE = 1.15, t(30) = 77.13, p < .001$. The linear growth in DAS from the start of treatment was estimated at .39 points per session of therapy, (γ_{100}), $SE = .06, t(30) = 6.37, p < .001$. Examining the Pseudo R^2 , 31.4% of variance in the base model was explained for $(\sigma^2(\text{base}) - \sigma^2(\text{unconditional})) / \sigma^2(\text{base})$, $70.98 - 48.69 / 70.98$) by within person variance in DAS scores over time, indicating a significant increase in DAS scores over the course of therapy with a large effect. A significant amount of couple, $\chi^2(28, N=64) = 229.45, p < 0.001$, and individual variance, $\chi^2(29, N=64) = 404.52, p < 0.001$, remained to be modeled (See Table 2).

Clinical Significance: RCI and Effect Size

The Reliable Change Index (RCI; Jacobson & Truax, 1991) was used to determine clinically significant changes in pre- to post-therapy changes in marital satisfaction. This

study used the clinical cut off score of 97, where couples' mean DAS scores above 97 at post treatment were considered to be in the non-distressed range (similar to Christensen et al., 2004). The categories for clinical significance are recovered (positive reliable change and scores greater than 97), improved (positive reliable change but post DAS scores less than 97), no change (no reliable change), and deteriorated (negative reliable change).

Of the 31 couples who completed pre and post DAS, 20 (64.5%) couples showed reliable improvement or recovery. This suggests that over half of the couples made positive changes as a result of receiving EFT. Nine (28.1%) couples experienced no change, and 2 (6.3%) couples deteriorated. There was one couple with no post data available. The effect size using Cohen's d for repeated measures, calculated on the DAS for this sample was $d = 0.81$. This indicates a large effective size, suggesting that on average EFT was effective in alleviating relationship distress.

Conditional Linear Model Analyses: Predictors of Change

A conditional linear model was run to examine the hypotheses that lower levels of attachment anxiety, attachment avoidance, and emotional control, and higher levels of relationship trust would be associated with greater positive linear growth in DAS scores (see Table 2). The results from this model indicated that attachment anxiety predicted the intercept, $\gamma_{020} = -1.66$, $SE = .71$, $t(27) = -2.35$, $p = .027$. Couples with partners with higher levels of attachment anxiety appear to start therapy with lower pre DAS scores. Attachment avoidance, emotional control, and relationship trust did not predict the intercept. Looking at the slope, attachment anxiety significantly predicted the slope, $\gamma_{120} = .11$, $SE = .026$, $t(1359) = 4.13$, $p < .001$. Contrary to the hypothesis, couples with partners who had higher levels of attachment anxiety at the start of therapy had greater positive change in their DAS scores.

Emotional control significantly predicted slope, $\gamma_{140} = .003$, $SE = .001$, $t(1359) = 2.85$, $p = .004$. Couples with partners with greater emotional control at the start of therapy had greater change across therapy. Attachment avoidance, $p = .43$, or relationship trust, $p = .10$, were not significant predictors of the slope.² The full conditional model was a significantly improved model fit, $\chi^2(6, N=32) = 28.4$, $p < .001$. To assess for the best model fit, significant predictors were removed one at a time to see if model fit improved. When attachment anxiety was removed from the model, the model fit was significantly worse, $\chi^2(2, N=32) = 12.91$, $p < .005$. Removing emotional control from the model also indicated that the model fit was significantly worse, $\chi^2(2, N=32) = 8.26$, $p < .01$. This suggests that the conditional linear model with all variables entered was the best fitted model.

A conditional linear model was used to examine the hypothesis that higher levels of secure base use and secure base support (i.e., behavioural measure of attachment) would predict greater positive linear growth in DAS scores. Individual scores of secure base use and secure base support were entered into the unconditional model at level 2. Secure base use and secure base support were not significant predictors of the intercept ($p = .73$ for secure base use; $p = .65$ for secure base support) or the slope ($p = .26$ for secure base use; $p = .98$ for secure base support). The deviance statistic suggested that the conditional model was not a better fit compared to the unconditional model, $\chi^2(2, N=32) = 1.68$, $p > .05$ (see Table 2).

Discussion

Results of this study indicated that couples' marital satisfaction continued to increase over the course of EFT. The majority of couples made clinically significant improvements in marital satisfaction from pre to post therapy. Although not part of the hypotheses for this study, we found that demographic characteristics were not significant predictors of change

for couples. We also found that couples with higher levels of attachment anxiety at intake started EFT with greater levels of distress. Results suggested that individuals with higher levels of attachment anxiety and higher levels of emotional control at the start of therapy were more likely to experience greater changes in marital satisfaction over the course of EFT. However, attachment avoidance, relationship trust, and observationally-coded attachment behaviours did not predict change in marital satisfaction over the course of therapy.

The present study provides further empirical evidence for EFT creating positive changes in marital satisfaction. Couples' marital satisfaction continued to increase .39 points per weekly session over the course of EFT. This rate of change is comparable to the rate of change reported for IBCT and BMT (.37 per weekly session; Christensen et al., 2004). The findings from this study suggest that in addition to pre- to post-therapy gains, couples continue to make positive changes in marital satisfaction throughout EFT. Although this study was not designed to be an outcome study, it is worth noting that 64.5% of couples showed reliable improvement or recovery at the end of treatment. This is lower than the 70-73% recovery rate previously reported by Johnson and colleagues (1999), which may be a result of specifically recruiting insecurely attached couples for a larger study. This study provides support that EFT works for insecurely attached and maritally distressed couples.

The present study provides further support for the notion that demographic characteristics of partners are not important in determining changes throughout EFT. This is similar to previous studies in EFT, which found that demographic characteristics were not related to outcome, with the exception of age and sex (Johnson & Talitman, 1997). Contrary to the present study, Johnson and Talitman (1997) found that older males were more responsive to EFT. However, researchers suggest that the examination of demographic

variables is not useful for predicting change in therapy (Atkins et al., 2005). Overall, demographic characteristics seem to not be important predictors of success in EFT. This suggests that EFT is applicable to many different characteristics of couples.

The findings of this study suggest that partners with higher levels of attachment anxiety were able to make the most gains throughout EFT. Although couples with higher pre-therapy attachment anxiety had lower levels of satisfaction at the start of therapy, we controlled for pre-therapy scores on marital satisfaction. We also specifically recruited couples who were insecurely attached (Brennan et al., 1998). This result builds on previous findings of predictors of outcome in EFT, which found that preoccupied men made the most gains in marital satisfaction at the end of therapy (Johnson & Talitman, 1997). The results of this study imply that EFT may specifically work for partners who are highly anxious and preoccupied. Partners with high levels of attachment anxiety have pressing and urgent anxiety surrounding whether they matter, and fear abandonment and being unloved (Collins & Read, 1990; Davila & Kashy, 2009). For these individuals, their anger-protest in the distressed relationship is a result of not being able to seek comfort with their partner or have their normal needs for contact and intimacy met (Johnson, 2004). Daniel (2006) suggested that therapies that emphasize and elaborate the importance of close relationships with significant others and emotions may fit particularly well with highly anxious individuals as the interventions are similar and relevant to their hyperactivating coping mechanisms. In EFT, partners are exploring, accessing, and reprocessing their emotions and attachment longings with their partners. Throughout the process, these partners no longer need to hyperactivate their attachment needs, as they begin to develop positive ways of expressing their emotions and needs, and their partner becomes more engaged with them in therapy. The previously withdrawn partner's new accessibility and responsiveness is contrary to the

blaming partner's cognitive belief of being unlovable, which is represented by high levels of attachment anxiety (e.g., negative model of other) (Mikulincer & Shaver, 2007). This positive interactional shift and expression of needs and longings may then impact how the individual views the relationship, leading to an increase in marital satisfaction. Previous research also suggested that individuals with higher levels of attachment anxiety are more likely to experience changes in security levels (Davila & Cobb, 2004). In EFT, Burgess Moser, Johnson, Dalgleish, Tasca, & Lafontaine (2013) found that partner attachment anxiety decreased over the course of therapy, and that as attachment anxiety decreased over the course of therapy marital satisfaction increased. These results suggest that attachment anxiety is a particularly important characteristic of couple partners for therapists to consider throughout EFT. Therapists may assess partners' attachment anxiety to help make a prognosis for therapeutic change, and know that their interventions are particularly relevant for partners with higher attachment anxiety.

Pre-therapy levels of attachment avoidance did not significantly predict change over the course of EFT. Previous research suggested that individuals higher on attachment avoidance may be more difficult to engage in therapy as a result of their deactivating coping strategies (Meyer et al., 2001; Horowitz, Rosenberg, & Bartholomew, 1993). These deactivating strategies consist of active attempts to maintain cognitive, emotional, and physical distance from their partner (Collins & Read, 1990). However, recent research found that partners experienced significant decreases in attachment avoidance over the course of EFT (Burgess Moser et al., 2013), and there were significant decreases in attachment avoidance at the blamer-softening session (Burgess Moser, Johnson, Dalgleish, Tasca, & Wiebe, 2013). These findings suggest that attachment avoidance may be changing over the course of EFT and that pre-therapy levels of avoidance may not determine one's ability to

engage in EFT. Therapists should ensure the withdrawn client (i.e., typically the client with higher levels of attachment avoidance) is engaged at the beginning of therapy and is open to experiencing new behaviours from their partner. The withdrawn partner's new openness may allow them to understand their partner's criticism and contempt as a bid for attention and love, and this may impact their marital satisfaction. Throughout this process, partners are learning to turn to each other and develop positive coping mechanisms. This is contrary to their habitual deactivation of the attachment system and turning away from their significant other. The nonsignificant findings in this study may have been due to the small sample size or the use of self-report measures. Self-report measures may activate some means of defense mechanisms that allow individuals high on attachment avoidance to deny their attachment fears (Bartholomew, 1990; Main et al., 1985). Further research is needed to examine the role of attachment avoidance and changes in marital satisfaction across EFT.

Emotional control, suggesting maladaptive regulation of affect, has been linked to insecure attachment and marital distress (Feeney, 1999). Interestingly, partners in this study with higher emotional control made greater changes in marital satisfaction across therapy. These results imply that the interventions in EFT are particularly relevant for individuals who over regulate their negative affect at the start of therapy. From an attachment framework, EFT specifically works with negative emotions and helps partners to reprocess affect in a manner that creates a positive shift in interactional positions and increases attachment security. Partners with difficulties expressing emotions may benefit significantly from learning to explore and express their previously unacknowledged feelings and attachment needs. This expression of emotions and needs allows for the development of adaptive affect regulation strategies, and greater emotional contact and communication with their significant other (Johnson, 2004). Emotion regulation is one of the leading elements in

close relationships (Johnson & Best, 2002). It shapes the way partners react, the messages partners send and how partners respond to the signals sent by their partner. Negative emotions in distressed relationships are particularly difficult to express, as partners may fear abandonment and rejection from their loved ones. The conceptualization of the blamer-withdrawer also provides support for these findings. For example, highly anxious blaming partners may present at the start of therapy with high control over their emotions (e.g., fear of abandonment, sadness and isolation) as a result of their unmet expressions for need and comfort. For the withdrawn partner, they may be controlling their anxiety related fears of inadequacy. In the negative interaction cycle, partners do not feel safe expressing these underlying emotions. The increased emotional connection experienced between partners in EFT as they begin to unpack their emotions then impacts their marital satisfaction. We also recruited a sample of insecurely attached couples. Therefore, this group of insecurely attached couples with poor affect regulation strategies benefited from the interventions in EFT.

The results of this study suggest that relationship trust may not be a key factor in determining change in marital satisfaction across therapy, findings that are similar to Johnson and Talitman (1997). However, Johnson and Talitman (1997) found that relationship trust is a significant predictor at 3-month follow-up. Couples with higher levels of trust at the start of therapy had higher marital satisfaction at follow-up. Relationship trust may be a factor in determining how well couples maintain their positive changes in marital satisfaction after treatment termination. Alternatively, the variance accounted for by attachment security in the linear model may account for relationship trust, as relationship trust is related to attachment. Although researchers have argued that trust and attachment are conceptually different and have only small to moderate correlations (Collins & Read, 1990), Bowlby (1969) stated that

attachment security develops when individuals receive warm, supportive, and situationally contingent care when they are distressed. Attachment security may help to build relationship trust when partners respond to their distress (Simpson, 2007). As individuals begin to develop a more secure bond with their partner in EFT, they may also experience an increase in their trust that allows them to be vulnerable with their partner and take more risks. As attachment security increases, so does relationship trust, which may result in higher marital satisfaction. Further research is needed to examine relationship trust as a long-term predictor of marital satisfaction after termination of treatment.

Secure base use and secure base support behaviours did not predict change in marital satisfaction throughout EFT. Previous research demonstrated only a small relationship between behavioural-coded attachment and self-reported relationship happiness and relationship discord (Crowell et al., 2002). Therefore, observational measures of attachment may not be strongly related to self-report marital satisfaction, unlike the strong relationship between self-report attachment and self-report marital satisfaction (Davila & Cobb, 2004). Researchers suggest that self-report measures of attachment capture conscious feelings and perceptions of one's relationship, resulting in a limited direct awareness of attachment representations and strategies (Crowell & Treboux, 1995). Alternatively, a narrative examination of attachment is able to assess factors which lie outside of one's awareness and researchers can better tap attachment working models and behaviours (Crowell & Treboux, 1995). Researchers have also suggested that the multiple methods of measuring attachment seem to assess very different constructs or aspects of adult attachment (Crowell & Treboux, 1995). For example, Davila and Cobb (2003) reported varying findings for changes in attachment depending on the type of measurement analyzed (i.e., self-report vs. interview coded). Alternatively, the non-significant findings in this study may also be explained by the

inactivation of the attachment system during the 15-minute conflict interaction task. The attachment behaviour system includes observable attachment behaviours that are activated in times of danger, stress, and novelty (Crowell & Treboux, 1995). However, some couples chose 'safer' topics to discuss, which may be a result of being distressed at the start of the study (e.g., recreational activities). A more clinically fruitful investigation would be to examine changes in attachment behaviour from pre- to post-therapy following EFT.

Limitations, Future Directions, and Conclusion

The present study is subject to several limitations. There were several inclusion/exclusion criteria used for this study as it was part of a larger study. The majority of couples were also Caucasian, well-educated, high earning families. The demographic characteristics limit the external validity of this study. These sampling limitations prevent greater generalizability of the results. Continued research should consider integrating a more diverse sample of couples (e.g., gay and lesbian couples, diverse ethnicities) to increase generalizability of key characteristics of couples who are able to make changes across EFT. The small sample size may limit the conclusions we are able to make based on limited power and too few degrees of freedom in the analysis to examine individual rate of change across therapy. A larger sample size will allow for an examination of more predictor variables with greater power and an opportunity to examine individual rates of change. Although EFT has been shown to be superior to no treatment (Johnson et al., 1999), this study did not compare the change experienced throughout EFT to a control group (i.e., no therapy received), limiting the causal conclusions we may make about intake characteristics and change throughout EFT.

The results of this study emphasize the importance of future research to consider partner characteristics that are theoretically derived from the therapeutic model being

examined. By examining characteristics that are theoretically based, researchers may create models of therapeutic change. Researchers should continue to examine multiple methods of assessing attachment behaviours, including interview-based measures of romantic attachment (e.g., Current Relationship Interview; Crowell & Owen, 1996). Furthermore, researchers should explore pre-therapy relationship trust as a predictor of long-term follow-up. Although intake characteristics are important to determine prognosis of a couple at the start of therapy, individual characteristics at intake may not be relevant in predicting success if the therapy is changing these characteristics (Atkins et al., 2005). Thus, researchers should also consider how these key characteristics are changing throughout therapy (see Burgess Moser et al., 2013) and follow-up. These two types of research combined may enable therapists to develop a prognosis for couples at the start of therapy and consider how their interventions are creating change in attachment security and marital satisfaction over the course of EFT.

This was the first study to use linear modeling to examine predictors of change across EFT using theoretically relevant intake characteristics in a sample of insecurely attached couples. Being aware of couple characteristics at the start of therapy provides a road map for where therapists may need to focus and tailor interventions for specific couples to help them make greater gains in EFT. This is in contrast to finding the best match between the couple and the model of therapy. Instead, therapists can use attachment theory, an empirically grounded framework for understanding important aspects of interpersonal functioning and the underpinnings of EFT, to tailor their interventions to specific couples to enhance outcomes. Key findings suggest that the interventions in EFT work particularly well for individuals with higher pre-therapy levels of attachment anxiety and emotional control. EFT may help to reorganize attachment anxiety and ambiguous affect. EFT helps individuals learn to express their emotions, and turn to their significant other to feel relief, hope, and a

deeper connection with their partner. Through the therapeutic process, EFT confirms what these individuals are looking for, and helps them to develop more positive regulation strategies by learning to express their emotions and attachment longings and needs. These results suggest greater generalizability of EFT for couples who were previously thought to not do well in this type of therapy. These results enable therapists to assess couple prognosis, and if necessary adjust the types of interventions they may use, such that couples are able to engage in the key change events in EFT, which has been linked to positive outcomes (Bradley & Furrow, 2004).

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Footnotes

¹ Previous researchers found that the quality of the therapeutic alliance significantly predicted marital satisfaction at the end of EFT (Johnson & Talitman, 1997). The best predictor of success for couples was the task element of the alliance, where partners believed the tasks they were doing in sessions were relevant to them. Therefore, supplemental analyses were conducted to examine alliance as a predictor of change in marital satisfaction. See Appendix B.

² Previous research found the faith subscale of relationship trust to significantly predict change in marital satisfaction (Johnson & Talitman, 1997). Exploratory analyses were conducted. The only subscale that was significantly related to the slope was dependability ($p = .025$). However, this was not a significant predictor when entered into the linear model alone and the total model was not a better fitted model. This suggests that this may be due to error variance (Tabachnik & Fidell, 2007).

Table 1

Means and Standard Deviations of Predictor Variables for Individuals (N = 64 individuals)

Variable	<i>N</i>	<i>M</i>	<i>SD</i>
Experiences in Close Relationships-Relationship Specific			
Attachment Anxiety	64	3.91	.98
Attachment Avoidance	64	3.47	1.04
Courtauld Emotional Control Scale-Revised	64	70.28	23.22
Relationship Trust Scale	64	128.44	24.22
Secure Base Scoring System (SBSS)			
Secure Base Use	64	3.34	.66
Secure Base Support	64	3.64	.86
Couple Therapy Alliance Scale (CTAS)	64	6.06	.64
CTAS Bonds Subscale	64	4.56	.70
CTAS Goals Subscale	64	4.17	.75
CTAS Tasks Subscale	64	4.38	.71

Table 2

*Estimated Effects of Linear Models for Change/Growth in Marital Satisfaction throughout**Therapy (N = 32 couples)*

Model	Coefficient	SE	t	df	p	Deviance ^a
Unconditional Model						
Intercept γ_{000}	88.33	1.15	77.13	30	<.001	10523.46
Session Slope γ_{100}	.39	.06	6.38	30	<.001	
PreMarital Satisfaction γ_{101}	-.012	.0072	-1.66	30	.107	
Linear Model 1						
Attachment Anxiety γ_{120}	.097	.032	3.01	1362	.003	10495.05
Attachment Avoidance γ_{130}	.015	.044	.34	1361	.733	
Emotional Control γ_{140}	.0038	.0014	2.77	1360	.006	
Relationship Trust γ_{150}	.003	.0018	1.66	1359	.098	
Linear Model 2						
SBSS Careseeking γ_{120}	.058	.052	1.12	1361	.26	10521.78
SBSS Caregiving γ_{130}	.002	.073	.025	1361	.98	

^aNumber of estimated parameters: Unconditional = 14; Linear Model 1 = 22; Linear Model 2 = 18.

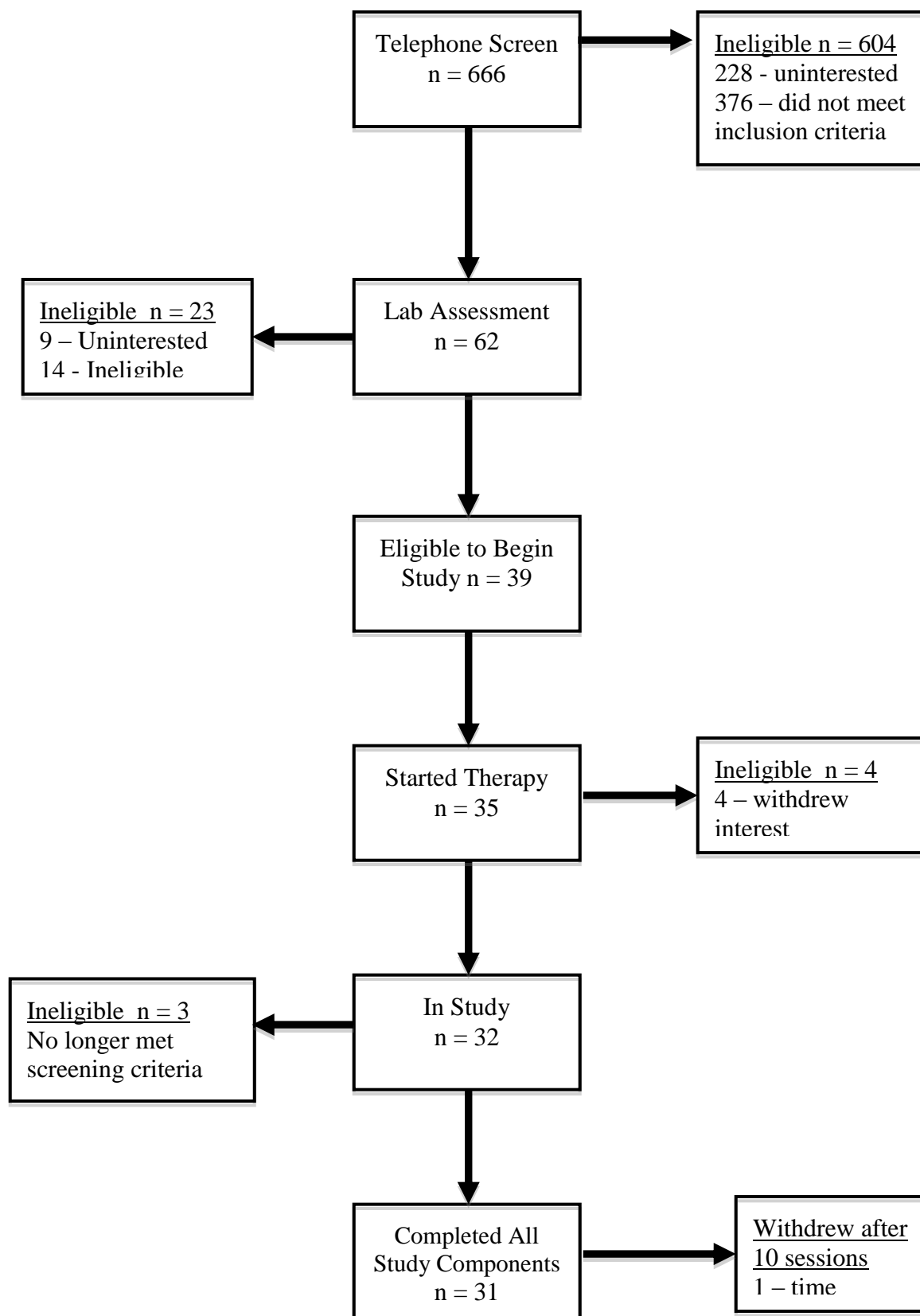


Figure 1. Couple screening and eligibility flowchart.

Appendix A

Hierarchical Linear Modeling Equations

Equation 1. Base Model

$$\begin{aligned} \text{Level 1 (repeated measures):} & \quad Y_{tij} = \pi_{0ij} + e_{tij} \\ \text{Level 2 (individuals):} & \quad \pi_{0ij} = \beta_{00j} + r_{0ij} \\ \text{Level 3 (couples):} & \quad \beta_{00j} = \gamma_{000} + u_{00j} \end{aligned}$$

Equation 2. Unconditional Linear Model Controlling for Prescores for Hypothesis 1

$$\begin{aligned} \text{Level 1 (repeated measures):} & \quad Y_{tij} = \pi_{0ij} + \pi_{1ij}(\text{Time})_{tij} + e_{tij} \\ \text{Level 2 (individuals):} & \quad \pi_{0ij} = \beta_{00j} + \beta_{01j}(\text{PREDAS}) + r_{0ij} \\ & \quad \pi_{1ij} = \beta_{10j} + \beta_{11j}(\text{PREDAS}) \\ \text{Level 3 (couples):} & \quad \beta_{00j} = \gamma_{000} + \gamma_{001}(\text{DAS_Couple}) + u_{00j} \\ & \quad \beta_{01j} = \gamma_{010} \\ & \quad \beta_{10j} = \gamma_{100} + \gamma_{101}(\text{DAS_Couple}) + u_{10j} \\ & \quad \beta_{11j} = \gamma_{110} + u_{11j} \end{aligned}$$

Equation 3. Conditional Linear Model Controlling for Prescores for Hypotheses 2, 3, and 4

$$\begin{aligned} \text{Level 1 (repeated measures):} & \quad Y_{tij} = \pi_{0ij} + \pi_{1ij}(\text{Time})_{tij} + e_{tij} \\ \text{Level 2 (individuals):} & \quad \pi_{0ij} = \beta_{00j} + \beta_{01j}(\text{PREDAS}) + \beta_{02j}(\text{attachment anxiety})_{ij} + \\ & \quad \beta_{03j}(\text{attachment avoidance})_{ij} + \beta_{04j}(\text{emotional control})_{ij} + \\ & \quad \beta_{05j}(\text{relationship trust})_{ij} + r_{0ij} \\ & \quad \pi_{1ij} = \beta_{10j} + \beta_{11j}(\text{PREDAS}) + \beta_{12j}(\text{attachment anxiety})_{ij} + \\ & \quad \beta_{13j}(\text{attachment avoidance})_{ij} + \beta_{14j}(\text{emotional control})_{ij} + \\ & \quad \beta_{15j}(\text{relationship trust})_{ij} + r_{1ij} \\ \text{Level 3 (couples):} & \quad \beta_{00j} = \gamma_{000} + u_{00j} \\ & \quad \beta_{01j} = \gamma_{010} \\ & \quad \beta_{02j} = \gamma_{020} \\ & \quad \beta_{03j} = \gamma_{030} \\ & \quad \beta_{04j} = \gamma_{040} \\ & \quad \beta_{05j} = \gamma_{050} \\ & \quad \beta_{10j} = \gamma_{100} + \gamma_{101}(\text{DAS_Couple}) + u_{10j} \\ & \quad \beta_{11j} = \gamma_{110} + u_{11j} \\ & \quad \beta_{12j} = \gamma_{120} \\ & \quad \beta_{13j} = \gamma_{130} \\ & \quad \beta_{14j} = \gamma_{140} \\ & \quad \beta_{15j} = \gamma_{150} \end{aligned}$$

Note: The random component for the slope was fixed at level 2 due to only two members in the lower level units, requiring individual linear slopes to be equal across dyads (Kenny et al., 2006; Atkins, 2005). Omitting the random component for the slope poses a problem only if partners move in opposite directions on the DAS resulting in different slopes (Atkins, 2005). It is assumed that partners move in the same direction (Atkins, 2005). At level 3, the variance component for the pre DAS intercept is fixed due to the effect not being significant and too few degrees of freedom available to compute the variance components (Singer & Willett, 2003).

Appendix B

Supplemental Analyses for Therapeutic Alliance

Previous research demonstrated that the therapeutic alliance is a key predictor of change in marital satisfaction from pre to post therapy (Johnson & Talitman, 1997). Therefore, this analysis attempted to examine the therapeutic alliance as a predictor of session by session changes in marital satisfaction. A conditional linear model was used, with CTAS scores entered as a predictor at level 2 of the unconditional linear model (see Equation 2 in Appendix A). The CTAS total score significantly predicted the intercept, $\gamma_{020} = 4.15$, $SE = 1.62$ $t(30) = 2.57$, $p = .015$, but did not significantly predict the slope, $p = .21$. Couples with partners with higher marital satisfaction at the start of therapy tended to have a better alliance with their therapists early in therapy. However, adding alliance as a predictor did not improve model fit, $\chi^2(2, N=32) = 4.81$, $p < .10$. See Table 1 for results.

A separate conditional linear model was run to examine the CTAS subscales. All subscales were highly correlated ($r > .66$, $p < .001$), and were entered together as predictors at level 2 of the model. The bond subscale was a significant predictor of the intercept, $\gamma_{040} = 4.98$, $SE = 2.09$, $t(28) = 2.38$, $p = .024$. Couples with partners with higher marital satisfaction at the start of therapy tended to have a better bond with their therapist at session three. The bond subscale also significantly predicted the slope, $\gamma_{140} = .16$, $SE = .08$, $t(1360) = 2.07$, $p = .04$. Couples with partners who had higher levels of bond at session three had greater positive change in their DAS scores. No other subscale was a significant predictor of intercept or slope. An examination of the deviance statistic for this conditional model indicated an improved model fit, $\chi^2(2, N=32) = 14.55$, $p < .001$.

Although the therapeutic alliance has been emphasized to be a key component of change in EFT (Johnson & Talitman, 1997), it was not a significant predictor of change

across EFT sessions in this doctoral thesis. However, partners with higher levels of marital satisfaction at the start of therapy reported higher alliance with their therapist at the third session of therapy. Previous research found that couples who perceived the tasks in session related to their concerns had better outcomes (Johnson & Talitman, 1997). In the present study, all couples had very high overall alliance early in therapy, and believed that the tasks were relevant, there was a strong bond with the therapist, and that the goals were similar between the therapist and couple. This nonsignificant finding may be due to little variance in the alliance scores. Alternatively, this nonsignificant result may suggest that the alliance in EFT is a necessary but not sufficient component to change. This suggests that EFT therapists should continue to focus on developing a strong positive alliance with couples to ensure a secure base in which to explore their partner-specific attachment related fears and needs.

Table 1

Estimated Effects of Linear Models for Change/Growth in Marital Satisfaction over the course of EFT (N = 32 couples)

Model	Coefficient	SE	t	df	p	Deviance ^a
Unconditional Model						
Intercept γ_{000}	88.33	1.15	77.13	30	<.001	
Session Slope γ_{100}	.39	.06	6.38	30	<.001	10523.46
Pre Marital Satisfaction γ_{101}	-.012	.0072	-1.66	30	.11	
Linear Model 1						
Couple Therapy Alliance Scale Total γ_{120}	-.11	.09	-1.25	1362	.21	10518.65
Linear Model 2						
Couple Therapy Alliance Scale Task Subscale γ_{120}	-.11	.116	-1.00	1360	.32	10508.92
Couple Therapy Alliance Scale Goal Subscale γ_{130}	-.07	.06	-1.16	1360	.25	
Couple Therapy Alliance Scale Bond Subscale γ_{140}	-.16	.08	2.07	1360	.04	

^a Number of estimated parameters: Unconditional = 14; Linear Model 1 = 16; Linear Model 2 = 20

Running head: CHANGE EVENTS, EFT, COUPLES

Predicting Key Change Events in Emotionally Focused Couple Therapy

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Abstract

The key change event in Emotionally Focused Couple Therapy (EFT) is the blamer-softening event that helps individuals express and respond to partners' unmet attachment needs. The present study examined the impact of this key change event in relation to attachment security at intake and changes in marital satisfaction from pre to post therapy. Thirty-two couples were provided an average of twenty-one sessions of EFT. Process measures were used to examine in-session change and identify couples who had a blamer-softening event. Hierarchical linear modeling revealed that the occurrence of a softening event significantly predicted positive changes in marital satisfaction. Results also suggested that the occurrence of a softening event significantly moderated the relationship between attachment avoidance at intake and change in marital satisfaction from pre to post therapy. For couples who had a softening event, partners with higher levels of attachment avoidance were less likely to have positive changes in marital satisfaction. However, this relationship was not evident for attachment anxiety. Findings suggest that therapists should focus on reaching the blamer-softening event to enhance outcome, while being aware of partners' levels of attachment avoidance at the start of therapy.

Keywords: EFT, Couple Therapy, Predictors of Change, Attachment, Marital Satisfaction

Predicting Key Change Events in Emotionally Focused Couple Therapy

Couple therapy has been shown to be effective in alleviating relationship distress (Snyder, Castellani, & Whisman, 2006). Although randomized control trials in couple therapy inform us of the specific models of treatments that are effective, they do not lead to a better understanding of how change occurs in couple therapy (Shedler, 2010). Researchers suggest that now that we have a better understanding of what types of couple therapies work, further research is needed to understand how specific treatment models help create change in clients (Johnson & Lebow, 2000; Pincus & Wynne, 2000), and how mechanisms of change are related to outcome (Kazdin, 2007). Pincus and Wynne (2000) recommended process of change research to narrow the research-practice gap. Researchers and therapists can use process of change research to understand how to translate *theory* and *general intervention models* into *moments* of change in therapy (Bradley & Johnson, 2005). Examining the process of change and key change events in couple therapy allows for a better understanding of the pivotal moments involved in successful outcome (Johnson & Greenberg, 1988).

Emotionally focused couple therapy (EFT; Johnson, 2004) views relationship distress as resulting from negative affect, emotional disconnection, and unmet attachment needs. EFT uses attachment theory to understand the needs of partners and emotions of romantic partners. In the blamer-softening event, a key change event in EFT, the blaming partner asks for their attachment needs and longings to be met and the previously withdrawn individual is responsive and accessible to their partner. Previous research has linked the blamer-softening event to successful outcomes (Johnson & Greenberg, 1988; Bradley & Furrow, 2004). Without the experience of this key event, couples are likely to relapse after therapy (Johnson & Greenberg, 1988). To date, research has not looked at the characteristics of couples who are able to reach this pivotal change moment in EFT. Since not all couples have these key

change moments, it is important to examine the key characteristics of couples that are able to engage in and complete blamer-softening events, such that therapists may be able to tailor treatment interventions to enhance outcome. The purpose of the present study was to examine the blamer-softening event in EFT and how this event is related to partner attachment security at intake and changes made in marital satisfaction from pre to post therapy.

Emotionally Focused Couple Therapy

Emotionally focused couple therapy (EFT; Johnson, 2004) is an empirically validated approach to couples therapy (Johnson, Hunsley, Greenberg, & Schindler, 1999). According to EFT theory, relationship distress is maintained by narrow and constricting negative interaction cycles (Johnson & Best, 2002). For example, in a blame-withdraw cycle, one partner blames and pursues for contact, while the other dismisses and stonewalls which cues more blame from the first partner. These interactional patterns tend to leave both partners' attachment needs unmet, which creates insecurity and feelings of rejection. EFT combines experiential, systemic, and attachment theories to understand the needs and emotions of romantic partners. The goal of EFT is to have partners access, express, and reprocess emotional responses that underlie their negative interactional pattern.

Through nine steps and three stages, therapists guide couples to change their negative interaction cycle and express their underlying attachment needs. There are three change events that take place in EFT: cycle de-escalation, withdrawer reengagement, and the blamer-softening event. Cycle de-escalation occurs in the first stage of EFT, during which partners begin to recognize their negative interaction cycle, engage with each other in a new way, and share the emotions that underlie their positions in the negative cycle. The withdrawer reengagement and blamer-softening event occur in Stage 2. The withdrawer

reengagement occurs when the more withdrawn partner becomes more active and emotionally engaged in the relationship by asserting their attachment needs. This is compared to their withdrawn stance of stonewalling and avoiding the spouse. The blamer-softening event occurs when “a previously hostile/critical partner asks, from a position of vulnerability and within a high level of emotional experience, for reassurance, comfort, or for an attachment need to be met” (Bradley & Furrow, 2004, p. 234; Johnson, 2004). As the blaming partner becomes less angry and the withdrawn partner becomes more engaged, the blaming spouse is then able to congruently share his/her needs and desires. Then both partners are capable of responsive and engaged connection.

Process of Change Research in EFT: How Does Change Occur in EFT

Previous process research examined the key change events in EFT, and specifically looked at the blamer-softening event. Looking at the completion of these change events should be helpful in terms of explaining “how a particular set of interventions creates change in a particular therapeutic context” (Johnson & Greenberg, 1988, p. 175). Researchers found that couples who were unable to soften were more vulnerable to relapse (Johnson & Greenberg, 1988; Bradley & Furrow, 2004). Two process measures were used to delineate the process of change in the blamer-softening event: the depth of experiencing (as measured by the Experiencing Scale; Klein, Mathieu, Kiesler, & Gendlin, 1969), and the quality of interpersonal interactions (as measured by the Structural Analysis of Social Behaviour; Benjamin, 1974). Johnson and Greenberg (1988) found that couples who had a blamer-softening event and performed better in therapy were engaged at a deeper level of experiencing and had shifted into more affiliative and autonomous interactions. Bradley and Furrow (2004) mapped out the softening change event and found that softening events predicted successful outcome. The researchers found that deepening of emotional

experiences and affiliative disclosing interactions which specifically focused on attachment needs and fears were related to the completion of the softening event and to positive outcome in EFT. Despite this research on the blamer-softening event, further exploration is needed to understand the specific characteristics of couples that are able to reach and complete the blamer-softening event.

Attachment Security: A Key Characteristic in the Blamer-Softening Event?

In the blamer-softening event, partners are asked to access their attachment-related needs and longings and express these from a highly emotionally engaged manner and in an affiliative manner that is disclosing and expressing their own concerns to their partner. According to EFT theory and the components of the blamer-softening event, one key characteristic of partners that may be relevant to the successful completion of the blamer-softening event is attachment security (Johnson, 2004). According to attachment theory, all individuals have normative characteristics and responses to their basic needs for closeness and security (Bowlby, 1982). Three normative aspects of an attachment relationship include seeking proximity to their partner during times of uncertainty, desiring a safe haven and secure base from an irreplaceable other making the individual resilient to stress, and experiencing separation distress and panic when the attachment figure is unavailable. In addition to these normative characteristics, individual differences in attachment behaviours are developed through early meaningful relationships and social development (Bowlby, 1982), which ultimately influences romantic relationships.

Previous research has described attachment as occurring on two continuums: attachment anxiety and attachment avoidance (Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998). Individuals with lower attachment insecurity (i.e., securely attached individuals), defined by low attachment anxiety and low attachment avoidance, are more

comfortable with closeness, are able to depend on others, and are not worried about abandonment or being unloved (Collins & Read, 1990). Individuals with lower attachment insecurity, who have experienced consistent accessibility and responsiveness from their caregivers, are able to regulate negative affect by seeking support and turning to their caregiver in times of distress. This allows one to cope with their emotions in a constructive manner, to process information effectively, and evaluate alternative perspectives when communicating with significant others (Johnson & Whiffen, 1999). Individuals with lower attachment insecurity are also more likely to be satisfied in their relationships (Feeney, 1999; Simpson, 1990), and are more likely to adaptively seek, receive, and provide support (Davila & Kashy, 2009). Based on these characteristics, individuals with lower levels of attachment anxiety and attachment avoidance (i.e., lower attachment insecurity) may be more likely to engage in the blamer-softening event, as they are more flexible in their ways of regulating emotion, seeking support, and providing support to their partner.

Conversely, individuals with higher attachment insecurity, defined as higher levels of attachment anxiety and/or attachment avoidance, may have difficulties completing the blamer-softening event in EFT. According to attachment theory, individuals who did not receive consistent accessibility and responsiveness from their caregivers develop secondary methods to regulate their negative emotions. Individuals may either hyperactivate or deactivate their emotions as a secondary coping strategy in an attempt to meet their needs and self regulate. Individuals who are higher on attachment anxiety are comfortable with closeness and need available others; however, they are preoccupied with fear of abandonment and being unloved (Collins & Read, 1990). Individuals with high levels of attachment anxiety are also more likely to perceive relationship conflicts and view these conflicts as having negative impacts on marital satisfaction and relationship closeness

(Campbell, Simpson, Boldry, & Kashy, 2005). Individuals with high levels of attachment avoidance are often uncomfortable with closeness and intimacy, and they are not confident in their partners' availability (Collins & Read, 1990). In addition, these individuals are less likely to seek support from their partners (Davila & Kashy, 2009). Davila and Kashy (2009) found that attachment avoidance in couples increased when less support was received or perceived. The researchers postulate that attachment avoidance may be maintained or further cemented when support is not provided (i.e., reciprocally reinforcing). Based on these characteristics, it may be more difficult to reach for one's partner and risk sharing vulnerable emotions and needs in this key change event in EFT. In addition, individuals with insecure attachment have been found to have lower levels of marital satisfaction (Simpson, 1990; Collins & Read, 1990).

The Present Study

The purpose of this study was to examine the relationship between pre-therapy attachment security and the successful completion of the blamer-softening event, and whether the blamer-softening event was a possible moderator of the relationship between pre-therapy attachment security and marital satisfaction. We hypothesized that lower pre-therapy levels of attachment anxiety and attachment avoidance would predict the occurrence of a blamer-softening event for the couple (defined by greater depth of experiencing and more affiliative and autonomous responses in key blamer-softening sessions) compared to individuals with higher pre-therapy levels of attachment anxiety and attachment avoidance. The second hypothesis was that the occurrence of a softening event for the couple would predict greater positive change in marital satisfaction at post-therapy compared to couples who did not have a softening event. Finally, a moderating model was examined between attachment security, the blamer-softening event, and marital satisfaction. We hypothesized

that the relationship between attachment security (defined as low attachment anxiety and low attachment avoidance) and change in marital satisfaction would be moderated by the occurrence of a blamer-softening event for the couple.

Method

Participants

Thirty-five heterosexual couples were recruited as part of a larger study. Of these, 3 couples no longer met screening criteria after therapy commenced and were excluded from the present study. Couples were recruited based on the following criteria: (a) couples had to be in an exclusive, long-term relationship and be living together for at least one year; (b) couples were required to be mildly to moderately distressed (scores in the range of 80-95 as measured by the Dyadic Adjustment Scale; Spanier 1976); (c) partners had to be insecurely attached, as measured by the Experiences in Close Relationships–Relationship Specific Scale (scores over the 95% confidence interval on either attachment anxiety or attachment avoidance, as set out by Brennan et al., 1998; Johnson & Shaver, 2006). Couples were excluded from the study if one or both partners were previously diagnosed with any psychotic disorder, or taking medication known to treat psychosis or psychotic disorders; if either partner met the DSM-IV criteria for current drug or alcohol dependence; currently undergoing psychotherapeutic treatment; if either partner had a history of sexual abuse; or if there was physical or sexual violence in the relationship..

Couples ($N = 32$) in the present study were moderately distressed, with a mean couple DAS score of 87.66 (range = 73-106, $SD = 8.17$). The majority of couples were Caucasian (95.2%), with 3 individuals of minority origins. Their ages ranged from 28 to 64 years ($M = 44.62$, $SD = 7.46$). On average, the length of relationship was 15.9 years ($SD =$

8.5), and had 2 children. The majority of individuals (73.4%) had a university degree, and a mean gross annual income of \$75,886 CAN ($SD = 60,103$).

Self-Report Measures

Demographic Questionnaire. Demographic information collected included age, ethnicity, length of the relationship, number of children, education, and income.

Experiences in Close Relationships –Relationship Specific (ECR-SCRM). The ECR-SCRM, a modified version of the ECR (Brennan, Clark, & Shaver, 1998), is a 36-item measure designed to assess individual differences in Attachment Anxiety (i.e., the extent to which the individual experiences worry or abandonment in their relationship) and Attachment Avoidance (i.e., the extent to which the individual moves away from being close with other individuals). The modified version was altered with permission to indicate partners to respond to the items with their romantic relationship in mind (P. Shaver, Personal Communication, December 6, 2006; Mikulincer & Shaver, 2007). This questionnaire uses a 7-point Likert scale ranging from 1 (*disagree strongly*) to 7 (*agree strongly*). Each scale consists of 18-items and the item mean is used, with scores ranging from 1 to 7. Higher scores indicate greater attachment-related avoidance and anxiety. For the ECR, Cronbach's alphas of .94 for the attachment avoidance scale and .91 for the attachment anxiety scale have been reported (Brennan et al., 1998). High stability for the ECR has also been found (Brennan et al., 1998). For the ECR-SCRM for the current study sample, Cronbach's alpha was .86 for both scales.

Dyadic Adjustment Scale (DAS). The DAS (Spanier, 1976) is a 32-item measure designed to globally assess romantic relationship adjustment between married or cohabiting couples. On a five- or six-point scale, the DAS measures the rate of occurrence of relationship disagreements and positive relationship exchanges. Theoretical scores range

from 0 to 151 with higher scores indicating greater marital satisfaction. A mean score of 114.8 for happily married couples and 70.7 for divorced couples have been established (Spanier, 1976). A distress cut-off score of 97 is used, which is one standard deviation below the married sample ($SD = 17.8$). The DAS has demonstrated internal consistency, with a Cronbach's alpha coefficient of .96 for the total scale (Spanier, 1976). Cronbach's alpha coefficient was .96 for the total scale in this study.

The Couple Therapy Alliance Scale (CTAS). The CTAS (Pinsof & Catherall, 1986) is a 28-item measure assessing the therapeutic alliance from the point of view of each partner. The CTAS is used to ensure that therapist and partners have developed a strong working alliance. The CTAS is rated on a 7-point Likert scale ranging from 1 (*completely disagree*) to 7 (*completely agree*). Total scores consist of the mean of all items, with higher scores indicating a greater quality alliance between partner and therapist. Test-retest reliability over a one-week period has been found at .79 (Pinsof & Catherall, 1986). Cronbach's alpha coefficients was reported at .93, indicating excellent internal consistency (Heatherington & Friedlander, 1990). In the present study, Cronbach alpha coefficient was .92, indicating excellent internal consistency.

Post-Session Resolution Questionnaire (PSRQ). The PSRQ (adapted from Orlinsky & Howard, 1975) is a 4-item measure assessing the amount of in-session change perceived by each partner. Consisting of three 5-point and one 7-point scales, partners evaluate how resolved they feel at the end of each session. Questions 2 to 4 are totaled, with scores ranging from 3 to 17. Higher scores indicate greater perceived levels of change. Cronbach's alpha coefficients ranged between .72 and .94, demonstrating good internal consistency.

Process Measures

Therapy transcripts were rated using the Experiencing Scale and the Structural Analysis of Social Behavior to identify blamer-softening events. These process measures have previously been used to examine blamer-softening events in EFT (Johnson & Greenberg, 1988; Bradley & Furrow, 2004) and capture client processes and change in session (Greenberg & Foerster, 1996).

Experiencing Scale (ES). The ES (Klein, et al., 1969; Klein, Mathieu-Coughlan, & Kiesler, 1986) is a 7-point rating scale that measures the manner of focusing on internal referents and the degree of emotional experiencing in therapy sessions. At a low level (Levels 1 to 3), discourse is markedly abstract, impersonal, minimally involved, and gives no indication of inner processes. Moving up the scale, there is a progression from simple, limited, or externalized self-references, to inwardly elaborated descriptions of feelings. Level 4 and above are viewed as productive processes where feelings are explored and new levels of experience serve as references for problem-resolution and self-understanding (Klein et al., 1969). At Levels 6 and 7, the individual is explicitly aware of and involved in feelings and internal processes. Intra class correlations ranged from .75 to .92, suggesting good inter-rater reliability (Klein et al., 1969; Greenberg & Foerster, 1996). Klein et al. (1986) found good validity for the ES.

Structural Analysis of Social Behavior (SASB). The SASB (Benjamin, 1974) is a coding system used to examine and rate interpersonal interactions. This coding system is based on a circumplex model of social interactions with two grids: communications in which the speaker focuses on the other person; and communications in which the speaker focuses on the self. Each grid consists of two orthogonal dimensions of affiliation and interdependence with four poles: friendly-hostile, and autonomy-submissive. Individuals' statements are characterized as belonging to one of the eight clusters around the two

dimensions. These two axes and resulting clusters represent a full range of interpersonal behaviours. Validity of the SASB has been demonstrated by factor analysis, circumplex analysis, and dimensional ratings (Benjamin, 1977). High inter-rater reliability has been found when clinicians coded interactions, yielding kappas between .70 and .85 (Benjamin et al., 1986). Using group consensual judgments have yielded kappa coefficients ranging from .80 to .84 (Benjamin et al., 1986).

Rater Training and Reliability. Two graduate students who were unaware of the study hypotheses coded transcripts of the second and the best couple therapy sessions. Raters received four four-hour training sessions and rated practice transcripts until they reached a satisfactory reliability (i.e., Cohen's kappa level of .80). The peak ratings (i.e., highest level of experiencing) on the ES and modal ratings for cluster on the SASB for each partner in second and best sessions were used. Inter-rater reliability for the ES was high, with weighted Cohen's kappa between .75 and .94. For the SASB, weighted Cohen's kappa for the second session was .83 for quadrants and .81 for clusters, and .84 for both quadrant and cluster ratings for best session. According to Landis and Koch (1977), this represents near perfect agreement between raters.

Procedure

Couples were recruited through media advertisements at local community agencies and through referrals from the Ottawa Couple and Family Institute (OCFI). All interested couples were screened using a two-stage screening procedure: (a) a telephone screen to assess demographic and relationship eligibility, and marital satisfaction; (b) an in-person research session that assessed marital satisfaction and attachment insecurity. During the research session, couples completed informed consent and a psychological questionnaire package. Eligible couples were then randomly assigned to 1 of 14 registered psychologists

and/or social workers at the OCFI. Therapists had a minimum of two years experience in EFT and offered their services on a voluntary basis. Therapy sessions were audio-taped. Therapists offered a range of 13 to 35 sessions ($M = 21$, $SD = 6.69$) of EFT to each couple. In the present study, the number of sessions provided varied, as a result of some couples dealing with more difficult and long-standing issues (e.g., infidelity). At the end of each therapy session, couples completed the PSRQ, and they completed the CTAS at the end of the third session. Following termination of therapy, couples attended a post-research session and completed the same questionnaire package as the first research session. Couples were reimbursed \$20.00 per hour of participation in the two research sessions. Couples who did not meet criteria were referred to other community resources. The Research Ethics Board of the institution involved approved all aspects of the study.

Identification of blamer-softening events. The occurrence of a blamer-softening event (i.e., best session) for each couple was determined through three processes. First, therapists identified sessions in which the blaming partner softened, or the closest approximation of this event. This information was corroborated with partners' highest PSRQ ratings. The sessions identified by both methods were typically the same. If the identified sessions differed, all highly rated sessions were identified. Second, two graduate students trained in EFT listened to these sessions and identified the blamer-softening event. A ten-minute segment of the tape where the blamer-softening event occurred was transcribed, and all second therapy sessions were transcribed for 10-minutes, starting at 20-minutes into the session. To identify the appropriate change event segment, raters listened to the identified session to mark the beginning and end of the blamer-softening event (Bradley & Furrow, 2004). Prior to coding, the pattern of responses between partners were defined to identify the blamer-softening event: 1) the blaming partner emotionally reached for their partner from a

position of vulnerability, 2) the formerly withdrawn partner processed his/her new experience of their partner's vulnerability with the partner and the therapist, and/or 3) the withdrawn partner responded to the blaming partner with support and comfort (Johnson, 2004). Independent raters identified the occurrence of a blamer-softening for each couple (yes/no) and reached a Cohen's Kappa of .81 for agreement. Disagreements on softening identification were resolved through discussion. Third, similar to previous research examining softening events (Bradley & Furrow, 2004; Johnson & Greenberg, 1988), process measures were used to code partners' processes through the ten-minute segments of second and best sessions. To be considered a blamer-softening event, partners reached a mode of 4 on the ES and a minimum peak of 5, and segments contained more statements rated in the Disclose and Express Need cluster than the Blame and Attack cluster on the SASB. Using the second session allowed for an examination of differences between couples at start of therapy in their levels of experiencing and interpersonal relating. For couples who did not have a softening event, the session that was rated the closest to a softening event was chosen for coding.

Implementation check. In order to ensure that EFT was implemented faithfully and according to its treatment manual, two graduate students trained in EFT interventions independently rated therapy transcripts using an implementation checklist. The implementation checklist is a 16-item checklist (8 EFT and 8 non-EFT items) that asks raters to listen to a ten-minute segment that is thirty minutes into the session and rate the interventions used. One third (approximately 6) of sessions for each couple were rated. For EFT to be faithfully implemented according to its manual, at least 75% of therapists' interventions must be coded on the measure for each couple. Raters received three hours of training and reached a Cohen's kappa of .78 for inter-rater reliability. Inter-rater reliability

was calculated on 4143 therapist statements for the present study. High inter-rater reliability was achieved, Cohen's kappa = .71, for statements that were rated. Of 4143 therapist statements, 93.5% were coded as EFT interventions (range of 88.4-92.8%). These results suggest that EFT was implemented faithfully to the treatment manual.

Data Analysis

Hierarchical linear modeling (HLM; Raudenbush & Bryk, 2002) was used to analyze the data. Individual data (level 1) was nested within the couple (level 2), and the couple was the unit of analysis that was of interest. The first goal of the study (to examine whether attachment security predicts the occurrence of a softening event) was examined using a two-level Bernoulli model (see Equation 1 in Appendix), as the dependent variable was dichotomous (the occurrence of a softening event was coded as 1, and no softening event as 0). Individual levels of pre-therapy attachment anxiety and attachment avoidance were added to level 1. Results presented are from the population-average model. A two-level model was used to assess the second and third goal of the study (the blamer-softening event as a predictor of change in marital satisfaction, and to examine the blamer-softening event as a moderator of the relationship between attachment security and marital satisfaction; see Equations 2-5 in Appendix). In these and subsequent models, DAS post therapy scores were the dependent variable controlling for DAS pre-therapy scores. By controlling for DAS pre-therapy scores, we are able to interpret the outcome as change in marital satisfaction from pre to post therapy. For the third goal, the relationship between attachment security and marital satisfaction was first examined by adding attachment anxiety and attachment avoidance as predictor variables to level 1. Next, the occurrence of a blamer-softening event was added to level 2 to examine it as a possible moderator between attachment security and marital satisfaction (see Equation 5 in Appendix). The Pseudo R^2 was calculated to estimate

the variance accounted for in the DAS change score by the specific predictor variable (Singer & Willett, 2003). The random component for the slope was fixed at level 2. This was due to there only being two members in the lower level units, requiring individual linear slopes to be equal across dyads (Kenny et al., 2006; Atkins, 2005).

Results

Data cleaning was conducted prior to the analyses. All variables were normally distributed, with no univariate outliers. One multivariate outlier was found for pre DAS and pre ECR-SCRM avoidance subscale. The extreme score for pre-therapy DAS was adjusted until it was 3.3 SD of the respective mean (Tabachnik & Fidel, 2007). All 32 couples completed a minimum of 10 sessions of EFT. One couple did not complete the post therapy research session, but completed all other study components. As such, they were included in the analysis. Preliminary analyses were conducted to examine if the data were missing at random with a pattern mixture model assessing couple drop out as a predictor (Gallop & Tasca, 2009). The model indicated that the couple drop out pattern was not significantly related to outcome. Preliminary analyses suggested that the number of sessions received and therapists were not significant predictors of change for couples' DAS or whether they had a softening event. Thus, number of sessions received and therapist effects were not controlled for in the present study. In addition, demographic characteristics (i.e., age, gender, education, marital status, first language, length of relationship) were not significant predictors of change in DAS or the occurrence of a softening event. Means and standard deviations for self-report measures are presented in Table 1. There were no significant differences at pre-therapy between couples who had a softening event and couples who did not have a softening event for levels of attachment anxiety, attachment avoidance, and pre-therapy DAS scores.

Following the criteria outlined to identify a blamer-softening event (see above), a total of 16 couples were identified as having successfully completed a blamer-softening event.

Preliminary analyses were also conducted on partners' SASB and ES scores for second and best sessions. Results are presented in Table 2. For the SASB, statements were counted for the presence and absence in each cluster: Disclose and Express Needs, and Attack and Blame. A series of two (softening vs. no softening) by two (number of present statements vs. number of absent statements) chi-square analyses were conducted for each cluster of interest. For second sessions, there was a significant difference in proportion of statements of the Disclose and Express Needs by the occurrence of a softening event, $\chi^2(1) = 16.38, p < .001$. Couples who had a softening event had a significantly higher proportion of Disclose and Express Needs statements compared to couples who had no softening event. For best sessions, couples who had a softening event had a significantly lower proportion of Attack and Blame statements compared to couples who had no softening event, $\chi^2(1) = 20.54, p < .001$; couples who had a softening event also had a significantly higher proportion of Disclose and Express Needs statements compared to couples who had no softening event, $\chi^2(1) = 6.35, p < .01$.

Independent samples *t*-tests were used to examine differences between softening and no softening groups and peak scores on the ES. For the second session, there was no significant difference on levels of experiencing for individuals who had softening and for those who did not, $t(52.94) = -1.99, p = .051, d = .50$. For best session, there was a significant difference between those who had a softening and those who did not for levels of experiencing, $t(62) = -8.09, p < .001$, and the effect was large, $d = 2.02$. Individuals who completed a softening event had significantly higher scores on the ES compared to individuals who did not.

To test the hypothesis that attachment anxiety and attachment avoidance would predict the occurrence of a softening event, a two-level HLM Bernoulli model was used (see Equation 1 in Appendix). Attachment anxiety and attachment avoidance were added to level 1 of the model. Attachment anxiety did not significantly predict the odds of having a softening event, $\gamma_{10} = 0.09$, OR = 1.09, $p = .40$, CI 0.88-1.36. Attachment avoidance did not significantly predict the odds of having a softening event, $\gamma_{20} = 0.20$, OR = 1.21, $p = .18$, CI 0.91-1.63.

A two-level model was used to examine the relationship between attachment security, the occurrence of a softening event and change in DAS scores to test the second and third hypotheses (see Table 3). An intercept model was created (see Equation 2 in Appendix) with post DAS scores as the dependent variable and couple as the nesting variable. The estimated grand mean (γ_{00}) for couple post DAS score was 99.16, $t(30) = 36.77$, $p < .001$. Predictors were added to the unconditional model to test the second and third hypotheses. The second hypothesis suggested that the occurrence of a softening event would predict positive changes in post DAS scores. The occurrence of a softening event was added to level 2 of the unconditional model (see Equation 4). Results indicated that the occurrence of a softening event was a significant predictor of post DAS scores controlling for pre-DAS scores, $\gamma_{01} = 10.74$, $t(29) = 2.24$, $p = .033$. The occurrence of a softening event accounted for 17.7% of couples post DAS scores.

A two-level conditional model was used to examine the hypothesis that the occurrence of a softening event moderated the relationship between pre-therapy levels of attachment security and post DAS scores. First, pre-therapy attachment anxiety and attachment avoidance were added to level 1 of the unconditional model. Attachment security

accounted for 8.36% of variance in individual post DAS scores. However, post DAS scores, controlling for pre-therapy DAS, were not significantly associated with pre-therapy attachment anxiety, $\gamma_{20} = 1.91$, $t(28) = 1.33$, $p = .196$, or attachment avoidance, $\gamma_{30} = -0.58$, $t(28) = -0.39$, $p = .70$ (see Table 3). Second, the occurrence of a softening event was added to the second level of the conditional model (see Equation 5 in Appendix). The intercept for the occurrence of a softening event remained significant, $\gamma_{01} = 10.91$, $t(29) = .027$, $p = .027$. The occurrence of a softening event was a significant moderator of pre-therapy attachment avoidance and post DAS scores, $\gamma_{31} = -5.48$, $t(26) = -2.36$, $p = .026$. However, this was not true for attachment anxiety, $\gamma_{30} = 1.78$, $t(26) = .63$, $p = .53$. Together, attachment security and the occurrence of a softening event accounted for 22.96% of couple partners' mean variance in post DAS controlling for pre-DAS.

Two two-level conditional models were used to examine the interaction between the blamer-softening event and pre-therapy attachment avoidance for couples who had a softening event and for couples who did not. The final estimation of fixed effects was used due to too few degrees of freedom at level 2. The first model examined couples who did not have a softening event. Pre-therapy attachment avoidance was added to level 1 of the unconditional model. The intercept for pre-therapy attachment avoidance was not significant, $\gamma_{20} = 1.78$, $t(13) = .99$, $p = .34$. The second model examined couples who had a softening event. Pre-therapy attachment avoidance was added to level 1 of the unconditional model. The intercept for pre-therapy attachment avoidance was significant, $\gamma_{20} = -4.96$, $t(14) = -2.28$, $p = .03$, indicating that the blamer-softening event is a significant moderator of the relationship between attachment avoidance and pre to post changes in marital satisfaction. See Figure 1 for results.

Discussion

The results of the present study indicated that the blamer-softening event significantly predicted change in marital satisfaction scores from pre to post therapy. Couples who had a blamer-softening event had greater positive changes in marital satisfaction. Pre-therapy attachment anxiety and attachment avoidance did not predict who was able to reach a blamer-softening event. The occurrence of the blamer-softening event moderated the relationship between pre-therapy attachment avoidance and changes in marital satisfaction from pre to post therapy. For couples who had a blamer-softening event, higher attachment avoidance was associated with lower change in marital satisfaction, while couples with lower attachment avoidance had greater positive change in marital satisfaction. However, the occurrence of the blamer-softening event did not moderate the relationship between pre-therapy attachment anxiety and changes in marital satisfaction.

The present study replicates previous research by demonstrating a link between the blamer-softening event and marital satisfaction (Johnson & Greenberg, 1988). It extends these findings by suggesting that the occurrence of a blamer-softening event predicted greater change in marital satisfaction from pre to post therapy. Makinen and Johnson (2006) also demonstrated a positive link between the blamer-softening event and outcome in the Attachment Injury Resolution Model (AIRM) in EFT. Couples who completed the injury-specific blamer-softening event had higher marital satisfaction at termination of EFT (Makinen & Johnson, 2006). The blamer-softening event requires couples to access a deeper level of emotional experiencing and express their needs in an affiliative manner. As a result of its emotional salience in terms of meeting basic attachment needs, the blamer-softening event may be able to redefine the attachment bond and shift negative interaction cycles (Johnson & Best, 2002). It is considered a systemic change and a transformation in the

attachment bond, where partners experience a mutual, equal, and more intimate connection (Johnson & Best, 2002). These findings suggest that for positive changes to occur in EFT, the blaming partner needs to be able to access their attachment-related fears and address their attachment needs with the partner from a softer, more vulnerable stance, and the previously withdrawn partner responds to this need in an emotional and engaging manner. We also found no differences between couples who had a softening event and couples who did not have a softening event on their level of emotional experiencing or blaming discourse at the start of therapy. However, couples who had a softening event had significantly deeper levels of emotional experiencing and more affiliative responses during the softening session compared to couples who did not. Couples who have a blamer-softening event appear to change the way they experience their primary emotions and relate to each other, which suggests that the softening event is a key mechanism to creating positive changes in EFT.

The present study did not find pre-therapy attachment security related to the couple experiencing a blamer-softening event. This finding suggests that levels of attachment anxiety and attachment avoidance at the start of therapy may not be important determinants for whether a couple is able to reach the blamer-softening change event. It may be that the key change event in EFT is relevant for all couples with a range of pre-therapy attachment anxiety and attachment avoidance. Furthermore, Burgess Moser, Johnson, Dalglish, Tasca, & Lafontaine (2013) found that levels of attachment anxiety and attachment avoidance decreased over the course of therapy, suggesting that attachment insecurity is changing throughout EFT. Therefore, couples may have experienced positive shifts towards security in their relationship specific attachment by the time they reached the blamer-softening event. If levels of attachment security are changing throughout therapy, where couples start may not be as relevant as their level of attachment security during the blamer-softening session. As

couples begin to see their partner as responsive and accessible, they may feel more comfortable turning to them and asking for their attachment needs to be met. The changes in their interactional pattern and changes in attachment security may be more important to consider for determining who is able to reach the blamer-softening event compared to couple characteristics at the start therapy.

Based on the results of this study, the blamer-softening event influences the relationship between partner pre-therapy attachment avoidance and change in marital satisfaction from pre to post therapy. This result indicates that individuals with lower levels of attachment avoidance at the start of therapy may be experiencing greater changes in marital satisfaction as a result of having a blamer-softening event. The blamer-softening event is considered a corrective emotional experience, in which partners are learning to have a secure connection (Johnson, 2004; Johnson & Best, 2002). This key change event appears to influence how partners with low levels of attachment avoidance view their partner, which ultimately impacts their marital satisfaction. These partners may be able to engage in EFT during key moments in therapy, and explore their deeper emotions and attachment longings. Previous research demonstrated that more secure individuals are able to turn to their partner in times of distress and seek support, which is related to higher marital satisfaction (Collins & Feeney, 2000; Feeney, 1999). However, for couples who had a blamer-softening event, partners with greater attachment avoidance experienced significantly less change in marital satisfaction. This may be linked to the deactivating coping strategies that individuals higher on attachment avoidance use, which consists of active attempts to maintain cognitive, emotional, and physical distance from their partner (Collins & Read, 1990). Furthermore, previous research suggested that individuals higher on attachment avoidance may be more difficult to engage in therapy as a result of their deactivating coping strategies (Meyer et al.,

2001). This suggests that even if partners had a blamer-softening event, these individuals may not be letting in new experiences with their partner and therefore not experiencing changes in their marital satisfaction. Furthermore, partners with higher attachment avoidance (i.e., typically the more withdrawn partner) are asked to engage in the withdrawer-reengagement by accessing and expressing their attachment needs earlier in therapy and prior to the more blaming partner. The partner with higher attachment avoidance does not see the more blaming partner accessing and expressing their attachment needs until later in the therapeutic process. The softening event initiates a new cycle of confiding, emotional engagement, and responsiveness between partners. However, it may be that individuals with greater attachment avoidance need more time to consolidate their partner's new accessible and responsive behaviour following the blamer-softening event. Further research is needed to explore the impact of the softening event on partners with greater attachment avoidance.

Although attachment avoidance seems to play a role in how individuals respond to EFT and the key change event, attachment anxiety was not associated with the occurrence of blamer-softening events. This may be a result of the emotional regulation strategies used by individuals characterized by higher levels of attachment anxiety. Research demonstrated that individuals higher on attachment anxiety are more likely to seek comfort and nurturance from their partner rather than turn away (Collins et al, 2004); they hyperactivate their attachment needs in times of distress to seek reassurance (Mikulincer & Shaver, 2007). In the softening event, the more blaming partner is asked to speak from a position of vulnerability, to share and disclose with their partner their attachment longings and needs. This sharing creates closeness between partners, which confirms the needs and longings of the individual with higher attachment anxiety. Regardless of levels of attachment anxiety at the start of therapy, partners' marital satisfaction is positively impacted by the blamer-softening event.

In addition, previous research demonstrated that attachment anxiety is more likely to change compared to attachment avoidance (Davilla & Cobb, 2004). Burgess Moser et al. (2013) found that attachment anxiety decreased over the course of therapy, suggesting that pre-therapy attachment anxiety may no longer be an important variable to determine a couples' ability to reach the blamer-softening event.

The findings of the present study further support some of the assumptions behind EFT. Pre-therapy attachment security may not determine whether couples are able to reach a blamer-softening event. EFT views all couple relationships as emotional bonds. Individuals long to connect with their partner, and develop negative interaction cycles when their cries for support and connection are unmet. Regardless of where couples start on levels of attachment security, the blamer-softening event allows partners to see each other in a new light, such that there is mutuality and accessibility between partners that help to reorganize the attachment bond. The blamer-softening event was linked to positive outcomes in this study, which supports the view that EFT is shifting negative interaction cycles. As couples begin to explore their more primary emotions and learn to express their attachment needs and longing, partners create a new dance. The blamer-softening event impacts marital satisfaction by creating a new connection and a greater level of understanding between partners. This is compared to couples who are not able to explore their emotions and remain in more secondary emotions. Thus, couples who are not able to engage in a softening event appear to have smaller changes in overall relationship functioning. This finding also supports the assumption that EFT views change as resulting from new emotional experiences in the presence of attachment-salient interactions. Couples who have a softening event are taking risks in their relationship. Partners with lower levels of attachment avoidance were able to view their partners in a more positive perspective and explore new positive interactions.

More secure bonds may have been developed between partners, ultimately influencing their marital satisfaction.

Limitations and Future Directions

There were several methodological strengths in the present study, including examining change scores in marital satisfaction, addressing relationship-specific attachment, implementing multiple procedures to identify the blamer-softening event, and the use of multi-level modeling to account for the interdependent nature of couple data. However, there are limitations in the present study that warrant discussion. First, the majority of couples were Caucasian, highly educated, and of relatively high family income. In addition, although the sample size was relative to other studies conducted in EFT (Johnson & Talitman, 1997), it was small compared to a recent multi-site study of 134 couples examining Integrative Behavioral Couples Therapy (Christensen et al., 2004). A larger sample is necessary to ensure adequate power to detect significance in the predictor variables and explore the relationship between variables at the individual level. Second, the method for measuring attachment and marital satisfaction may pose as a limitation in the present study. Only self-report measures were used, which measures explicit cognitive representations of attachment (Crowell et al., 2002). Some researchers speculated that self-report measures may activate some means of defense mechanisms that allow individuals with high levels of attachment avoidance to deny their attachment fears (Bartholomew, 1990; Main et al., 1985). Future research should consider using alternative methods of examining relationship-specific attachment security (e.g., Current Relationship Interview, Crowell & Owens, 1996). Third, the results of the present study are limited due to the use of a categorical variable to identify the occurrence of a blamer-softening event. The dichotomous variable loses important process data of the couple interaction in this change event and excludes couples who were

close to achieving a softening event. Future research should consider additional analyses of the process data and linking this to key characteristics of couples (i.e., affiliative statements and levels of emotional experiencing with attachment security). Finally, the implications of this study are limited due to the correlational and quasi-experimental design of this study. Although a priori hypotheses were made, making causal links between the occurrence of a blamer-softening event and change in marital satisfaction are limited.

The present study contributes to our understanding of the relationship between attachment security at the start of therapy, the blamer-softening event, and outcome in EFT. The results of this study imply that research in EFT should shift away from examining intake characteristics alone in relation to key change events and outcome, as these key characteristics may be changing throughout therapy. Pre-therapy characteristics may no longer matter in these later sessions where key change events occur. Burgess Moser et al. (2013) found that attachment anxiety decreased over the course of EFT, and attachment anxiety decreased at a quicker rate following the blamer-softening event. This suggests that understanding process of change may be more relevant to couple characteristics in the session in which a change event is occurring, and how these key characteristics change over the course of EFT. This may be especially true if the characteristics being examined are related to the model of change in the specific therapy model. Researchers may also wish to consider examining the interaction between couples leading up to key change events, and explore session by session changes in interactional positions between partners to further explore change in the couple dynamic. Future research should examine additional characteristics of partners and whether these are related to the occurrence of a blamer-softening event. Specifically, these characteristics should stem from the theory of EFT, including emotion regulation and measures of empathy. Emotion regulation has also been

identified as a nonspecific treatment variable, which warrants further investigation in predicting the key change moments in EFT (Sprenkle & Blow, 2004).

Conclusions and Clinical Implications

The present study is the first study to examine how characteristics of partners at the start of therapy relate to their ability to engage in key change moments in EFT. Couples who were able to reach the blamer-softening event had positive changes in their marital satisfaction. This is even more apparent for partners with lower levels of attachment avoidance. Linking partner characteristics to process of change and to outcome allows therapists to further understand where couples start and how this may impact their level of engagement in therapy and their overall outcome. Therapists may not need to consider intake levels of attachment security when considering whether the couple will reach a blamer-softening event, as the interventions and changes in the interaction cycle may be creating changes in attachment security throughout EFT. Therapists should work with couples to reach a successful blamer-softening event where both partners are engaged and responsive to further improve overall marital satisfaction. This may involve extending the number of sessions provided to couples to ensure the couple reaches this key change event and consolidates these changes in the interaction cycle. For partners with higher levels of attachment avoidance, therapists should ensure that the partner is engaged in session on an emotional level and not just on a cognitive level (Johnson & Whiffen, 1999). This may be done by accessing, exploring, and heightening emotions and by creating more enactments between partners in an attempt for the more avoidant partner to let in new relational experiences. Researchers demonstrated that individuals who are high on attachment avoidance have greater difficulties engaging in their deactivating coping strategies when taxed by a high cognitive load (Mikulincer, Dolev, & Shaver, 2004). Thus, individuals under

high relational stress with their partner in session may be able to let in new experiences if they are unable to engage in their defenses. However, therapists may also need to slow down, focus, and reflect the process for individuals with greater attachment avoidance if they become overwhelmed by their affect (Johnson & Whiffen, 1999). Additional sessions may allow for further reorganization of the attachment bond for the individual with higher levels of attachment avoidance, which may result in greater changes in marital satisfaction.

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Table 1

Means and Standard Deviations for Softening and No Softening Groups (N = 32 couples)

Variables	Softening			No Softening		
	n	M	SD	n	M	SD
Pre Marital Satisfaction	32	87.72	12.92	32	87.86	11.92
Post Marital Satisfaction *	32	104.37	14.91	30	93.60	16.66
Pretherapy Attachment Anxiety	32	3.99	1.01	32	3.83	0.95
Pretherapy Attachment Avoidance	32	3.68	1.12	32	3.28	0.93

* Note. Significant at $p = .009$

Table 2

Individual SASB Frequency of Responses and ES Results in Second and Best Session for Softening and No Softening Groups (N= 32 couples)

Variables	Second Session			Best Session		
	Softening (n = 32)	No Softening (n = 32)	<i>p</i>	Softening (n = 32)	No Softening (n = 32)	<i>p</i>
SASB Response Category						
Disclose and Express Needs						
Present	51	17	<.001	158	118	.01
Absent	204	216	1	97	115	
Belittling and Blaming						
Present	59	68		3	25	<.001
Absent	196	165	.012	252	208	
Experiencing Scale						
Peak Scores (<i>M, SD</i>)	3.50(.71)	3.20 (.46)	.051	5.40(.68)	4.03(.68)	<.001

Table 3

Estimated Effects of Hierarchical Linear Models (N = 32 couples)

Model	Co-efficient	SE	t	df	p	Random Effect
Intercept (Unconditional intercept)	99.16	2.70	36.77	30	<.001	88.95
Pre Marital Satisfaction(Unconditional intercept)	0.30	0.13	2.38	30	.024	79.53
Hypothesis 2						
Softening γ_{01} (Conditional intercept model)	10.74	4.80	2.24	29	.033	79.69
Hypothesis 3						
Pretherapy Attachment Anxiety						71.67
Intercept γ_{20}	0.61	1.33	0.46	26	.649	
Softening γ_{21}	1.78	2.81	0.63	26	.532	
Pretherapy Attachment Avoidance						
Intercept γ_{20}	-0.86	1.27	-0.68	26	0.504	
Softening γ_{21}	-5.48	2.33	-2.36	26	0.026	

^aNumber of parameters: Unconditional = 3; Unconditional with pre marital satisfaction = 4;

Hypothesis 2 Occurrence of a blamer-softening event predicts marital satisfaction

(Conditional Model) = 5; Hypothesis 3 Softening moderates the relationships between pretherapy attachment anxiety and attachment avoidance with marital satisfaction

(Conditional Model) = 9

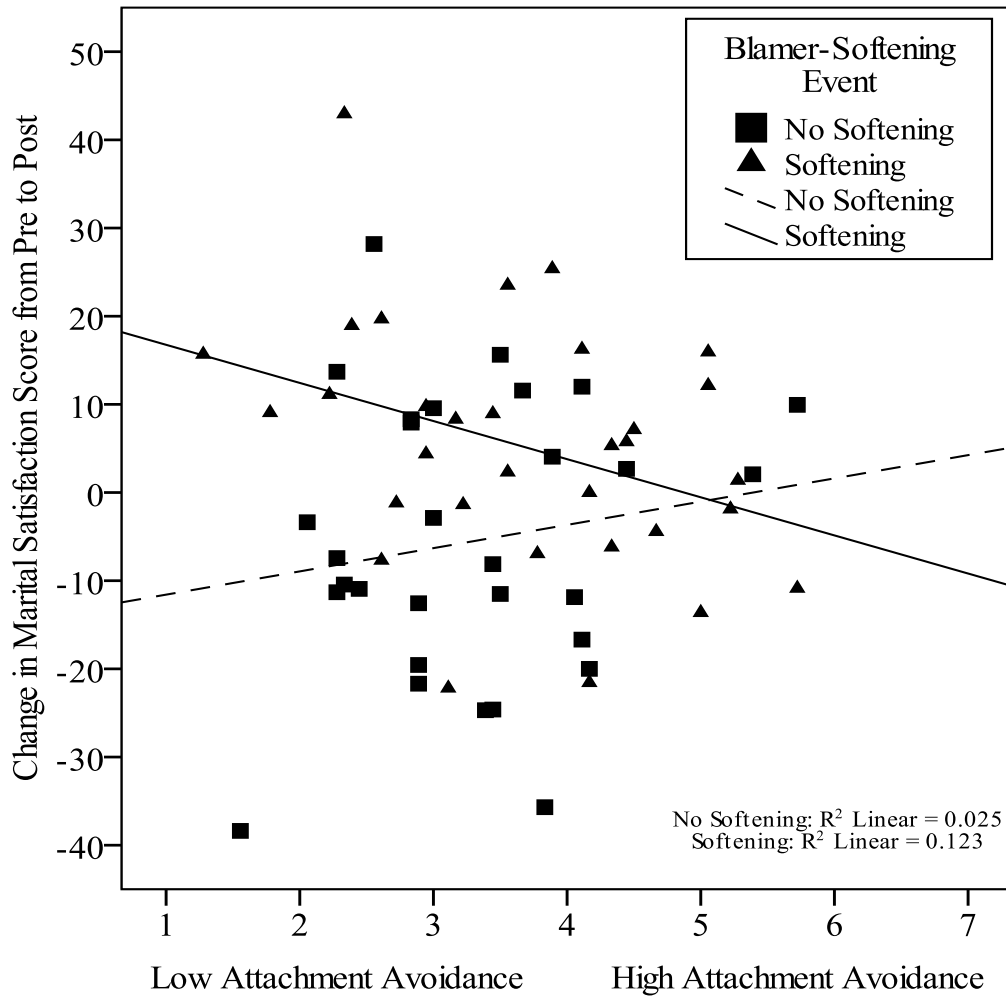


Figure 1. *Blamer-softening event moderates the relationship between pre-therapy attachment avoidance and change in marital satisfaction from pre to post therapy (N = 32 couples).*

Appendix

Hierarchical Linear Modeling Equations

Equation 1. Conditional Model for Hypothesis 1

Level 1 (individuals): $\text{Prob}(\text{Softening}_{ij} = 1 | \beta_j) = \phi_{0j}$

$$\log [\phi_{0j} / 1 - \phi_{0j}] = \eta_{ij}$$

$$\eta_{ij} = \beta_{0j} + \beta_{1j}(\text{Anxiety}_{ij}) + \beta_{2j}(\text{Avoidance}_{ij})$$

Level 2 (couples): $\beta_{0j} = \gamma_{00} + u_{0j}$

$$\beta_{1j} = \gamma_{10}$$

$$\beta_{2j} = \gamma_{20}$$

Equation 2. Base Model for Hypothesis 4

Level 1 (individuals): $Y = \beta_{0j} + e_{ij}$

Level 2 (couples): $\beta_{00j} = \gamma_{00} + u_{0j}$

N.B. Y = Post DAS (Outcome variable)

Equation 3. Unconditional Model for Hypothesis 4

Level 1 (individuals): $Y = \beta_{0j} + \beta_{1j}(\text{PreDas}_{ij}) + e_{ij}$

Level 2 (couples): $\beta_{0j} = \gamma_{00} + u_{0j}$

$\beta_{1j} = \gamma_{10}$ (no error term used as it was unable to compute)

Equation 4. Conditional Model for Hypothesis 4B (Softening predicts change in DAS)

Level 1 (individuals): $Y = \beta_{0j} + \beta_{1j}(\text{PreDas}_{ij}) + e_{ij}$

Level 2 (couples): $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{Softening}) + u_{0j}$

$$\beta_{1j} = \gamma_{10}$$

Equation 5. Conditional Model for Hypothesis 4C (Softening moderates relationship between attachment and change in DAS)

Level 1 (individuals): $Y = \beta_{0j} + \beta_{1j}(\text{PreDas}_{ij}) + \beta_{2j}(\text{Anxiety}) + \beta_{3j}(\text{Avoidance}) + e_{ij}$

Level 2 (couples): $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{Softening}) + u_{0j}$

$$\beta_{1j} = \gamma_{10}$$

$$\beta_{2j} = \gamma_{20} + \gamma_{21}(\text{Softening})$$

$$\beta_{3j} = \gamma_{30} + \gamma_{31}(\text{Softening})$$

General Discussion

Previous research has been unable to clearly delineate predictors of success in couple therapy (Atkins et al., 2004; Snyder et al., 1993), with only one study examining predictors of change in EFT (Johnson & Talitman, 1997). As a result, there is a lack of understanding of which characteristics of couples are related to the process of change in couple therapy, and how this is related to outcome. Accordingly, the present thesis attempted to delineate specific couple factors related to EFT process and outcome. To do so, I chose variables that are theoretically related to the EFT model to help clearly identify who displays the greatest gains in marital satisfaction over the course of EFT. I also attempted to determine a relationship between attachment security at intake, completion of the blamer-softening event, and change in marital satisfaction in EFT.

Overall, the results of the two studies have broad implications for the practice of EFT. Researchers and clinicians are beginning to understand how couples with specific characteristics change in therapy and engage in key change moments. The results of this thesis suggest that regardless of intake characteristics, couples benefit from this type of couples therapy. The results of this thesis also indicate that therapists should assess couples' relationship characteristics at intake. Specifically, therapists may benefit from assessing the type of regulation strategies that couples use when they start therapy. Therapists can then use this information to choose interventions that will help couples move towards more secure attachment and increased marital satisfaction.

Results of this thesis indicate that individuals who start therapy with higher levels of attachment anxiety and a greater tendency to control their affect demonstrate the most changes in marital satisfaction over the course of therapy. This result suggests that EFT works particularly well for individuals who begin therapy with high attachment anxiety and

poor affect regulation skills. These results provide support for the use of attachment based interventions that aim at strengthening partners' attachment bond through helping them use one another as a secure base in times of need. These individuals may especially benefit from exploring, accessing, and reprocessing their attachment longings and primary emotions. EFT may be helping these individuals develop better affect regulation strategies, and thus helping them to create a more secure connection with their partner. For the individual with greater attachment anxiety, seeing their partner begin to open up may also be contributing to the positive changes in marital satisfaction.

This thesis found that pre-therapy attachment avoidance did not predict change in marital satisfaction throughout EFT. However, recent research found that attachment avoidance significantly decreased over the course of EFT (Burgess Moser, Johnson, Dalglish, Tasca, & Lafontaine, 2013). As the interventions in EFT are contrary to their habitual deactivation of the attachment system and turning away from their significant other (Collins & Read, 1990), it will be particularly relevant for therapists to ensure that partners with high levels of attachment avoidance are engaged on an emotional level over the course of EFT.

The results of this thesis also demonstrate that age, gender, education, marital status, first language, and length of relationship did not significantly predict change in marital satisfaction. Thus, EFT may work for couples with varying demographic characteristics. In addition, therapeutic alliance measured at the third session of therapy did not significantly predict change in marital satisfaction. However, previous researchers highlight the therapeutic alliance as a nonspecific factor in experiential therapies that contribute to change (Orlinksy & Howard, 1986; Greenberg et al., 1993). Johnson and Talitman (1997) also found

that the therapeutic alliance was a key component to change in EFT. Given these previous findings, therapists should continue to ensure a strong therapeutic alliance with the couple.

The findings of this thesis demonstrate that levels of attachment anxiety and levels of attachment avoidance at the start of therapy did not predict whether a couple completed a blamer-softening event. Therapists can be reassured that couples have an equal chance of achieving a blamer-softening event, regardless of attachment security at the start of therapy. Furthermore, results indicate that couples who had a blamer-softening event experienced greater changes in marital satisfaction. This result further supports the finding by Johnson and Greenberg (1988) and emphasizes the importance of the blamer-softening event for positive gains in EFT. It is during this event that partners are learning to have a more secure connection, as the blamer-softening event is considered a corrective emotional experience (Johnson, 2004; Johnson & Best, 2002). These findings imply that regardless of attachment security at intake couples have an equal chance of reaching a blamer-softening event. Therapists should ultimately be working towards couples having a blamer-softening event in therapy to ensure positive outcomes.

Of the couples who had a blamer-softening event, results indicate that greater gains were made in marital satisfaction if partners had lower attachment avoidance at the start of therapy. Thus, the blamer-softening event may have a greater impact for couples where partners have lower levels of attachment avoidance. This suggests that therapists may need to ensure that partners with higher attachment avoidance are developing adaptive coping strategies, and learning to turn to their partner, such that there are positive gains made from the blamer-softening event, and not just a “going through” the process. Therapists may need to provide additional sessions following the blamer-softening event to help consolidate the

changes made, so partners with greater attachment avoidance may be able to experience the behaviour change in their partner following this key change event.

The implications of this thesis for attachment theory suggest that the attachment dimensions (Bartholomew & Horowitz, 1991; Brennan et al., 1998) may be particularly useful in understanding couple behaviours at the start of therapy, and how this translates to a couple's ability to change throughout therapy and engage in key change events. The use of attachment dimensions in this thesis allowed for an examination of low and high characteristics on the attachment anxiety and attachment avoidance dimensions. Based on the findings of this thesis, therapists would benefit from assessing attachment security at the start of therapy. The assessment of intake attachment may help to identify the affect regulation strategies used by each individual in the relationship at the start of therapy as a guide to selecting the best interventions to change affect regulation skills and help couples build a closer attachment bond. For example, an individual higher on attachment anxiety hyperactivates their attachment needs. By being informed of the individual's hyperactivating strategy, therapists can help them understand their needs and express their needs without blaming their partner. Therapists may benefit from assessing both cognitive aspects of attachment (i.e., the Experiences in Close Relationships; Brennan et al., 1998) and the unconscious aspects of attachment behaviour (i.e., Current Relationship Interview; Crowell & Owens, 1996). The ability to assess both aspects of attachment at the start of therapy would allow clinicians to better understand how partners seek and provide support during times of stress, and the way they view the self and other.

The present study confirms the use of attachment theory as a guide for therapeutic interventions in EFT. Attachment theory enables an understanding of partners' distress, loss of connection, and core basic needs that are not being met as a result of relationship distress.

The findings of this thesis suggest that listening to the attachment dance between couples can help therapists understand partners' core needs and attachment cries for longing and connection. Therapists should continue to tune in to the attachment cues between partners to help guide their interventions, especially with regards to fears of abandonment and of being unloved (i.e., higher levels of attachment anxiety). Therapists should focus on having partners develop adaptive coping strategies where partners are turning to each other, and expressing and exploring their primary emotions. This will help create more positive emotion regulation strategies. By tuning into the underlying attachment cues in the negative interaction cycles, therapists will be better able to create positive interactions between partners, where both partners are accessible and responsive.

With regards to the general couple therapy field, the present research suggests that relationship characteristics of partners may be predictive of change throughout the couple therapy process. This may be particularly important when the characteristics under examination relate to the theory of change and the therapeutic model being examined. Predictors of change can inform clinicians of client prognosis (Atkins et al., 2005). This type of research may enable the field of couple therapy to increase positive outcomes by assessing a couple's prognosis prior to starting therapy. By understanding which couple characteristics are related to positive outcomes, therapists can then create optimal intervention strategies tailored for specific couples. Therapists can use a couple's prognosis based on their intake relationship characteristics to modify and tailor their interventions in the specific treatment model such that they have the best outcome. For EFT, couples who were originally thought to not respond well to this type of therapy in fact responded very well and had more positive gains (i.e., couples with higher attachment anxiety and a higher tendency to control their emotions). This suggests that clinicians and researchers may not need to focus on matching

the best therapeutic model to particular types of clients; rather clinicians may tailor the therapeutic model to suit the needs of the particular couple.

The present thesis contributes to the field of EFT by being the first study to look at intake characteristics as predictors of session by session changes in marital satisfaction by using multi-level modeling. This thesis also chose variables that are theoretically related to the model of EFT, which was first recommended by Snyder et al. (1993), and continued to be emphasized by recent researchers (i.e., Atkins et al., 2005). Furthermore, this thesis is a novel contribution to the EFT literature in that it is one of the first studies in EFT to relate intake characteristics to change processes in therapy. Finally, the use of multi-level modeling for all analyses is a key strength of this thesis, as it is a more advanced statistical technique that accounts for the interdependent nature of couples data.

Future Directions

In addition to the future directions discussed in the separate articles of this doctoral thesis, future research should focus on developing a continued understanding of the role of attachment in EFT. Future research in attachment and EFT may be through the use of an interview-based attachment measure, as the observational measure of attachment in this thesis was not a significant predictor of change throughout EFT. Although intake characteristics can inform researchers and clinicians of couples' prognosis in therapy, future research should examine how key couple characteristics change throughout the course of EFT and how these changes are related to key change events. This may be particularly relevant if the variables under examination are related to the model of therapy and would be expected to change over the course of treatment. For example, Burgess Moser et al. (2013) examined self-report changes in attachment throughout EFT and found that attachment avoidance decreased over the course of therapy, and that these decreases in attachment

avoidance were significantly associated with increases in couples' marital satisfaction. This suggests that looking at pre-therapy characteristics alone may not be as relevant if the characteristic under investigation is changing in therapy. Researchers should also continue to use multi-level modeling to develop a better understanding of how moment by moment change occurs in EFT. Specific future research should include the linking of intake characteristics and the changes of these characteristics to long-term follow-up, and to the withdrawer-reengagement event, another key change event in EFT. This would help researchers and clinicians to determine the intake characteristics of couples who are able to maintain their changes at follow-up. This type of future research could also aid in modifying interventions for couples who are unable to reach the withdrawer-reengagement event. Future research should also address the impact of the therapist on couple change processes, and examine the therapist's impact on key change moments. This area of research may help to strengthen EFT by providing insight into key therapist factors related to positive outcomes, which may translate into improving the training provided to EFT therapists.

Conclusion

Researchers indicate that many couples do not show improvements following couple therapy (Jacobson & Addis, 1993; Snyder et al., 2006). Previous research has attempted to understand who will and will not benefit from a specific model of therapy for decades (Jacobson & et al., 1986; Snyder et al., 1993; Johnson & Taliman, 1997; Atkins et al., 2005). However, methodological limitations prevent sound clinical conclusions of which therapy works best for particular types of couples. This doctoral thesis contributes to the body of literature identifying key client characteristics related to change across EFT, with a goal of identifying couple partners who may have greater changes in this type of therapy. This body of literature is important because it allows for treatment revisions such that couples are able

to have positive outcomes following EFT. The findings of this thesis further support the notion that attachment theory underpins EFT and that attachment is a key variable to consider when examining couple characteristics of successful outcomes in EFT. EFT therapists should use attachment theory to understand their clients' distress, and tailor their interventions to suit the specific level of attachment security of their clients. This thesis demonstrates that it is imperative for researchers to select client characteristics that are theoretically derived from the model being examined when looking at predictors of success. By doing so, revisions to the treatment model can be made. The findings of this thesis also demonstrate the importance of examining client characteristics that are linked to key change moments in couple therapy and how this is related to successful outcomes. Finally, this thesis emphasizes the use of multi-level modeling when examining changes throughout couple therapy and predictors of change across a specific treatment model. Future researchers should continue to develop an understanding of key characteristics related to successful outcomes, including the use of an interview-based measure of attachment and other key variables related to the theory of EFT, so clinicians and researchers can further understand how to intervene best with their clients.

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(used in introduction and general discussion of dissertation)

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