

LISTENING TO THE MUSIC: EMOTION AS A NATURAL PART OF SYSTEMS THEORY

SUSAN M. JOHNSON, Ed.D.
University of Ottawa

The paper argues that emotion is not a within phenomena that falls outside the bounds of systems theory. It is a leading element in the system that organises interactions between intimates. To leave emotion unaddressed is to miss a crucial part of the context of close relationships. Emotional expression is the main route by which partners and family members define their relationships and influence each other's behavior. It is the music of the attachment dance. The fastest and most direct way to create change in relationships may be to change this music and actively evoke the emotions that elicit caring, compassion and contact.

Until recently, emotion has been relatively neglected in the psychotherapy literature. In fact, as Mahoney (1991, p. 192) points out, intense affect has been viewed as a "disorganising influence in adaption, and an impediment to rationality and a dangerous force in the conduct of our everyday lives." Similarly, emotion has been considered unimportant or even subversive to systemic theory and therapeutic practice (Krause, 1993). Recently, however, there has been a new focus on emotion as a positive adaptive force. There is now more and more acknowledgement that engaging with emotions is indispensable for rational decision making, and that emotion plays a primary and unique role in self-regulation and the organization of social interaction (Frijda, 1986; Greenberg & Safran, 1987; Johnson & Greenberg, 1994). The systemic perspective developed as an alternative to intrapsychic models of functioning. This perspective has generally viewed emotion as a "within" phenomena that does not need to be addressed in order to modify what happens "between" participants in interactions. In fact, a rigid dichotomy of within and between is not apparent in the drama of close relationships. Self and system continually interact and define each other; dancer and dance are intertwined. Emotion is perhaps most usefully

Address correspondence to Susan M. Johnson, Department of Psychology, Vanier Bldg., University of Ottawa, 11 Marie Curie, Ottawa, Ontario, Canada K1N 6N5. E-mail: johnsons@uottawa.ca

viewed as a vital part of any relational system, and as a prime player in the change process in marital and family therapy. To change a powerful interactional cycle, and to have that change last, therapists need "dynamite" (Nichols, 1987). To harness the power of emotional responses may be the most effective route to that change.

While on the one hand there is a growing recognition of the need to include emotion in marital and family therapies (Johnson & Greenberg, 1994), it seems that marital and family therapists are moving further and further away from addressing the ways in which family members *experience* their relationships, and into somewhat impersonal techniques and abstract epistemologies (Nichols, 1987). The field of marital therapy has recently been accused of ignoring the sine qua non of most long-term adult relationships, namely love (Roberts, 1992), and family therapy articles refer to nurturance as a "neglected dimension" in therapy with adolescents (Mackay, 1996). There is an irony in the fact that interventions that focus on the most personal and emotional of contexts, intimate relationships, are so easily perceived as impersonal. The tendency to ignore emotion, and to equate closeness and dependency with enmeshment and "merger" (Green & Werner, 1996), has perhaps been fostered by patriarchal models of mental health that prize rationality, separateness, and self-sufficiency in family relationships (Surrey, 1985).

From the point of view of theory development, the exclusion of affect and individual concepts of motivation has led to a lack of clarity and parsimony. The most basic tenet of systems theory is that interactions are organized and predictable. The question must arise then, organized by what? Systems theory has put the motivation, the guiding force, into the system. The concept of the "function" of symptomatology in systemic therapies (as in children develop symptoms in order to keep their parents together, so families "need" symptoms), is now mostly considered misleading and unhelpful (Bogdan, 1986). It can be viewed as an attempt to fill the gap generated by the lack of focus on individual needs and processes (such as affect regulation) which are crucial in priming and maintaining dysfunctional interactions.

Research and theory development on the nature of affect, and its role in human interaction and in therapeutic change, has increased dramatically over the last decade, even if it has not been generally applied in the systemic therapies. Theorists such as Izard (1977) define ten discrete primary emotions: anger, joy, surprise, fear, interest, distress/sadness, disgust, contempt, shame, and guilt. Emotional expression and communication has been shown to be a primary self-regulator. It tells us what is important to us and primes actions oriented to our immediate needs. It organizes responses to environmental stimuli. It is also a primary regulator of the behavior of others towards the communicator (Stern, 1985; Tronick, 1989). Emotional expression tells others how we are defining the relationship, and it pulls for particular responses from them. Anger pulls for attention and compliance as weeping pulls for compassion.

Emotion is best understood as a synthesis of physiological arousal and sensation, cognitive appraisals in the form of initial perceptions and more differentiated appraisals, and compelling action tendencies (Lazarus & Lazarus, 1994; Greenberg & Safran, 1987). So, for example, I see the stripes in the forest, I go hot, I understand that it is a tiger, and I run. This complex information processing system offers us a rich source of feedback about our reactions to our environment, and is designed to rapidly reorganize behavior in the service of our basic needs and concerns without complex symbolic processing. Intense emotions tend to override other cues: they have control precedence (Frijda, 1986). This seems to be particularly true for negative emotion, which may be viewed as an alarm system that compels attention and rapidly organizes the organism to respond to threat.

The importance of emotion in intimate relationships has become clearer and clearer in the last few years. Rigorous research on distressed interactions between adult intimates suggests that the core elements of such interactions are absorbing states of negative affect (where everything leads in, nothing leads out) and rigid negative interaction patterns (such as critical, contemptuous attack followed by distance and stonewalling). The facial expression of emotion during disagreements between spouses has been found to accurately predict marital stability and satisfaction over a period of three years (Gottman, 1991, 1994). This should not be surprising in the light of communication theory, which stresses that the command or analogic level of communication, that is, communication which defines the relationship between speakers, is conveyed by nonverbal emotional signals. Thus, a curl of the lip and a harsh tone can immediately define a relationship as dangerous, and will automatically evoke complementary responses, such as defensive distance, in the listener. The harsh tone is also more likely to be believed, and to define the interaction, than any mitigating content that is communicated. Emotional tone creates the context for, and gives the color to, verbal content.

Emotion is so central in this context that if there is no emotional response there is no relationship. As Gergen suggests, "Emotions do not 'have an impact on' social life; they constitute social life" (1994, p. 222). Ultimately, it then makes sense that the lack of sustainable emotional engagement between intimates has been found to predict the future of dissolution of relationships better than the number, content, or resolution level of disagreements (Gottman & Levenson, 1986). Lack of emotional engagement has also been associated with lack of success in marital therapy (Jacobson & Addis, 1993).

The picture that seems to emerge from this body of research is that the power of rigid negative interaction patterns, with which all systemic therapists are familiar, is not simply about interpersonal homeostasis or systemic coherence (Dell, 1982). It is primed and maintained by powerful, attachment-related affect that reflects our basic sense of security in the world, and whether we can get others to respond to our needs. In distressed systems, negative patterns of in-

teraction, and patterns of processing and/or regulating negative affect, become "stuck"—reciprocally determining and self-reinforcing (Johnson, 1996; Greenberg & Johnson, 1988). The rules of the relationship (how interactions are organized), and the ways in which emotion is processed and expressed, then mesh in a way that constructs rigid interactional positions and limits emotional engagement. So, the more rejected I feel and the more difficult that experience is for me to deal with, the more likely I am to angrily attack you. In turn, the more likely you are to react with fear or anger and to distance further, which then evokes more rejection from me. So emotional responses create and reflect interaction patterns, and interaction patterns create and reflect emotional responses.

Emotions are context for—and give meaning to—interactions, and interactions are context for emotional responses. Systems therapists believe in the power of context. They believe that it is impossible to understand and change social phenomena without putting things in context. We have been clear that dysfunctional patterns take on a life of their own, and are compelling in the extreme. If we are really to apply the principles of systems theory (focusing on context and wholeness), perhaps the other intrapsychic half of the feedback loop (emotional experience and how it is constructed and processed) needs to be included. Then we may have a whole picture and be able to really predict and explain the compelling drama of distressed interactions, and so most effectively change these interactions.

What are the various roles emotion plays in family relationships, and how do these roles resonate with the systemic perspective?

EMOTIONAL RESPONSES ORGANIZE INTERACTIONS BETWEEN INTIMATES

A system has been defined as a "set of objects together with relationships between the objects and their attributes" (Hall & Fagan, 1956, p. 18). The "objects" referred to here are persons, for whom a crucial aspect of their existence is their emotional life. One of the most important "attributes" they possess is how they express that emotional life and so communicate with others. Emotional expression defines the nature of attachment relationships. As John Bowlby has suggested (Bowlby, 1980, p. 40), "Many of the most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships. The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety, and actual loss gives rise to sorrow; whilst each of these situations is likely to arouse anger. The unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy."

It may be useful to differentiate the concept of systems. An ecological system or a business partnership is different from the systems most therapists deal with in marital and family therapy. In all relationships, but especially in attachment relationships, emotion is a primary signaling system that organizes interactions, defining key dimensions such as closeness/distance and control/submission. *Emotional cues pull for responses from others.* The essence of systems theory is that in a relationship each person's behavior or responses constrict and dictate, that is organize, the behavior or responses of the other. In attachment relationships, it is emotional signals that are the most significant factor in this organization. For example, my anger makes it difficult for you to do anything but fight back or run for cover. My weeping, on the other hand, pulls for you to see me as vulnerable and to approach and comfort me. The reprocessing, regulation, or modification of affect may then be the most powerful and efficient way to change this organization, just as the most efficient way to change a dance is to alter the music.

EMOTION IS PRIMARY IN ORGANIZING INDIVIDUAL PARTNERS INTERACTIONAL POSITION

Emotion evokes and organizes key attachment responses towards significant others, such as the expression of compassion and affection, that are difficult to engender in any other way. In intimate relationships, the action tendency that is part of emotion is the prime mover in interactions with those we depend on. Emotions such as fear direct our attention to danger cues, color our perception of our partner, and prime us to defend ourselves by becoming distant or even attacking.

Emotional arousal also primes core cognitions that may not have been accessed or formulated, let alone voiced, in interactions with the partner. This is particularly true for core cognitions concerning self and others that fuel distress, such as the notion that one is unlovable. These cognitions can then be modified and/or used to expand interactions. For example, to talk about my doubts about my own self worth with my partner is very different from blaming him/her for my feelings of being unloved. Emotional arousal also accesses peoples needs and wants. It is when fear about abandonment or rejection arises that I am most in touch with my need for connection and comfort. This is also when, with the help of the therapist, I am most able to formulate and express my needs and fears in a way that facilitates connection and positive interactions with my partner or other family members.

As the construction of experience expands, so the partners interactional position also expands and allows for more flexible responses (Johnson, 1996). For example, when a husband is able to include in his awareness and formulate his craving for his wife's affection and his fear of her distance, he can begin to

include this in his interactions with her, expressing his sense of loss and fear, rather than staying angry and blaming her. To have a whole picture, and to understand the relationships between parts of a system (people), we need to consider not only how context limits and shapes a person's experience and perspective, but also how an individual's ongoing construction of experience helps to create context and define relationships. How I construct, process, and regulate my affect often controls how I present myself and initiate contact with, or respond to, intimate others. Constricted ways of processing and regulating affect naturally give rise to inflexible, stuck interactional cycles.

EMOTION AND SYSTEMS THEORY

The central concerns of systems theory, namely, a focus on wholeness, the organization of elements in that wholeness, the process of communication and the circular feedback loops that characterize such communication, all seem to me to require the consideration of emotion. If we consider wholeness, systems theory states that we cannot understand a living organism outside its social context and/or by focusing on one part or element of it. To focus on external behavior and ignore the emotion that primes such behavior would seem to violate that principal of wholeness. Just as we cannot understand behavior out of its social context, we also cannot understand behavior out of the context of personal meanings and emotional responses. In attachment relationships, emotion is a, if not the, primary link between self and system, between inner experience and interaction.

One of the strengths of systems theory is that the systemic focus on process, on pattern and sequence, is able to transcend the inner/outer dichotomy. This focus on process, whether it concerns inner experience or interactions with a partner, seems to be part of a larger general shift where process forms of explanation seem to be replacing more static structural views of personality and psychological functioning (Mahoney, 1991). Many phenomena, previously seen in simple linear intrapsychic terms, are now viewed as multi-determined, multifaceted, and interacting in a general context, that is, they are seen from a more systemic perspective. In general, models of dysfunction seem to be moving away from a singular focus on inner or outer determinants—from static concepts to process models. These models focus on how problems evolve and are continually constructed in people's lived experience through an interaction of many interconnected elements. Models of self are now more process oriented, and models of disorders such as depression are focusing more and more on behavior as multifaceted, determined by many elements, and maintained by intrapsychic and interpersonal feedback loops (Andrews, 1989).

The systems perspective has impacted how "intrapsychic" problems are now seen in areas outside marital and family therapy, and systems theory is uniquely

suited to address a reality that we increasingly see as ever changing, complex, and able to be organized and perceived in many differing ways—in ways that incorporate the within as well as the between. It has been said that a focus on process leads inevitably to a view of causality as circular. Once we focus on how reality evolves and changes, we see not simple cause and effect, but that many interacting elements organize and coalesce to create first one reality and then another. The systemic principle of equifinality states that process determines outcome (Segal & Bavelas, 1983). Many beginnings can then lead to the same outcome, and the same beginning can lead to quite different outcomes, because process can override initial conditions and become the sole causal factor. One way of viewing a process such as marital therapy then, is that rigid constricted patterns and feedback loops are expanded and made more flexible, and that this process involves and then redefines both inner and outer realities.

How can attending to affect, and how it is constructed intrapsychically, impact the interactional position an individual adopts, and hence a relational system? This is an important question, since, if we are not clear how to use affect in the change process, we will probably avoid it. Affect that is not attended to can, and often will, block other avenues of change. We may encourage clients to act in spite of their feelings, or try to contain their feelings and act in accordance with insight or a new perspective, but often this does not work. Minuchin and Fishman (1981) point out that cognitive constructions per se are rarely powerful enough to change complex interactional systems, whereas emotion is compelling and intensifies therapeutic messages. The second question is, how can emotional experience and expression be used to create shifts in patterns of interaction, and so reorganize a system?

One approach to couples therapy, Emotionally Focused Marital Therapy (EFT), now one of the two best empirically validated approaches to couples therapy (Alexander, Holtzworth-Munroe, & Jameson, 1994), integrates systemic and experiential techniques, addressing both the ongoing construction and processing of emotional responses in individual partners and the patterns of interaction in a distressed relationship. EFT uses expanded emotional responses to create new interactional responses, and restructures interaction patterns to impact partners emotional responses. This approach is also used with families (Johnson, 1996). EFT has been found to be effective with a wide variety of couples in eight to twelve sessions, although very distressed couples may need more. The process of change is outlined in nine steps, and three key change events have been specified. There are also studies on the process of change (Johnson & Greenberg, 1988), on who is best suited for this approach (Johnson & Talitman, 1997), and on effectiveness at two-year follow-up (Walker & Manion, 1997). EFT is based upon the assumption that a focus on emotional experience and interpersonal interactions, and how they evoke each other, is necessary for second order change in couples therapy. Second order change (Watzlawick, Weakland, & Fisch, 1974) involves the reorganization of a system into a new

form, rather than simply modifying the elements. EFT also assumes that this change involves new integrations of emotional experience and new interactional events that foster the creation of secure attachment between partners. The EFT therapist moves between helping partners to explore and expand their emotional responses and setting expressive tasks in the session that reorganize the interactional dance. Distress is viewed within the framework of attachment theory (Bowlby, 1969), and there is an emphasis on specifically reprocessing the emotional responses that organize attachment behaviors.

In EFT, an interactional position that is organized around critical anger may evolve in therapy into a position organized around the expression of the fear associated with separation distress. The other partner then tends to move from a distant unavailable position to a closer one that fosters connection and emotional engagement. As the experience and expression of affect changes, so "new" emotions prime new responses towards the partner (such as asking for comfort) and evoke new responses from the partner (such as approaching and comforting). A new sequence or pattern of responses then occurs that changes the nature of the relationship.

If we consider a new expression of emotion that translates into a new interpersonal response—for example, if I express vulnerability instead of attacking you from a coercive position—how does this then reorganize and redefine the relationship? This event may impact the relationship in many different ways and on many different levels. Some of these may be listed as follows. (1) I experience myself as sad and grieving and can then access and formulate my need for comfort and reassurance. (2) I talk about this rather than my partner's failings. (3) I access that part of my fear has to do with how I define myself. (4) I own my fears about myself, and therefore my sensitivity to signs of rejection from you. It is then possible that you will reflect back to me a more accepting and reassuring view of who I am (and the therapist will certainly do this). (5) My grief naturally evokes empathy in you (previous work has allowed you to be more open in the relationship) and pulls you closer to me; this contrasts with your previous distance. The nature of my emotional expression primes new approach behavior from you, rather than fight flight or freeze responses. (6) Your perception of me expands to include this new experience. I appear less dangerous to you and you begin to make less negative attributions about my behavior. (7) You are able to respond to me and comfort me and experience a new sense of efficacy in the relationship that fosters your emotional engagement. I then begin to perceive you as a source of comfort and security, making it less necessary that I keep my guard up in future interactions. (8) This emotional event also reframes and changes the meaning of previous interactions, where we were caught in a negative cycle of attack and withdraw. The new act in the relationship drama contains key elements that redefine the play; the relationship is now defined as one where this kind of confiding is possible and

is an alternative to the negative cycle. The relationship is perceived differently.

This event is a prototypical bonding event that elicits powerful emotion, giving the event validity and immense significance, and fostering attachment security in both partners. Partners experience this in terms of, "for me it is safe to need and for you it is reassuring to be needed." Interactional positions have shifted in this event and a new cycle has begun. The partners have moved closer and can emotionally engage (and so weather future storms), and they are more equal in being able to impact each other and the relationship.

Having considered how one event, the expression of vulnerability, can redefine a relationship, it may be useful to look at the nine steps of EFT, and consider how reprocessing emotion impacts the therapy process and is able to reorganize interactions.

In the first two steps of EFT the therapist creates an alliance with the couple or family and has them describe their relationship and their view of the problem (the process of assessment in EFT is outlined elsewhere (Johnson, 1996)). The therapist formulates the problematic interactional pattern that characterizes the relationship. At this stage the therapist's reflection and validation of emotional experience, his/her empathic attunement, helps to build the alliance and create safety in the session. This alliance then helps to regulate the secondary reactive affect (such as anger) that the couple brings into the first sessions. The description of the negative cycle provides a context for, and thus renders legitimate and understandable, the partners' emotional and interactional responses. Each partner begins to see how he/she helps to generate the others emotional reality and responses, without blaming the self or the other. They begin to understand the emotional impact they have on each other, and how both are caught in the negative cycle.

In steps 3 and 4 of EFT, the therapist focuses upon the emotions underlying each partner's interactional position, and formulates the problem in terms of the cycle and resulting emotional experience. The secondary reactive emotional responses that are obvious in the problem interactional cycle are now expanded. Primary affect, often previously left out of individual partner's awareness, is explored and articulated. So a withdrawn passive partner will begin to access her fear of her partner's judgement and rejection, and formulate her helplessness in the face of this experience. An attachment perspective is used to frame and validate such responses. As newly formulated responses, such as the helplessness referred to above, are expressed to the partner, this expression expands the narrow pattern of interactions, creating a new compelling element in the system. This element is heightened and "held" by the therapist, so that it is not lost in the usual negative pattern of interactions, but begins to evoke new responses in the other partner. The new element begins to reorganize existing patterns.

In steps 5 and 6 of EFT, the therapist continues to help partners formulate

and own their attachment related emotional responses that were often previously avoided, and to help them accept and integrate these responses into their view of their spouse and the interaction. The withdrawn partner, referred to above, then fully claims the frozen paralysis that is part of her helplessness, and articulates how this evokes freeze or flight reactions to her spouse. She is already dealing with her helplessness in a new way when she expresses this to her partner, and the sense of helplessness itself begins to evolve and elicit new cognitions and behaviors. For example, a sharp awareness of her fear elicits an action tendency to assert her needs and desires and tell her spouse that she will not come close if he cannot change his judgemental behavior. This is a shift in her position, from automatic defensive withdrawal towards a proactive redefinition of the relationship, and to emotional engagement. The therapist then supports her partner to accept her new definition. Attachment longings and desires are fully articulated in these steps, and this process expands the sense of self, the interactional position, and ultimately the pattern of interactions or cycle.

In step 7 of EFT, partners complete the exploration and reformulation of negative affect, and ask for their attachment needs to be met in a way that pulls for a positive response from the partner. This is the beginning of a new cycle, characterized by positive emotional engagement. A distant withdrawer can now maintain contact with her spouse, and defines the relationship in a way that prompts the other spouse to proceed through these steps. Powerful new emotional bonding events occur as part of this process, that constitute a second order change (Watzlawick, et al., 1974). A new dance is initiated that makes the rules of the old dance redundant. These events create patterns that are powerful enough to withstand the occasional reemergence of the original negative interactions and create lasting change. In the final steps of EFT (steps 8 and 9), this shift is consolidated and strengthened. New response patterns are integrated into the couple's everyday life, and the couple finds new solutions to old issues and pragmatic problems, as they dialogue in a context of emotional engagement and secure attachment.

To summarize, affect organizes how I move towards (or away from) my partner in the interactional dance, and how I define the dance. The affect I express also signals my partner, and primes and organizes his/her moves. If I want to efficiently and powerfully choreograph a new dance, how can I leave out the music? It has been suggested (Nichols, 1987) that there is room for a photographer or a therapist to use both a telescopic (exploring the individual's experience) and a wide-angle (focusing on the interpersonal interaction) lens; in fact, using only one can be misleading and unduly limiting, particularly in the context of intimate attachment relationships.

The systemic perspective has been particularly associated with changing interactions between family members. It seems appropriate, therefore, to present a mother and daughter case, rather than a couple problem, to illustrate how a focus on affect fits within a systemic framework.

CASE EXAMPLE: HOLD ME TIGHT BEFORE I GO

Olga was tall, strikingly pretty, and articulate. She was seventeen, but could easily have passed for twenty. She was diagnosed as bulimic and depressed, and had not responded to the group therapy for bulimics offered at the local hospital. She was also assessed as gifted, but had recently almost failed her grade in school. She was now entering her last year of high school.

Laura, Olga's mother, was 36 years old, small, pretty, and rather harried looking. She worked as a nurse. Olga's father had left the family when Olga was nine years old, and now lived in another city, maintaining very minimal contact with his daughter. Olga also had a small brother Timmy, who was now five. Laura was dating Ted, a colleague at work. From the time Olga was 5 until she was 8 years old, Laura had been extremely ill. She was diagnosed with lupus at one point, and was considered terminal. This illness had then gone into remission. Laura stated that she felt she had leaned on Olga too much during this time, and also when Olga's father had left her.

Olga had then experienced her mother being very ill, her father leaving, the arrival of Timmy (conceived by her mother in a brief liaison), and her mother recently initiating a new relationship. She had also recently broken up with her boyfriend at school. Olga said that she resented Timmy when he was born, but now liked being his big sister. She took care of him when her mother went out on dates with Ted, whom she "approved of."

The first session started with Laura striding into the room and, before she even introduced herself to me, announcing that she was not going to be "blamed and attacked" or "labeled" as the cause of Olga's problems. Olga muttered tearfully that she just wanted to improve her relationship with her mother. Laura and Olga then told the therapist their history and their views of the bulimia, which had started when Olga was fifteen, after a period of dieting. Laura admitted that with all the "comings and goings and ups and downs," Olga had had a hard time growing up. Laura spoke of her daughter as being very bright and independent, and had suggested Olga move out to live with a cousin for her last year of school. This would be good both for Olga and for herself, since Olga was now being very "difficult," refusing to help her in the house, and being "aggressive." Olga did criticize her mother in the session. She criticized her mother's parenting of Timmy, and her mother's "incompetence and weakness" in dealing with men. Laura would occasionally explode and strike back, but generally she stayed cool and removed, stating that it was time for Olga to start her own journey as an adult, and stand on her own two feet.

The pattern of interactions between mother and daughter was clear. Olga criticized, complained, and became upset, while Laura was more removed and defended. She said that Olga should really be ready to move out on her own by now, as she had been at her age. Once this pattern was identified, it was accepted by both parties (Step 2 of EFT). Both were able to see how this pattern

constrained their interactions and maintained their distress. Olga's critical complaints seemed to me to be primed by anger and an underlying sense of desperateness and sadness. I focused on, and expanded, Olga's comments, such as "you are so aloof," "you don't care if I leave and get sick," and "if I go to you with problems, you just push me away." As I reflected, validated, evoked, and heightened Olga's affective responses, she began to look sad and teary. With my help, Olga was able to formulate that she felt alone and abandoned by her mom (Step 3, formulating underlying emotions). I asked Olga to try to express these feelings directly to her mother, who then became very silent.

From an attachment point of view, Olga seemed to be insecure and protesting Laura's seeming unavailability (her boyfriend, job, and younger child did take up most of Laura's time). Olga's expressions of anger and defiance around chores primed Laura's withdrawal, while Laura's cool distance evoked Olga's desperateness and sadness. As I placed each one's emotional responses in the context of the cycle, Olga was able to tell her mom that she felt she was on the "outside" of her mom's life with Timmy and Ted. She had no sense of belonging in the family. This was exacerbated when her mother repeatedly suggested that it was time she left. My sense was that Olga needed to know she belonged before she could leave.

As Laura and Olga felt validated and heard in the sessions, the problem cycle began to deescalate. Olga began to complete more chores at home, and arguments were fewer and less explosive. Laura also began to spend some time with her daughter. This deescalation of the cycle is a first order change (Watzlawick et al., 1974). In the middle steps of EFT, new formulations of emotional responses are expressed by each person, which prime new responses in the other. The interaction expands to include new attachment behaviors that foster a more secure bond. Let's look at a snapshot that captures how Laura and Olga changed their interactional positions and so redefined their attachment relationship.

In session 3, Laura begins to talk of the stresses in her life, how overwhelmed she is, and how Olga refuses to help in the house. Olga responds angrily by stating that she babysits Timmy and that's enough. I decide that, if possible, it is time to foster a shift to a more engaged stance for Laura.

LAURA: (*to Olga*) I know you had a hard time. Your dad left, and then I dated, and I had Timmy, and you were alone lots. But you are so aggressive. I don't understand why you are so angry at me. I have to bite my tongue all the time not to get into a big fight (*she tears*).

SUE J: How do you feel as you say this, Laura?

LAURA: What. Oh! I don't know.

OLGA: I can't say anything to you, I don't get to have any feelings at all. You just defend yourself.

SUE J: Can we stop here just a minute?

LAURA: (*Looking out the window, speaking to Olga*) You're always angry, that's the "feeling" I see.

OLGA: No. You don't like it if I ask for caring either. It's like I shouldn't need it. You tell me I have to be independent.

SUE J: (*I stay focused on Laura and ask in a quiet voice*) What is happening, Laura? What happens as you hear your daughter's anger and disappointment? (*no reply*). You are holding your arms across your chest, holding yourself, hmm? (*Laura turns her body away from her daughter and tears*). What do you hear Olga saying to you in her anger?

LAURA: She's attacking me, (*long pause, her voice begins to tremble*). She's saying I'm a bad mom (*she swallows and looks out the window*).

SUE J: (*Softly*) That's what you hear in Olga's anger, her frustration, that you're a bad mom? And when you hear that you want to get away, to put distance between you and that message?

LAURA: (*She turns and looks at me, her voice is resigned*) Yes, it's always the same.

SUE J: What happens to you when you hear that message?

LAURA: (*long pause, she composes herself, her tone is now calm*) I think it's really her dad she's angry at.

SUE J: (*softly*) What happens when you hear Olga's anger at you Laura?

LAURA: (*She sighs and her voice trembles*) I think she's right. I haven't been a good mom (*long pause*). I was so sick when she was little and so unhappy with her dad. I tried to make her independent. If I was dying she had to be strong. I remember her saying, "don't worry mom, I'll take care of you" (*she tears, covers her face in her hands*). I wanted to make this perfect childhood for her and I couldn't do it. And I guess I'm still blowing it.

SUE J: That hurts Laura, to say that? (*she nods*). It hurts to feel like you couldn't protect her and make everything okay.

LAURA: (*She nods vigorously and stares at the floor*) Olga calls me names sometimes, names like bitch. She was so mad when I got pregnant with Timmy. She said "how dare I do that." I split from Timmy's dad partly because of the way he was so distant with Olga (*she glances around the room, agitated, as if she's looking for an exit*).

SUE J: Olga really has the power to upset you, throw you off balance, if you hear

LAURA: (*She interrupts and leans towards me*) I'm a target, that's why I suggest she leave. I can't stand it, the tension. We'd have a better relationship if she moved out. If I go up to her room, I never know what's going to happen. I never know when she'll suddenly get mad.

SUE J: And you're afraid of her anger and hearing that message, that you disappointed her as a mom (*she nods*). Sometimes you feel bad that maybe you

don't think that you've been a good mom to Olga. It didn't work out the way you wanted it. (*This is an interpretation. I added a new element, fear, to her description of her experience.*)

LAURA: (*She leans towards me*) Yes, yes, and I get so overwhelmed. Looking after everybody and never feeling good at it.

SUE J: Trying to look after everybody and never feeling that you're doing it right, that's hard. Can you tell your daughter, "I get so hurt by the idea that I disappointed you as a mom, I can't stay close and hear that message, I have to pull back." Can you tell her?

OLGA: (*She leans forward, her voice has a very conciliatory tone*) Mom, it was hard, but you did what you could, I don't feel like you've failed. You gave me lots. (*She leans towards her mother*) I just can't get close to you!

LAURA: Well, I did fail, I was sick. I couldn't stop your dad leaving, and now you're throwing up (*cries*). Even if I try, I never say the right thing to you and then you get mad. I can't get it right. (*Step 5. She weeps.*)

SUE J: It's so hard, so painful for you, this sense that you somehow aren't the mum you want to be (*Laura nods. I turn to Olga*) Olga, can you hear how your anger opens this door for your mom, this door into all her fears that she somehow failed you as a mom?

OLGA: (*Speaking very intently*) Yes, but she didn't, that's not it. She gets all defensive, I just want her to comfort me, to help me with my feelings when I'm scared or upset.

SUE J: In fact, she's so important to you, her comfort and closeness is so important to you, that's what you're fighting for? (*Olga nods emphatically*). Because that contact with her has protected you, it has been a safe haven for you in the past. It has helped you to survive and now you can't find it, is that it?

OLGA: (*Empathically*) Yes. (*She looks up at her mom*)

SUE J: Can you tell her? (*I motion with my hand towards Laura*)

OLGA: (*Turns to her mother, in an intense pleading voice*) Mom, I'm strong. You helped me be that way, but please don't push me away, not now. Growing up is scary, you know. I just need to know you're there.

LAURA: (*Tears and reaches over and holds her daughter.*)

In the process encapsulated here, Laura becomes more accessible and responsive to her daughter. She is able to articulate her sense of failure and get reassurance from her daughter (Step 7 of EFT). Olga then begins to ask for reassurance and contact, rather than attacking her mother, and this continued in the following sessions. Olga was able to seek reassurance that her mother still needed and wanted the closeness with her; that moving out didn't mean losing her mom. This process positively influenced Olga's depression, and helped to bring her mother and Olga closer. I probed as to how the bulimic symptoms fit into the problem cycle. Olga was able to explore this topic and clarify that the cue for

her throwing up was her feeling of being alone and unimportant in her family. This then elicited all her doubts about her own selfworth and value.

Olga began seeking out her mother or her best friend when she felt like bingeing and throwing up. She was also able to take her sadnesses about her dad's distance to her mom, and to have her mom listen and comfort her. For Laura, the discovery that she could help her daughter by her presence, that she did not have to solve Olga's problems or make reparation for the past, helped her stay connected with Olga. Laura specified her conditions for remaining open and involved. She put limits on Olga's expression of anger (no name calling), and insisted Olga express her needs rather than become aggressive.

Olga was able to tell her mother of her need for reassurance and closeness, and acknowledge her hostile behavior. Laura also acknowledged that since Timmy was born she had neglected Olga, and Olga was able to accept this and understand some of her mother's stress. The relationship became safer, closer, and more equal. Both were able to confide in and support each other. After seven sessions, therapy ended, and a few months later Olga moved out to live with her cousin. She began to do well in school, and reported her bulimia was no longer a problem. In the last session, I helped Laura ask her daughter to "help me be the mom you want me to be." Olga was then able to express regret for her past aggression towards her mother. The fact that Olga was able to redefine the relationship as a safe attachment meant that she could now also move into more autonomy and independence. Therapy ended with mother and daughter being able to comfort and reassure each other; new music had organized a new dance.

Bertalanffy (1968) suggests that not all elements in a system are equal. There are "leading parts" that control other elements (p. 213). He goes on to suggest that "a small change in leading parts can cause a large change in the total system." Clinical experience in EFT, and in using this model with families, has taught us that new information, and cognitive and behavioral shifts per se, are not as effective in creating this kind of general change. It does not seem to be true that restructuring any element will create systemic reorganization, although this was accepted systemic doctrine at one time. However, changing a "leading part" seems to create such a change, and create it efficiently and reliably, at least when the part in question is the emotion that organizes interaction.

REFERENCES

- Alexander, J.F., Holtzworth-Munroe, A., & Jameson, P. (1994). The process and outcome of marital and family therapy research: Research review and evaluation. In A. Bergin & S. Garfield (eds.), *Handbook of psychotherapy and behavior change* (pp. 595-607). New York: Wiley.
- Andrews, J.W. (1989). Psychotherapy of depression: A confirmation model. *Psychological Review*, 96, 576-607.

- Bertalanffy, L. (1968). *General system theory*. New York: George Braziller.
- Bogdan, J. (1986). Do families really need problems? *Family Therapy Networker*, 10, 30-35.
- Bowlby, J. (1980). *Attachment and loss, Vol. III, Loss: Sadness and depression*. New York: Basic Books.
- Bowlby, J. (1969). *Attachment and loss: Vol. I, Attachment*. New York: Basic Books.
- Dell, P.F. (1982). Beyond homeostasis: Toward a concept of coherence. *Family Process*, 21, 21-41.
- Frijda, N.H. (1986). *The emotions*. Cambridge, England: Cambridge University Press.
- Gergen, K.J. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, Mass.: Harvard University Press.
- Gottman, J.M. (1991). Predicting the longitudinal course of marriages. *Journal of Marital and Family Therapy*, 17, 3-7.
- Gottman, J.M. (1994). An agenda for marital therapy. In S.M. Johnson and L.S. Greenberg (Eds.), *The Heart of the Matter: Perspectives on emotion in marital therapy*. (pp. 256-295). New York: Brunner/Mazel.
- Gottman J.M., & Levenson, R.W. (1986). Assessing the role of emotion in marriage. *Behavioral Assessment*, 8, 31-48.
- Green, R., & Werner, P.D. (1996). Intrusiveness and closeness-caregiving: Rethinking the concept of family enmeshment. *Family Process*, 35, 115-136.
- Greenberg, L.S., & Safran, J. (1987). *Emotion in psychotherapy*. New York: Guilford Press.
- Greenberg, L.S., & Johnson, S.M. (1988). *Emotionally focused therapy for couples*. New York: Guilford Press.
- Hall, A.D., & Fagen, R.E. (1956). Definition of a system. *General Systems Yearbook*, 1, 18-28.
- Izard, C.E. (1977). *Emotion in personality and psychopathology*. New York: Plenum Press.
- Jacobson, N.S., & Addis, M.E. (1993). Research on couples and couples therapy: What do we know? Where are we going? *Journal of Consulting and Clinical Psychology*, 54, 518-522.
- Johnson, S.M. (1996). *The practice of emotionally focused marital therapy: Creating connection*. New York: Brunner/Mazel.
- Johnson, S.M., & Greenberg, L.S. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy*, 14, 175-183.
- Johnson, S.M., & Greenberg, L.S. (1994). *The heart of the matter: Perspectives on emotion in marital therapy*. New York: Brunner/Mazel.
- Johnson, S.M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy*, 23, 135-152.
- Krause, I. (1993). Family therapy and anthropology: a case for emotions. *Journal of Family Therapy*, 15, 35-56.
- Lazarus, R.S., & Lazarus, B.N. (1994). *Passion and reason*. New York: Oxford University Press.
- Mackay, Susan, K. (1996). Nurturance: A neglected dimension in family therapy with adolescents. *Journal of Marital and Family Therapy*, 22, 489-508.

- Mahoney, M.J. (1991). *Human change processes*. New York: Basic Books.
- Minuchin, S., & Fishman, H.C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Nichols, M. (1987). *The self in the system*. New York: Brunner/Mazel.
- Roberts, T.W. (1992). Sexual attraction and romantic love: Forgotten variables in marital therapy. *Journal of Marital and Family Therapy*, 18, 357-364.
- Segal, L., & Bavelis, J.B. (1983). Human systems and communication theory. In B. Wolman and G. Stricker, (Eds.), *Handbook of family and marital therapy*. (pp. 61-76) New York: Plenum Press.
- Stern, D. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Surrey, J. (1985). *Self-in relation: A theory of women's development*. *Work in progress*, No 13. Wellesley, MA: Stone Centre Working Papers Series.
- Tronick, E.Z. (1989). Emotions and emotional communication in infants. *American Psychologist*, 44, 112-126.
- Walker, J.G., & Manion, I. (1997). Emotionally focused marital interventions for parents of chronically ill children: A two year follow-up. Manuscript submitted to *Journal of Consulting and Clinical Psychology*.
- Watzlawick, P., Weakland, J.H., & Fisch, R. (1974). *Change: principles of problem formation and problem resolution*. New York: W. W. Norton.