10

Extravagant Emotion

Understanding and Transforming Love Relationships in Emotionally Focused Therapy

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WILLIAM JAMES DESCRIBED emotions as "adaptive behavioral and physiological response tendencies called forth directly by evolutionarily significant situations" (1894). In one of the most evolutionarily significant situations of all—the creation and maintenance of emotional bonds between sexual partners—emotions are front, center, and often extreme. To create significant and lasting change, the discipline of couple therapy has to find a way to deal with, regulate, and harness the force of nature that is raw emotion to move distressed partners in the direction of stable, positive, and emotionally satisfying connection.

In the past this was deemed an impossible task. For many years couple therapists dedicated themselves to persuading distressed couples to minimize or replace their emotions with reason, insight, negotiation skills, and pragmatic problem solving. Bowenian, behavioral, and solution-focused approaches, in particular, moved in this direction. But, strong emotion in primary relationships is hard to get around and is suppressed only at great cost. The good news is that we no longer need to do this. We now have the scientific knowledge necessary to be able to use the considerable power of emotion to transform key emotional perceptions, signals, and the key ways partners engage each other in the situations that define a love relationship. Rather than fearing its disruptive potential, we can now harness the extravagant transformational power of emotion. We can create an emotionally intelligent couple therapy.

Such a therapy would first need to fit with what we know about the emotional variables in relationship distress and satisfaction. Secondly, it would need to reflect the new scientific clarity about the nature of emotion in general. And, thirdly and more specifically, it would need to be based on a theory of love that offers a guide to the extravagant and compelling emotions of love and how they define our relationships. Fourth, it would also need to provide a clear map of change processes that outlines the ways in which interventions address dysfunctional emotion and also uses emotional experience and expression to create change in cognitive, behavioral, and interactional patterns. These four requirements have been addressed in the current literature on emotionally focused therapy for couples (EFT; Johnson, 2004, 2005, 2008b). This chapter further explores EFT as such a therapy.

The model of EFT is well validated. Meta-analyses describe a recovery rate of 70–73% and an 86% significant improvement rate in distressed couples treated with EFT (Johnson, Hunsley, Greenberg, & Schindler, 1999), and there is evidence that results are stable even with high-risk couples (Clothier, Manion, Gordon Walker, & Johnson, 2001). There is also evidence of effectiveness with traumatized and depressed partners. EFT is used with many different kinds of couples (e.g., working class, less educated and executive couples, gay and "straight" couples) and across cultures (e.g., with Asian, Latino, Northern European, Japanese, and North American couples). There is also a number of studies validating the process of change documented in the EFT model. All studies of EFT are listed on the EFT website at *www.eft.ca*.

How Crucial Is Emotion in Defining the Quality of Romantic Relationships?

For the general public this is a moot point. A sense of emotional connection—of loving and being loved—is the main expectation for people involved in long-term partnerships (Coontz, 2005). Research on marriage has also made it clear that variables such as conflict containment are not at the "heart" of these relationships. Huston and colleagues, in a study of the trajectory of newly wed couples, found that, after 5 years, emotional responsiveness was the most powerful predictor of satisfaction (Huston, Caughlin, Houts, Smith, & George, 2001). In general, positive emotion seems to be the best predictor of marital satisfaction and stability (Gottman, Coan, Carrere, & Swanson, 1998), whereas facial expressions of negative emotion, especially fear on the face of the husband and angry contempt on the face of the wife, have been found to be powerful predictors of the negative future trajectory of marital

relationships (Gottman, 1994). Habitual negative ways of expressing one's emotions create stable destructive patterns in interactions—for example, critical angry blaming on the part of one spouse, followed by an avoidance of emotional expression and withdrawal by the other. This pattern, in particular, is a powerful predictor of divorce (Gottman, 1994).

There appears to be a consensus in the relationship field that how partners regulate their emotions and thus how they engage with their loved one on an emotional level is a key determinant of relationship quality. Emotion and emotional communication are organizing or "leading elements" in human social systems (Johnson, 1998). In a circular fashion, emotional signals organize the relationship dance, and patterns of responses in this dance then shape emotional realities and responses.

It is also becoming increasingly clear that partners are the hidden regulators not only of each other's emotional lives, but of each other's physiology. Recent research into the neurobiology of emotion tells us that in close relationships we are engaged in a "neural duet" (Goleman, 2006), where partners impact each other's cardiovascular, immune, and endocrine systems. We also know that loneliness can increase blood pressure to the point where the risk of heart attack and stroke is doubled (Hawkley, Masi, Berry, & Cacioppo, 2006), and in men and women with congestive heart failure, the state of the patient's marriage is as good a predictor of survival after 4 years as the severity of symptoms and degree of impairment (Coyne et al., 2001). Moreover, the more belligerent and contemptuous partners' conflicts are, the higher the levels of stress hormones tend to be and the more depressed the immune system. These effects seem to directly impact processes such as wound healing (Kiecolt-Glaser et al., 2005). Emotional signals are the music of the dance between intimates. The music shapes each person's emotional and physical response, guides each partner's moves, and pulls for complementary moves from the other.

What Is Emotion?

Any effective couple therapy must not only contain powerful negative emotions, but also systematically shape positive emotions and use them to foster responses such as compassion, caring, and the longing for connection that are vital in a loving relationship. Understanding the general nature of emotion is essential. First, emotion is not a primitive, irrational response or simply a sensation or a "feeling." It is a high-level information-processing system that integrates a person's awareness of innate needs and goals with feedback from the

environment and predicted consequences of actions (Frijda, 1986). It is comprised of the following elements (Arnold, 1960):

- *Initial, rapid, unconscious appraisal of environmental cues as they relate to key survival imperatives and an orientation to relevant cues.* Emotion orients and directs us to focus on what is important in our environment. People who cannot access emotion due to brain injuries cannot make rational decisions and choices (Damasio, 1994). They become caught in pondering all possible possibilities because they have no internal compass to orient them to what they want and need—to give them a felt sense of what matters to them.
- *Body responses.* The word *emotion* comes from the Latin word *emovere*, meaning to move. Emotion "moves" us physically and mentally. Both the initial appraisal and body response occur extremely fast, without cognitive mediation, whereas the more reasoning part of the brain, the frontal cortex, integrates information at a slower pace. This is especially true in fear reactions, for which immediate response is vital and can mean the difference between life and death.
- *Cognitive reappraisal.* The meaning of cues and sensations is considered and evaluated and this meaning linked and integrated into cognitive frameworks.
- *Action priming.* Emotion motivates and primes us for action in a rapid and compelling manner (Tomkins, 1962, 1963). Anger, for example, often primes assertion of needs and fear often primes flight or freeze responses. For the couple therapist it is important to note that the signals that arise as a result of this process then communicate to others our inner state and intentions. Affective expression also organizes the interpersonal reflex or action tendency of the other.

This kind of information is directly relevant for a therapist. In EFT, for example, the therapist can work with these elements to "unpack" a particular emotional response and then to reframe the whole into a new construction. An example of this process is given later in this chapter.

There seems to be general agreement (Ekman, 2003) that the core emotions, which can be universally recognized from distinct facial configurations, are the following: anger, sadness, fear, joy, surprise and excitement, disgust and shame. These emotions appear to be universal and to be associated with specific neuroendocrine patterns and brain sites (Panksepp, 1998a). Emotions often have "control precedence" (Tronick, 1989), easily overriding other cues and behaviors, especially in important relationships with those on whom we depend the most. As John Bowlby (1980), the father of attachment theory, states:

> The most intense emotions arise during the formation, the maintenance, the disruption and 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; while 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. Because such emotions are usually a reflection of the state of a person's affectional bonds, the psychology and the psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds.

Emotion can be differentiated into at least three levels: (1) adaptive, primary, or core; (2) secondary or reactive, as when we feel the prick of fear but ignore it or deal with it by leaping into angry defensiveness; and (3) instrumental, as when we express emotion to manipulate others (Greenberg & Johnson, 1988). Primary emotions can also become maladaptive when they are overlearned and based on overwhelming traumatic experience (Greenberg & Paivio, 1997). Secondary reactive emotions tend to hide primary responses, to obscure the original response, and to take interactions between intimates in a negative direction. EFT advocates evoking the primary-attachment-oriented emotions to shift habitual negative response patterns that reflect secondary emotional responses by, for example, exploring the primary despair and fear that underly a blaming partner's apparent chronic anger. When this primary kind of fear is expressed, it elicits a different response from the partner and begins to shift stuck negative interactional patterns.

Emotion in the Context of Love Relationships

Couple therapists need more than a general understanding of emotion. They need to understand how emotions work in, and help to define, close relationships. This understanding has to address specific issues. For example:

- When is positive emotional engagement particularly essential in a close relationship?
- How do we understand the powerful emotional dramas that characterize love relationships?
- What do we make of the habitual differences in emotional expression between partners?

Attachment theory (Bowlby, 1969/1982, 1988; Johnson, 2003a) offers the therapist an invaluable guide to such issues by helping to define features of love relationships, set treatment goals that are relevant and meaningful, and map out the best ways to intervene. It offers the couple therapist a compass in the change process. More than this, in the last 15 years the work on adult attachment (Cassidy & Shaver, 1999; Rholes & Simpson, 2004; Mikulincer & Shaver, 2007) has validated and expanded original formulations of attachment theory and made it clear that this theory is, at one and the same time, a theory of intrapsychic affect regulation and a systemic theory of relatedness. A sense of secure connection to a loved one can help us keep our emotional balance, rather than becoming flooded with overwhelming emotion or suppressing emotions to the point where we are numb and unable to use them as a guide or to flexibly attune to our partner. As Schore notes (1994, p. 244), contact with a supportive, safe attachment figure "tranquillizes the nervous system." A safe relationship promotes optimal affect regulation, and vice versa (Fosha, 2000).

The role of attachment in affect regulation can be seen in a study by Coan, Schaefer, and Davidson (2006). Women were placed in a magnetic resonance imaging (MRI) machine and told that when a light flashed, they would sometimes be shocked on their feet. Researchers could then see how the brain lit up in response to this stressor. Being left alone in the machine maximized the stress response and the subjective experience of pain from the shocks. However, when a stranger held a woman's hand, the stress response and pain intensity lessened. The most significant decrease occurred when a spouse was present to hold the woman's hand. This effect was directly proportional to the women's experience of the positive quality of their connection with this partner. The research on attachment in adults is consistent in finding that a sense of secure connection to a loved one fosters the ability to deal with extreme negative emotions—for example, emotions arising from trauma such as imprisonment as a prisoner of war (Solomon, Ginzburg, Mikulincer, Neria, & Ohry, 1998). A sense of secure connection also helps people process more everyday emotional experiences and to process emotion in a way that promotes positive relationship behaviors, such as confiding or assertiveness (Levy & Davis, 1988).

Attachment Theory

Attachment theory states that seeking and maintaining emotional contact with significant others is an innate, primary, motivating principle in human

beings across the lifespan. Dependency is then an innate part of being human rather than a childhood trait that we outgrow. A sense of connection with an attachment figure is an innate survival mechanism. The emotional, physical, or representational presence of attachment figures provides a sense of comfort and security, whereas the perceived inaccessibility of such figures creates distress. A sense of secure emotional connection with another is the natural antidote to anxiety and vulnerability. Positive attachments create *a safe haven* that offers a buffer against the effects of stress and uncertainty (Mikulincer, Florian, & Weller, 1993) and an optimal context for the continuing development of a mature, flexible, and resourceful personality. Secure attachment also offers a *secure base* from which individuals can explore their universe and adaptively respond to their environment. This secure base promotes the confidence necessary to risk, learn, and continually update models of self, others, and the world so that adjustment to new contexts is facilitated. Safe connection with an attachment figure strengthens the ability to stand back and reflect on oneself, one's behavior, emotional responses, and mental states (Fonagy & Target, 1997). Securely attached individuals are better able to take emotional risks, to reach out to and provide support for others, and to cope with conflict and stress. Their relationships tend to be happier, more stable, and more satisfying than those of people with insecure attachments.

Secure attachment complements self-confidence and autonomy (Feeney, 2007). Secure dependence and autonomy are two sides of the same coin, rather than dichotomies (see also Hughes, Chapter 11, this volume, and Solomon, Chapter 9, this volume), as often presented in the couple and family literature. Security is associated with a more coherent, articulated, and positive sense of self (Mikulincer, 1995). The more securely connected we are, the more separate and different we can be. Health in this model means maintaining a felt sense of interdependency, rather than attempting to become "self-sufficient" and maintaining boundaries with others. The building blocks of secure bonds are emotional accessibility and responsiveness. An attachment figure can be physically present but emotionally absent. If there is no perception of emotional accessibility or engagement, an emotional process of separation distress results. In attachment terms, any response (even anger) is better than none.

Emotion is central to attachment, and this theory provides a guide for understanding and normalizing many of the extreme emotions that accompany distressed relationships. Theorists such as Panksepp (1998a; see also, Chapter 1, this volume) suggest that loss of connection with an attachment figure induces a particular kind of fear—a primal panic. This concept fits with Bowlby's belief that isolation is *inherently* traumatizing for human beings. Any form of threat to the individual or the relationship activates attachment emotions and

needs. Attachment needs for comfort and connection then become particularly salient and compelling, and attachment behaviors, such as proximity seeking, are activated. A sense of connection with a loved one is a primary inbuilt emotional regulation device. Attachment to key others is our "primary protection against feelings of helplessness and meaninglessness" (McFarlane & van der Kolk, 1996, p. 24).

If attachment behaviors fail to evoke comforting responsiveness and contact from a loved one, a prototypical process of angry protest, clinging, depression, and despair occurs, culminating eventually in grieving and emotional detachment. Depression is a natural response to loss of connection. Bowlby viewed anger in close relationships as often being an attempt to make contact with an inaccessible attachment figure, and he distinguished it from the anger of hope, where a viable response is expected from the other, and the anger of despair, which becomes desperate and coercive. In secure relationships protest at perceived inaccessibility is recognized and accepted (Holmes, 1996). An attachment-oriented therapist views many extreme emotional responses in distressed couples as primal panic or secondary reactive emotions to this panic. This approach differs from other perspectives, wherein these responses might be seen as signs of immaturity, a lack of communication skill, a personality flaw, or a sign of "enmeshment" in the couple's relationship.

In this theory, ways of regulating primary attachment emotions are finite, and individual differences in emotional regulation and expression are predictable. In secure relationships the connection to the partner is used as a form of comfort and creates a sense of emotional homeostasis. In insecure relationships there are only limited ways of coping with a negative response to the questions: "Are you there for me?" "Will you respond when I need you?" "Can I depend on you?" "Do you value me and the connection with me?"

Insecure attachment responses are organized along two dimensions: anxiety and avoidance (Fraley & Waller, 1998). When the connection with an irreplaceable other is threatened, attachment emotions, particularly anxiety, can become hyperactivated. Attachment behaviors become heightened and intense; anxious clinging, pursuit, and even aggressive attempts to obtain a response from the loved one escalate. Even when the loved one responds, the response may not be completely trusted, and a heightened emotional sensitivity to relationships cues may remain. This response can be momentary or it can become chronic and develop into a habitual way of dealing with emotions and engaging the partner.

The second strategy for dealing with the lack of safe emotional engagement, especially when hope for responsiveness has been lost, is to try to deactivate the attachment system and suppress attachment emotions and needs,

focusing on external tasks and avoiding attempts at emotional engagement. Unfortunately, the suppression of affect is hard work and ineffective, often resulting in increased physiological arousal and tension in both partners (Gross, 2001). If this affect regulation style becomes generalized, it effectively cuts off the person from an awareness of his or her emotional responses and needs and shuts out the partner. These two basic affect regulation strategies—(1) *the anxious heightening of emotion* eliciting hypervigilant clinging behaviors, and (2) the *detached avoidance*—tend to pull for confirming responses from a partner. A third strategy, *fearful avoidant*, (Bartholomew & Horowitz, 1991), wherein a partner clings and then, when closeness is offered, avoids, is associated with traumatic attachments wherein others are both the source of, and solution to, fear (Johnson, 2002).

The anxious and avoidant strategies were first identified via experimental separations and reunions between mothers and their infants. Some infants were able to modulate their distress on separation, to connect with their emotions and process them so as to give clear signals to the mother, and to accept her calming, reassuring contact when she returned. Then, confident of her responsiveness if she was needed, they returned to exploration and play. These children were viewed as *securely attached*. Others became extremely distressed on separation and clung or expressed anger to the mother on reunion. They were difficult to soothe and seemed to swerve between one reactive negative emotion and another. They were viewed as *anxiously attached*. A third group showed signs of significant physiological distress but showed little emotion at separation or reunion. The infants in this group focused on tasks and activities and were seen as *avoidantly attached*. These styles are "self-maintaining patterns of social interaction and emotion regulation strategies" (Shaver & Clarke, 1994, p. 119). Although these habitual forms of engagement can be modified by new relationships, they can also mold current relationships and so become self-perpetuating.

These strategies impact many key relationship behaviors because they sculpt the nature of emotional engagement with others. Research has found that secure attachment is linked to more positive and intense positive emotion and less frequent and intense negative emotion, such as anger in key, relationships. Shaver and Mikulincer (2007, p. 450) note that people who are securely attached can "reappraise situations, construe events in relatively benign terms, symbolically transform threats into challenges, hold onto an optimistic sense of self-efficacy and attribute undesirable events to controllable, temporary, or context dependent causes." In brief, these individuals have learned that distress is manageable.

Attachment affect regulation strategies also predict key relationship behav-

iors, such as responses to conflict and responses to seeking and giving support. Those with a secure style are generally happier and better able to reach out for and provide support (Simpson, Rholes, & Nelligan, 1992; Simpson, Rholes, & Phillips, 1996), and they have closer, stabler and more trusting, satisfying relationships (Collins & Read, 1990; Simpson, 1990). They can better acknowledge and communicate their needs and are less likely to be verbally aggressive or withdraw during problem solving (Senchak & Leonard, 1992). Research suggests that partnerships containing at least one secure partner are more harmonious and have fewer conflicted interactions (Cohn et al., 1992).

Strong emotion in attachment relationships also cues associated internal working models of self and other. Secure attachment is characterized by a working model of self that is worthy of love and care and is confident and competent and a model of others as dependable and worthy of trust. These models of self and other, distilled out of a thousand interactions, are not one-dimensional cognitive schemas: rather, they are saturated with emotion and translate into procedural scripts for how to create relatedness. More specifically, they reflect how emotion is regulated within specific relationships (Fosha, 2003). Emotion is an organizing force in working models rather than an outcome of them. Working models are formed, elaborated, maintained, and, most important for the couple and family therapist, revised through emotional communication (Davila, Karney, & Bradbury, 1999). In fact, to be optimally useful, they must be constantly revised as changes occur in interpersonal contexts.

Attachment theory outlines the basic human responses, particularly those needs and fears that structure long-term bonds. It offers a new and comprehensive understanding of romantic love (Johnson, 2008c) and a map identifying pivotal, emotionally "hot" events that seem to define relationships and in which individual identities are shaped. Attachment theory provides a way to identify key recurring moments of palpable emotional disconnection, wherein reactive emotions spark negative cycles, such as demand and withdraw, which then take over the relationship. It also identifies key positive moments of bonding that restore connection, create new positive emotions, and provide an antidote to negative cycles. This theory helps us understand when strong emotional impasses prevent the renewal of connection and how to use emotion in the service of restoring trust after an injury. These events, called attachment injuries, occur when partners experience abandonment and betrayal at times of intense need (Johnson, Makinen, & Millikin, 2001; Makinen & Johnson, 2006).

In summary, attachment theory provides the couple therapist with a clear set of goals, a focus, a compass to navigate the process of change, and a lan-

guage for the emotion-laden dilemmas and stuck places that cripple love relationships.

Emotionally Focused Interventions

EFT is a humanistic constructivist approach (Neimeyer, 1993) combining a Rogerian model of working with emotion with a systemic structural model of changing interactions. EFT uses emotion in the way that Bowlby suggested it be used (1991): as a primary source of information to the self and to others about needs and motives and as a primary route to connecting with attachment figures.

In general, the EFT therapist tracks, accesses, and evokes emotion as a source of information about people's needs and fears and how these "move" partners and so structure the relational dance. The therapist also helps clients to shift their habitual ways of regulating their emotions in interactions with their spouse; for example, by expressing anger indirectly through criticism and hiding softer emotions such as fear. The therapist helps clients unfold and restructure key emotional experiences that may be marginalized in their awareness, such as, for example, the experience of loss and abandonment that fuels rage or the sense of hopelessness underlying expressions of apathy or numbness. The therapist also uses primary "soft" attachment emotions, such as sadness, to shape new responses that are crucial to secure attachment, such as the ability to assert needs or ask for comfort and caring. The EFT therapist assumes that it is not simply naming or reframing negative emotions that is crucial for change; rather, a new experience of core attachment emotions, which then organizes new interactional responses, is necessary.

The goals of EFT are sequential. First, we seek to reprocess and restructure the negative emotions that constrain interactive response and create stuck cycles of insecurity in a couple relationship. Second, we seek to create new positive emotions and responses to one's partner that turn the relationship into a safe haven and a secure base. The change process moves through three stages: (1) negative cycle deescalation, (2) restructuring of attachment interactions, and (3) consolidation.

Rather than list the steps and interventions of EFT or describe this model in detail (Johnson 2004, 2008a), here I focus on key change events in EFT to show how negative emotional responses are reprocessed in destructive demand–withdraw cycles and how emotion is restructured to elicit positive responses to one's partner.

James and Sarah have been married for 25 years. James has always struggled

with depression and with a lack of confidence in himself. Sarah is a strong woman who has battled multiple sclerosis for years, volunteers in her community, and helps with her grandchildren whenever she can. James's therapist has suggested that his depression will not change, even if he attains the promotion he is seeking at work, unless his marriage improves. When I ask him how he seems the problem, he mutters that it is probably about how useless he is and how he cannot ever please his wife. Sarah explodes with frustration and talks about how he shuts her out and ignores her for days. James asks me, in a curt, tight voice, for exercises he can do to make his wife happy. She cannot ask for comfort but makes demands in a critical way. He cannot respond consistently but goes into his shell to protect himself and deal with his attachment fears. She then feels deserted and becomes enraged.

Once a safe alliance has been established, and the negative cycle is clear, I reframe the problem between the partners in terms of this cycle that leaves them both alone and helpless. As an EFT therapist, I now use my knowledge of the elements of emotion to open up James's response to his wife and access more primary emotions, using reflection, evocative questions, and small, specific but brief interpretations.

THERAPIST: So, James, can we stay here for a moment, please? You see the problem in terms of how "useless" you are and that you cannot please Sarah? (*He nods.*) How do you feel as you say this?

JAMES: Oh, I don't "feel" anything. I think she has these standards, and I always get a failing grade here. (*He begins to strike his leg with the flat of his right hand.*)

THERAPIST: That must be very hard, to see yourself as "useless," to never feel that you can please your wife? (*His face softens a little here.*) You feel that way a lot. Can you remember a moment just recently when that was very present for you? [The therapist homes in on the moment when strong emotions arise and key negative interactions take place.]

JAMES: Yes, last night. I actually asked her how she was feeling and she said, "Well, it took you long enough to ask. Why don't you just come and hold me instead of sitting over there asking me that question." I am wrong before I even start.

THERAPIST: [focusing in on the initial appraisal that begins the process] So, you were trying to show concern? (*He nods.*) But somehow the message you got was that you were already off base, on the path to failure, yes? That is hard, demoralizing. How do you feel as you talk about this right now? [The therapist

asks questions to evoke the specific emotional response and increase emotional engagement in the moment.]

JAMES: It makes me angry, actually. Whatever I do, she is going to sit there with her gavel and robe. I will hear that I have blown it. [He offers the secondary reactive emotion of anger, which is what his wife usually sees.]

THERAPIST: So you make an attempt to reach out to your wife. You get the message that you are not doing it right. You get mad, decide there is no point and then? (Links secondary emotional response to his actions in the negative cycle.]

JAMES: I just give up. I went upstairs and played around on the computer, and we didn't talk all evening. I guess you would call it "withdrawing." (*He opens his hands as if he is letting something fall.*)

THERAPIST: You get the message that you have "blown it," and you give up—and I notice that you open your hands as if letting something go. (*Therapist repeats the cue that contains the attachment threat.*) Then what? You go away and try to calm yourself?

JAMES: I just try to numb out—distract myself, I guess.

THERAPIST: How does it feel to say this right now: "I get mad for a moment but then I just give up and numb out"? Something about the message that you have "blown it" is very hard to hear.

JAMES: (*in a very soft voice*) Don't know, I'm just mad, you know. (*He sighs deeply.*)

THERAPIST: (in a soft, low, evocative voice) You are feeling mad right now as you say "I give up, numb out," and you sigh and open your hands as if the relationship were slipping through your fingers? (*He nods very slowly.*) How does your body feel right now as we talk about this? [Therapist attempts to expand James's awareness of emotion by focusing on body cues.]

JAMES: I don't want to talk about this. I feel heavy, weak, kind of defeated. I always feel that way. I'm used to it.

THERAPIST: And is that when this sense of being "useless" comes up—that you are useless? You can never please Sarah? There is a moment of anger, a kind of protest, and Sarah sees this and plugs into it, but this is just for a moment. Then you feel this heaviness, that you will always blow it, never get it right. You say to yourself that you are useless—not good enough—a failure—yes? [Therapist moves into the cognitive meaning he makes of his emotional experience—his model of self and other.] That must be very hard.

JAMES: Yes. (*in a bitter edgy voice*) I get that I am a big fat failure with her. And it's like there is nowhere to turn. So I just hunker down and go inside myself.

Maybe that is what she means when she says that I shut her out. (*He begins to rub his eyes with his hands.*)

SARAH: Yes. And then we get into that terrible circle where I get meaner and push you more, and you move even further away. [Sarah links all this to their negative cycle; often the therapist makes this kind of connection.]

THERAPIST: What happens to you, James, when you say to yourself, "I can't please Sarah. I'm useless, a big fat failure"? I notice that you are stroking your face. Maybe that is soothing?

JAMES: I don't want to cry. (*He tears up.*) I don't want to feel this. I feel so small, sort of ashamed of myself.

THERAPIST: Yes. You go away to hide all the shame and the sadness that your feel when you hear that message, that you are somehow failing with Sarah.

JAMES: I think I have lost her already. And that is scary too.

THERAPIST: Yes. Can you tell her, James, can you turn and tell Sarah, "I reach out and it doesn't work, and then you might see a flash of anger but inside I'm hurting—all this sadness, shame, fear of losing you—don't know what to do with that, so I numb out on you?"

JAMES: (*He turns to Sarah and smiles.*) It's like she said. (*They laugh.*) But no, seriously, in these times I just hear that I'm useless—useless to you. And that is so hard, so scary. So I give up on us and I go away. Can you understand that?

SARAH: Yes, I understand.

THERAPIST: And how do you feel about James as he says this?

SARAH: I feel closer to him. I respect that he is taking this risk. I don't want him to feel this bad.

In this excerpt, the therapist, through her empathy-laden explorations/interventions has (1) "discovered" with James his primary underlying emotions, (2) linked them to his steps in the relationship dance, and (3) had him express these feelings in such as way as to expand this dance into a new kind of connection with his partner. The therapist focused on the elements of emotion outlined by Arnold (1960) to unpack James's emotional world and allow him to show new aspects of himself to his partner. If necessary, the partner is supported to connect with and not dismiss this new view of his or her lover. This work allows for the reframe that James does not move away out of rage or indifference, but that he does so out of a sense of hopelessness and helplessness. In this mapping out of emotional experience and responses, secondary reactive emotions (i.e., his anger and numbing) are contained and placed in a

larger context. New emotions—his fear and helplessness—are accessed to set up new and more positive interactions.

Key Change Events in Sessions

In the best sessions of EFT ("best" as assessed by the therapist and the couple), particular change events occur in the restructuring stage that are associated with stable recovery from distress (Bradley & Furrow, 2004). Successful events are associated with therapists asking questions that evoke primary emotions—for example, "When your wife turns and says [whatever is the issue], what happens? I know you get angry, but in the second before you feel that anger?"—and heightening these emotions to create powerful expressions of attachment needs. A new construction of key emotional experience leads to a new kind of connection with the partner. The first of these change events occurs when more withdrawn partners *engage with their primary emotions and assert their needs* in a way that connects them with their lover. (They too yearn for love and closeness.) The second and more dramatic of these is *blamer softening*: Previously blaming partners reach for their now more available lovers and ask for their attachment needs to be met from a position of vulnerability, that is, in a manner that elicits caring from these other partners. At these moments both partners are accessible and responsive. In a *softening*, blaming partners essentially do what secure partners can do when they are distressed—that is, they listen to their own attachment feelings and needs, express them congruently and coherently, ask for what they need, take in and trust the offered comfort of the other, and internalize a sense of felt security and safety in the relationship. In these sessions, the elements in the blaming partner's emotional experience are ordered and made into a coherent whole so that this person's attachment needs are clear.

At the end of such an event, Sarah tells her James, "I get so desperate for you to respond to me that I just try to bulldoze you. Then I don't even see it when you are trying to be there. I'm just so scared. I can't feel this alone all the time. You told me you wanted me to step out of the judge's chair and give you a chance. I want to know that you won't leave me standing here all by myself. Hurting. It is so hard to ask you, but I want you to see my softer side and hold me. Can you hold me?"

These events are turning points in a relationship. This is where the clear expression of newly formulated emotions pulls for new and more loving responses from the other partner. The couple then have an expanded range of

emotion. Partners are able to move past narrow, secondary emotional responses such as irritation or numbing out, and they have a new ability to regulate their deeper emotions, such as abandonment fears, shame, and anticipated rejection. They develop an ability to share these emotions with each other to create positive connection. In this process both partners then learn that separation distress is manageable and resolvable. Disconnection can then be experienced as merely unpleasant, rather than potentially catastrophic. Furthermore, new emotion generates new cognitions, such as more generous attributions about the intentions of the other, new images of self, and new frames for relationship problems. Sarah says, "I believe that he wants to be there for me. I guess we just got so very stuck. The ways we had of protecting ourselves just scared the hell out of the other person. We have to help each other feel safe. Give each other the benefit of the doubt. I know that when he reassures me, it moves me deep in my heart. And I start to feel better about myself too. If he loves me, then I must be okay."

The Role of Emotion in Key Change Events

These change events are very powerful, and partners experience them as key bonding moments that transform their relationship. Beginning therapists often ask why this kind of heightening of emotion and these "hot" enactments are necessary, because, after all, clients find them challenging. The new neuroscience of emotion can help us understand the power of these events and become more precise in our interventions. In the beginning, the practice of EFT was crafted from observing videotapes and gradually grasping and systematizing the moves and moments that led to change. The therapist did what worked, without always knowing why or how things changed.

In these events, therapists first help partners reprocess and deepen key emotions, repeating cues, sensations, emotional images, and emotional action tendencies and linking them into a coherent framework of attachment needs and behavioral responses. Second, therapists routinely guide couples into enactments and insist that partners look at each other when expressing deep emotion, even if this is difficult for a partner to do. This difficulty with direct eye contact is also often apparent during events where partners are focusing on the forgiveness of injuries. Therapists try to ensure that deep emotions are expressed directly and poignantly to the other spouse and that only then, after emotion is heightened, does the therapist help clients formulate needs and reach for the other partner. It has become more and more apparent that these vital enactments in the second stage of EFT are especially powerful for those who were traumatized by attachment relationships or life events, because they

create not only improvement in trauma symptoms but also a new and more positive sense of self. They seem to be curative even when the emotional risks involved appear to be high.

New thinking and research on emotion in relationships help us understand more precisely what happens in these change events and how to mine them so that they transform the dancers and the dance. Some of this knowledge is very specific. For example, when people speak of their emotional response in terms of "hurt," this refers to a mixture of anger, sadness, loss, and fear and involves a cognitive sense of being devalued as a person and as a relationship partner (Feeney, 2005). This kind of information helps therapists capture a client's experience and connect with parts of this experience that may be less accessible or less well articulated. We can also move to a more general level and examine how some of the new science of emotion and relationships applies here.

Resonance and Mirror Neurons

Physicists speak of "resonance" as a sympathetic vibration between two elements that allows these elements to suddenly synchronize signals and act in a new harmony. This kind of resonance, in the form of a mutual coordination, can be seen between infant and mother in free play. The timing of responses is exquisite, facial expressions are synchronized, emotions are shared, and the intentions of the other are anticipated. There is a correspondence, a flow that is beyond empathy and has been suggested as the source of a deep intimacy or intersubjectivity (Trevarthen, 1980; Stern, 2004) between attachment figures. Each person's mind and emotion are attuned to the other's. Each person knows the other's mind and recursively knows that he or she exists in this mind. Some modern theorists speak of this kind of connection as a human need over and beyond that of secure attachment, but it is also equally possible to see this kind of connection as the flowering of the attachment process and an integral part of it. As Fonagy has suggested (Fonagy & Target, 1997), secure attachment is knowing that you exist in the mind of the other. Partners in softening episodes appear to resonate with each other in this fashion, to be totally present and able to synchronize moves and responses in an entirely new way. This is not just calming but also intensely rich and rewarding.

But how do we "feel" the other? How do we obtain this "felt sense" of secure, evolving connection. Neuroscience suggests that when we watch another move and act with intentionality, mirror neurons in our brains mimic the movement and action so that we feel this in our own bodies. This finding illuminates the process of empathizing with another or imitating another. Mir-

ror neurons appear to be part of our "wired-to-connect" heritage that primes us to reach out for and connect with others. For a moment, we share minds and a common world.

For the EFT therapist, it is essential to direct people to slow down and look directly at their partner when this partner is expressing a powerful emotion. In the process of creating forgiveness, for example, the injured party has to look in the other's face and see that his or her pain is "felt," that it impacts the offending partner. Without this level of connection, which potentially activates mirror neurons, apologies tend to be simply empty words. When partners, with the therapist's help, can safely focus their attention on the other and resonate with him or her, a natural wellspring of empathy and sensitive caring often appears even in those who, on a cognitive level, do not know "how" to be close and how to respond in a loving way. This kind of connection can be an entirely new experience for many partners, and it can only occur when the therapist provides safety and also actively structures risk taking and emotional engagement. Manageable stress stimulates the brain, creates new connections among neurons, and appears to create new cognitive integrations and hence new behaviors. Science is helping us fill in the blanks in accepted mechanisms of change in therapy, giving new meaning to the much-used phrase, a "corrective emotional experience."

The Physiological Impact of Key Change Events

The neurochemical base of attachment is also becoming clearer and helping us understand the powerful impact of key change events such as *softenings*. Research shows that in moments of responsive emotional engagement our brains are flooded with the "cuddle hormone" oxytocin (Carter, 1998). This neurotransmitter is produced only by mammals and is associated with states of calm, joy, and contented bliss. It seems to create a cascade of pleasure and comfort and appears to be the physiological basis of the safe haven that Bowlby outlined in his theoretical writings.

Researchers discovered the power of oxytocin when they compared the mating habits of two different kinds of prairie voles (Carter, Devries, & Getz, 1995). In one species, males and females are monogamous, rear their young together, and form lifelong bonds; in the other, males and females mate promiscuously and leave offspring to fend for themselves. The faithful rodents produce oxytocin, but their promiscuous cousins do not. When scientists give monogamous voles a chemical that counteracts oxytocin, these voles mate but do not bond with their partners. However, when researchers give the same rodents extra oxytocin, they bond tightly whether they mate or not.

In humans, oxytocin is released when we are proximal to, or in physical contact with, an attachment figure, especially during moments of heightened emotion, such as orgasm and breastfeeding. Kerstein Uvnas-Moberg (1998), a Swedish neuroendocrinologist, discovered that merely thinking about loved ones can trigger a release of oxytocin. The administration of oxytocin also appears to increase the tendency to trust and interact with others. Oxytocin reduces the release of stress hormones such as cortisol and so is beginning to be viewed as a hormone with real significance for the cardiovascular system (Gutkowska, Janowski, Mukaddam-Daher, & McCann, 2000). We are starting to understand the physiology that literally links the heart, the traditional metaphor for love and longing, with key interactions with loved ones who can soothe and comfort us.

These findings help explain the pattern found in EFT clinical practice and research that once distressed partners learn to emotionally connect and reach out to each other, speaking their attachment needs, new transforming moments occur. Partners return to these moments again and again, thus creating new patterns of emotion regulation and interpersonal engagement. When couples can create these moments, they have the tools with which to repair times of disconnection and create a safe haven within the relationship. This ability, developed by the couple, provides a way to understand the low relapse rate found in EFT outcome research.

Creating a Coherent Whole

Research on emotion suggests that it is not easy to modify powerful emotional responses, especially fear. As LeDoux (1996) points out, fear, once conditioned, is almost indelible. This is perhaps because nature favors false positives over false negatives where matters of threat and survival are at stake. The link between trigger and response can be weakened, but the emotional system does not allow data to be removed easily. However, to the great relief of psychotherapists, it does allow new additions that then create variations (Ekman, 2003). This perspective fits very well with the EFT therapist's respect for a client's presenting emotional response. There is no attempt to "get rid of" this emotion. On the contrary, it is validated and then developed further, so that, for example, anger recedes and the threat that is a vital part of that anger comes to the forefront. However, for the key emotions that guide interactions to be modified or expanded, it is also necessary for this emotion to be given specific meaning, in that it is placed in a clear interpersonal context and emotion, cognition, and response tendency can then be integrated into a new

whole. Once the client can so order difficult emotions, they become easier to tolerate and are able to be expressed in a more positive way.

This process meshes with the research on secure attachment conducted by Mary Main and her colleagues (Main, Kaplan, & Cassidy, 1985). This research, based on clients' ways of describing their relationships with attachment figures—mostly figures from their past, especially parents—suggests that the essence of attachment security is not what happened to these clients in these relationships, per se, but rather how they processed these experiences. Secure clients are able to talk about painful events in an engaged manner with congruent affect and are able to create a coherent story out of these events. They can stay with their emotions, reflect on them, and form clear interpretations of these past events. Those who are more insecure either, if avoidant, minimize the emotional impact of attachment experiences and create detached internally inconsistent narratives, or, if anxious in their attachment style, become overwhelmed by emotions, cannot maintain a focus, digress, become vague, or oscillate between differing perspectives and emotions. Insecurity involves an inability to integrate emotion, cognition, and expressive responses and thus interferes with the ability to maintain a coherent, consistent sense of connection and caring.

In a beginning couple therapy session, Doug, an anxiously attached man who experienced abuse in his childhood, states, "I don't know why I feel so mad at these little things, but I love her so much, she is everything to me. And I say to myself, 'That's it, if she isn't going to listen then maybe I am better off out of here.' I get so jazzed up. This is the only relationship I have ever had that meant anything. Don't you think that she has a sleep problem? Now if she slept better, maybe I wouldn't get so mad, or if she could just ignore my anger, then it would be better. But then it is never going to work between us anyway. So I just get mad or shut down." His ambivalence about connection and inability to formulate an integrated coherent response to his attachment needs and to his wife are key in maintaining his relationship distress.

A large part of key change events is not only the heightening of emotion and its expression to the partner, but the creation of a coherent experience within the client whereby emotion, behavior, and cognition are formed into a coherent, congruent, and integrated whole with the guidance of the therapist. In a softening session, Gail, a previously mercurial critical partner, is finally able to put all the elements of her emotion, which she elaborated in previous sessions, into an integrated whole. At the end of the session, she can feel intensely and can also reflect on her experience and stay open to Ed, her partner. She states:

"I don't feel angry right now. I feel more of those scary feelings we have

talked about. Part of me wants to keep you away and test you to see if you really care, just like I used to do in the past. Then all you see is this controlling, angry person. And I might even look kind of cool right now. But inside I have that sense of feeling small and not wanting you to see how helpless I feel. But I do feel this helplessness. (*She weeps.*) This is so hard. I do believe that you want to be there for me. And I understand now how we have hurt each other in this pattern we got caught in. But it is a risk for me to talk like this, to feel this. I am so afraid that if I ask you, if I let you see how much I need you, you will not respond. Then I will feel more alone, so alone. That aloneness is so cold, cold like death. I want to ask you. I need to know that you will turn to me, hold me. (*in a soft, voice, leaning toward him*) Can you hold me?"

Here Gail is able to integrate emotion and cognition, past and present, inner experience and outer expression, and consider her partner's perspective at the same time. This makes her message clear and makes it easier for Ed to attune to her and to respond. The role of the therapist is to actively link new emotion, cognition, models of self and other, and a shift in interactional moves into a mosaic of meaning and experience that supports a shift to more secure relating. The practice of EFT has evolved to include more deliberate reflection, repetition, summarizing, and linking of these different elements to create this coherence of mind and experience.

A Final Note

As mentioned previously in this chapter, the traditional concept of a corrective emotional experience as being an essential element of change in psychotherapy (both individual and couple) is now being elucidated by many different findings in various areas of psychology. What might be the key elements of such an experience and how might it be "corrective"?

First, emotion must come online; it must be aroused. Second, it must be attended to; the therapist plays a key role here in directing attention to different aspects of experience. Third, the client's emotional "soup," which includes more surface reactive emotions and more primary emotions, must be explored and ordered. This step involves more than clarifying and ordering of content; the process of experiencing—that is, how experience is structured from moment to moment and emotion regulated—must be included. A client becomes aware, for example, of different levels of emotion and coping mechanisms, such as habitual numbing and a felt sense of what this numbing conceals from view.

Fourth, as the client's emotional soup is explored, a network of associated

cognitions and inherent action tendencies emerge. Key cognitions,—especially about the nature of the self, the needs of the self, and the nature of relationships with others—are often accessible only when a client is deeply engaged emotionally. The structure and logic of different aspects of experience and how they interconnect are then elucidated. New emotions are also aroused, such as grief for the needs that have never been spoken or met. A new sense of agency is accessed as the client becomes aware of the manner in which he or she has actively created, and is now recreating, his or her inner reality. New insights and new motivations are then born out of this process.

Fifth, as previously discussed, all of the above is integrated into a new coherent whole where models of self and other can be revised and new responses become possible. This restructuring, once considered to be metaphorical, now appears to be literal. There is more and more evidence that new neural and synaptic pathways are laid down in the brain by new experience. The anatomy of the brain, not just the details of its wiring, has been shown to change, for example, in London taxi drivers, who show a growth in the posterior of their hippocampus associated with their years of experience storing increasingly detailed spatial maps of this city (Maguire et al., 2000). Therapy, such as cognitive–behavioral therapy for obsessive–compulsive disorder, has been shown in positron emission tomography (PET) scans to engage different brain circuitry and thereby foster a client's ability to resist habitual compulsions (Schwartz, 1998). The concept that significant new experience in therapy can reprogram the brain is intriguing. Repetitive and patterned activation lays down neural organization during development (Rueda, Posner, & Rothbart, 2005), and there is more and more evidence of the neuroplasticity of the adult brain as it responds to, and processes, new experience (Schwartz & Begley, 2002).

The therapist is essential to this process in many ways: as a guide directing attention, as an active surrogate processor of significant experience, and as a source of support and safety so that the therapy experience does not become overwhelming. Interesting questions to consider are:

- In the client's processing of an emotional experience, when does the therapist exert the most corrective influence?
- Does the therapist act as a top-down surrogate processor for and with a client, perhaps helping to provide a cognitive reappraisal, a new meaning for already existing emotional realities?
- Does the therapist help to activate and draw attention to physiological sensations, nonverbal cues, cognitive and emotional shifts—in fact to the "felt sense" of the client's experience, as neural circuits are firing and

being challenged, thereby exerting influence in a bottom-up manner and changing perception?

It is clear that the social proximity of a close other, a trusted therapist or an attachment figure, can influence the perception of threat in the brain and reduce anxiety, thereby changing the essential nature of key emotional experiences as they occur. Coan (2007) suggests that social affect regulation is a relatively bottom-up process as opposed to solo affect regulation, which is more top down, and, since it happens later in the process of experiencing and requires more effort, less efficient. The empathic presence of the therapist, found to be so crucial to change even in cognitive therapies (Castonguay et al., 1996), then allows for a new engagement with experience *as it occurs and is being encoded in the brain.* In turn, neural circuits are shaped and reshaped as they are challenged (Coan, personal communication, June 24, 2008).

In couple therapy, the potential for a corrective emotional experience is heightened considerably by the ease with which emotion may be activated in the ongoing drama with the other partner and by the use of new interactions with this partner to generate both new experiential inputs and new reappraisals of familiar experience. When both partners then send clearer and more coherent emotional signals and so create a closer and more attuned interpersonal dance, they literally are able to shape a new and transformative emotional world for each other.

On a more general note, new understandings of our inner emotional life and the new science of relationships (Berscheid, 1999) are coming together in ways that would have been unimaginable only a few decades ago. The great unknowns—the nature and importance of emotion and the nature of adult bonding—that impact formulations of the change process in couple and individual therapy are enigmas no longer. Even the facilitation of relatively complex emotional responses, such as compassion for others, is able to be systematically addressed. For example, attachment research finds that accessing images of loving attachment figures reliably primes softer emotions such as compassion for others (Milkulincer et al., 2001; Mikulincer, Shaver, Gillath, Nitzberg, 2005). Change is now possible with couples whose emotional responses are extreme and cycles of interactions are rigid and infused with the echoes of past traumas (MacIntosh & Johnson, 2008). In couple therapy, we can now systematically create attunement and compassionate responsiveness, but only if we know how to enlist the most powerful force in human behavior—emotion.