

## **INSIDE BLAMER SOFTENING: MAPS AND MISSTEPS**

**BRENT BRADLEY, PH.D.**  
University of Houston-Clear Lake

**JAMES FURROW, PH.D.**  
Fuller Graduate School of Psychology

*The Blamer Softening event in Emotionally Focused Couple Therapy is a critical change event that is indicative of successful treatment outcomes. Facilitating this event is a common challenge for the EFT therapist. This article reviews a mini-theory of blamer softening based on the work of Susan Johnson, co-author of the approach. Additionally, five common obstacles that often derail the softening process are identified and explained. Clinical examples are used throughout to highlight best therapist practices associated with successful softening events. This work represents another step forward toward a detailed understanding of the softening event.*

### **INSIDE BLAMER SOFTENING: COMMON MISSTEPS**

Recent reviews of couple therapy underscore the vital role of engaging softened emotions in promoting successful treatment outcomes with couples (Hetherington, Friedlander, & Greenberg, 2005; Snyder, Castellani, & Whisman, 2005). In Emotionally Focused Couple Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 2004) the softening of a more-blaming or pursuing partner is a pivotal change event. Johnson and Greenberg (1988) consider this softening event to be a “watershed event” that is distinctive of best sessions of EFT. Bradley and Furrow (2004) propose a mini-theory of the successful softening process based on a task analysis (Bradley & Johnson, 2005b) of prototypical softening events conducted by

An earlier version of this material was presented at the 2006 Emotionally Focused Therapy Summit, Ottawa, Canada.

Brent Bradley, Ph.D., Family Therapy Program, University of Houston-Clear Lake, Houston, TX, 77058.

James L. Furrow, Ph.D., Department of Marriage and Family, Fuller Graduate School of Psychology. Address correspondence to Brent Bradley at the University of Houston-Clear Lake, 2700 Bay Area Blvd, Houston, TX 77058-1098. Email: info@thecftzone.com

Dr. Johnson. In this article we explain the critical role of softening in EFT by examining the in-session themes that organize this powerful event. Following this we identify five common obstacles therapists face in facilitating this critical change event. These obstacles summarize frequent therapist challenges found in the authors' supervision and review of numerous softening attempts. Clinical illustrations are utilized throughout the article, and all names and identifying information have been either removed or changed.

### SOFT EMOTIONS AND THE PROCESS OF COUPLE THERAPY

Emotional processes remain foremost in an understanding of the process of change in couple therapy. Snyder, Castellani, and Whisman (2005), following an extensive review of the couple therapy literature, conclude that a therapist's facilitation of emotional regulation at both the intra and interpersonal levels is a primary influence in reducing relationship distress and the likelihood of dissolution. Likewise, client perceptions of successful conjoint treatment reflect attention to emotional experiences such as greater validation of personal and shared experience, hope, and a felt security in the relationship (Hetherington, Friedlander, & Greenberg, 2005). Strategies that reduce blaming responses and foster vulnerable emotional expressions are increasingly prominent in couple therapy approaches (Jacobson & Christensen, 1996; Johnson, 2004). In EFT, blamer softening is a critical event that is both evidence and example of the primary role of emotional engagement in successful couple therapy.

Primary shifts in internal emotional experience lead to changes in interactional patterns in EFT. Changing positions in a couple's pattern promotes new opportunities for a more secure bond in the relationship. Emotional experience is a critical moving force in promoting these changes. Johnson and Greenberg (1988) note that best sessions of EFT are more likely to include heightened levels of emotional experience, interactions that include emotional disclosure and validation, and a softening event. Similarly, Greenberg, Ford, Alden, and Johnson (1993) demonstrate how deepening emotional experience is related to more affiliative responses and changing patterns of interaction. Furthermore, Bradley and Furrow (2004) found that successful softening events are more often associated with deep client experiencing and disclosure of attachment-related affect (e.g., sadness, shame, fear). Client experiencing of this affect was central to promoting both intrapersonal awareness and interpersonal restructuring of interactions leading to bonding events. A therapist's ability to focus, engage, heighten emotional experience, and facilitate powerful attachment-focused enactments is essential to successful EFT treatment (Bradley & Johnson, 2005a).

### BLAMER SOFTENING

Blamer softening is one of three significant change events in the EFT approach with couples. Blamer softening occurs in Stage II of the approach when:

A previously hostile/critical partner asks, from a position of vulnerability and within a *high level of emotional experiencing*, for reassurance, comfort, or for an attachment need to be met. (Bradley & Furrow, 2004, p. 234)

The softening event results in the restructuring of a couple's emotional bond, where a rigid cycle of negative interaction is transformed through the engagement and response to attachment-related affect, needs, and longings. This shift toward vulnerability is typically followed by the accepting response of the other partner to the new and emerging position of the softened blamer in the relationship. Increases in partner accessibility and responsiveness are evidence of the couple's move toward a more secure bond. Softening events serve as an "antidote" to the negative interactional cycle that previously defined the couple's relationship as insecure.

Ironically, blamer softening is the change event most indicative of treatment success, yet it is also the most difficult for the therapist to master. Johnson and Talitman (1997) suggest that blamer softening events are the most common impasse encountered in EFT, a point also echoed in earlier process research of EFT best sessions (Johnson & Greenberg, 1988). EFT studies demonstrate that recovery from relational distress is linked to successful softening events (Johnson & Greenberg, 1988), in large part because they promote increases in level of safety, trust, and emotional contact.

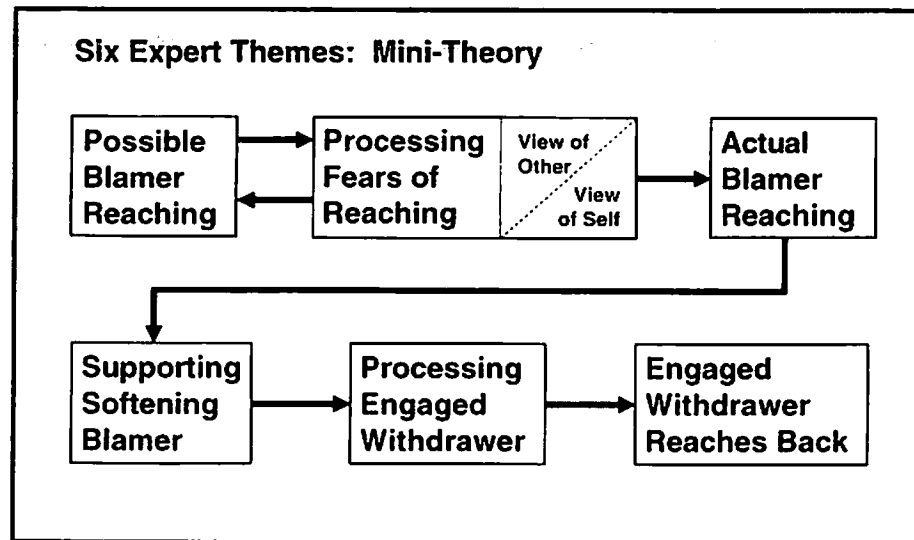
### MINI-THEORY OF BLAMER SOFTENING EVENTS

The mini-theory of blamer softening identifies six key therapist content themes and uncovers distinct interventions relied upon within each theme (Bradley & Furrow, 2004). What emerges is a clinical "map" of what and how the expert therapist intervenes moment-by-moment to successfully navigate with couples through the most difficult, yet vital, aspect of EFT (see Figure 1). Each therapist content theme describes a shift in the therapist's focus through the softening event. The themes follow a predictable pattern with each theme building on the previous. The mini-theory, while linear in its progression, acknowledges circularity when therapists move back and forth between the first two themes before shifting to the actual enactment. The mini-theory provides direction to EFT therapists who, while knowing the softening is at hand, often become mystified by the intensity of a softening partner facing his or her own attachment fears and longings for comfort and connection. An examination of the mini-theory's six content themes with clinical illustration follows.

#### Possible Blamer Reaching

The softening process begins with an invitation. A therapist invites the more-blaming partner, whose heightened awareness of previous unspoken vulnerability

Figure 1. Blamer-Softening Mini-Theory



is evident in session, to imagine what it would be like to reach toward the other in the midst of these vulnerable feelings. Up to this point the therapist has set the stage for the softening event by helping the couple explore how the more-blaming partner's angry, sullen, and/or sad experience has dampened the couple's hopes of mutual accessibility and responsiveness. The therapist's invitation provides initial "choreography" for the new dance a couple will engage in through the softening change event (Johnson, 2004). The following example illustrates the therapist's use of a "first person stance" to help the blaming partner begin to imagine a new position in the relationship (Bradley & Furrow, 2004).

(T: Therapist, F: Female, M: Male)

T: Elisa, have you ever gone to Juan when you feel so discouraged? Have you ever turned to him and said, "It makes me sad sometimes when things like this come between us. I feel so alone, afraid, like I have lost a part of you." Have you ever shared this with him when you feel this way?

F: Oh no, I couldn't do that!! No way! Forget it.

T: So you don't turn to him, let him see the part of you that is so sad. It would be too hard . . . too risky?

The therapist provides both a frame and words for scaffolding this expression of vulnerability, helping the blamer imagine the risk of sharing her attachment-related affect in a moment of connection distress. A typical response to this "imaginative sharing" may include hesitation, fear, or indignation at the thought of being so vulnerable. The therapist in turn reflects this response, drawing specific attention to the emotional experience of the reluctant partner. Heightening the blamer's response intensifies the fears underlying the anxious defense and shifts the focus to the blamer's fears of reaching, which is the second theme in the softening mini-theory.

### Processing Fears of Reaching

The therapist's focus on a softening blamer's fears of reaching toward his or her partner in a moment of heightened vulnerability is the most critical theme in the softening event. Accessing and processing these fears enable the engagement and evaluation of the powerful emotional schemas that shape views of self and view of other (Greenberg & Korman, 1993; Greenberg & Safran, 1987). These internal working models inform how each person in the relationship will respond to a perceived loss of access to a significant attachment figure (Bowlby, 1969, 1988). Bartholomew demonstrates a distinct relationship of attachment insecurity and views of self and other (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994).

In processing a client's fears of reaching, the therapist listens for the blamer's fear of a partner's negative response. This fear may anticipate contempt, criticism, or shame in response to the blamer's bid for support. A softening blamer may say:

F: Why would he be there for me if I opened up this much to him? How can I trust you? No one has ever really been there for me.

Other pursuing partners may respond with both fear and avoidance. Their negative view of other is also colored with a negative view of self. In the illustration below, the blamer fears the negative response of the partner in part because she feels unlovable, deficient, or unworthy of concern—a negative view of self. A blaming partner may say, for example:

F: I know he says he cares and that he'll be there for me. I can even feel it. But I guess it's more about me. How can he really love me? I mean, just look at me? If he really saw me . . . he wouldn't want me.

The therapist promotes the accessing and reprocessing of these fears associated with views of self and other by maintaining an unchanging focus on the attachment-related affect. The experiencing and processing of these fears is supported by framing these primary emotions in the context of the partner's attachment-related needs and longings (Johnson, 2003). Accessing and staying in the client's emotional experience is critical. Johnson's (2004) concept of RISSSC<sup>1</sup> expresses the evocative tone that a therapist must maintain to heighten underlying emotion. Therapists are more likely to use heightening, evocative responses, and empathic conjecture to bring the softening blamer to the leading edge of his or her fear (Bradley & Furrow, 2004). These authors found that Johnson spends the most time and is most active in the fears of reaching theme. Choi (2006) confirmed that these successful softening sessions evidenced a deeper level of emotional processing seen in the elevated levels of client emotional experience (Greenberg & Pascual-Leone, 2006; Klein, Mathieu, Kiesler, & Gendlin, 1969). A pattern of increasing emotional experiencing immediately preceded the actual softening reach of the blamer. This lends further support to the observation that softening events require the therapist to take the client's emotional processing to a "boiling point," before moving to initiate the enactment of the softening reach (Bradley & Furrow, 2004).

The therapist then revisits the invitation to make the softening reach with emphasis on both what the client might say as well as the newly distilled fear that makes this reach so difficult. The therapist "seeds" the attachment by both validating the fear, and helping the blamer envision what might happen if the fear itself was no longer an obstacle (Johnson, 2004). The therapist might say:

<sup>1</sup>RISSSC is an acronym used by Johnson (2004) to summarize the approach a therapist uses to engage and heighten more difficult or vulnerable emotional experiences. R = repeating key words and phrases; I = using images to capture emotion; S = using simple words and phrases; S = slowing the pace of response to the client; S = softening tone of voice, soothing; C = using client's language, words, and phrases.

T: You never show him this part of you, the part that says, "Don't trust him. Don't open up to him. He won't be there and that kills you. It's not worth it. It's too risky?" (client nods no) So you could never say to him, "I am so scared to trust you. So afraid you won't hear me. I need to know you care, you care about me. Could you reassure me?" You could never say that, right? It's just too hard. Too scary?

The therapist uses a first-person stance to heighten the attachment longing in her experience and to offer her words to help her imagine how she could express this need. The therapist's frame intensifies the client's attachment-related affect and gives direction for its expression.

### Actual Blamer Reaching

At this point the therapist makes a directive statement to the softening partner to reach to the other. The therapist makes a simple request to reach, yet the heightened affect of the client makes this one of the most intense moments in the EFT process. The therapist typically says:

T: Elisa, would you please turn to him now, and share with Juan in your own words, let him know how scary this is and what you need from him?

The instruction is short, direct, and to the point. Bradley and Furrow (2004) deemed this the "softening reach" as it initiates the softening enactment portion of the event. The therapist remains doggedly steadfast and maintains a focus on gently guiding the vulnerable disclosure while blocking the blamer's tendency to detour and reduce the intensity of the moment. The therapist's active direction is essential in helping the softening partner risk to take a new position in the relationship.

### Supporting the Softening Blamer

The therapist remains active in structuring the softening event by providing support and processing the experience of the softened partner. Following the softening reach the therapist validates the risk and affirms the new position taken. The therapist might validate with a soft tone:

T: I think that was great Elisa. You really let him know how hard and scary this is for you. You made it clear what you need from him. That was a real risk you took, and it was amazing.

The therapist then aids in the processing of the experience using an evocative question to help the client process and bring new meaning. The therapist might evoke:

T: What's it like for you now Elisa, now that you have risked and shared with Juan? What's going on inside now?

Therapist validation and processing of the softened blamer's reach, and the new position taken, enhances the safety and importance of this reach. It also assures that support for this new and vulnerable position is not solely dependent on the response of the partner.

### **Processing with the Engaged Withdrawer**

The therapist moves to the engaged withdrawer, focusing on his immediate affective response to the softening reach and risk just taken, recognizing that the expression of the blamer's attachment-related affect from a place of vulnerability is likely to pull for a comforting response. Using an evocative response the therapist might say:

T: Juan, you've just heard Elisa share with you how scary it is for her to show you her sadness, and her fear that you won't like that part of her. She really risked just now, and it was powerful. What is happening inside as you see her risk with you like this?

The tone is soft and the pacing slows as the therapist invites Juan into the significance of the moment and to the emotions he is experiencing. The therapist "sets the table" for the withdrawer to process the emotional impact of the reach by giving special attention to the attachment-related affect expressed in the blamer's reach. It is important for the therapist to help the engaged partner shape his response, emphasizing accessibility and responsiveness to his partner's need for safety. The therapist may then reflect and reframe the engaged partner's response into an attachment context, ending with an evocative response:

M: I guess I never really got how hard this was for you. I get it now. This makes me feel so much closer to you. I want more of this. I don't want to push, but I do want more of you like this.

T: So this is new for you. You have not seen this side of her and it's hard to know what to say? Part of you wonders, "Can I trust it?" And another part says, "Hold her. Let her know you are there for her." It's like that part is saying to her "Trust me. It's okay. I am here." Is that what it's like for you?

It's important to note withdrawer's how the therapist continues to "set the table" for the engaged withdrawer's response of reaching back with support. Here we see the therapist using client language to underscore the attachment-related themes and invite a secure response. Trusting attachment theory, the therapist reframes the partner's underlying emotional response to comfort, soothe, and support.

### **Engaged Withdrawer Reaches Back with Support**

As the therapist heightens the engaged withdrawer's emotional response to the softened blamer's reach, the building intensity naturally sets the stage for the engaged withdrawer to respond with support to his partner's request.



M: Sure I care. This is just new. I hate to see you hurt like that, and wonder if I care. I want you to know that, to have confidence in me, that in spite of all we have been through, I really care about you. I *will* be there for you. I *am* here for you now.

The softening mini-theory provides a descriptive and thematic review of a master EFT therapist working through softening events. It should not be thought of as a prescriptive list of steps requiring rigid adherence, however. For some couples the reach of the blaming partner is enough to prompt an immediate supportive response of the engaged withdrawer. The therapist in turn is processing the meaning of the more-blaming partner's reach and the subsequent reach back of the engaged withdrawer simultaneously. At times the power of the softening partner's primary emotion simply moves the couple to new positions ahead of the therapist's direction.

### SOFTENINGS DERAILED: FIVE COMMON OBSTACLES

Even the most experienced EFT therapist finds the pursuit of a successful softening illusive at times. We now consider five key obstacles that often derail softenings based on our own studies of the change event (Bradley & Furrow, 2004), ongoing EFT supervision, and review of our own in-session work. All five of these obstacles illustrate the systemic and relational nature of EFT, which derives largely from attachment theory—a systemic, interactional view of personality development throughout the life cycle (Bowlby, 1988). While these five points are applied to softenings here, they are important elements of effective application of EFT throughout the process of therapy.

#### 1. Absence of an Attachment Base

When times seem hopeless and partners are in great despair, the EFT therapist has a strongly research-based in-session anchor in attachment theory to help weather the storm. At times, however, the negativity and hopelessness that have overcome the couple may entice the therapist to abandon the attachment anchor in lieu of individual conceptualizing, problem solving, or other techniques. This is certainly understandable, as couples therapy can become akin to attempting to lasso a tornado. But when therapists stray from the attachment anchor they run the risk of losing the therapeutic calmness available when viewing current couple distress as stemming from an underlying attachment insecurity. The effective therapist sees the current destructive drama being played out in front of them as covering up the real, underlying scripts of fears associated with being alone in the world, and/or of panic at possibly losing the love that so greatly sustains.

The EFT therapist formulates responses through an attachment lens—reflecting and reframing back to the couple the mostly unseen but all-to-often deeply felt attachment-related affect and behaviors. It simply is not enough to work with

primary emotions when seeing couples—they must be reflected, reframed, and heightened in an attachment context. Attachment theory allows the therapist to pinpoint central themes and emotions that unlock the processes of how human beings create and maintain safe and secure emotional love bonds. Bowlby (1988) explains that such behavior is to be expected when one feels that a primary attachment figure is inaccessible. According to Bowlby (1988), the capacity to form intimate emotional bonds with significant others is “a principle feature of effective personality functioning and mental health” (p. 121). Reactive behaviors seen in couple therapy actually reflect the urgent and healthy desire for comfort and support that adversity often delivers.

Below are illustrations demonstrating differences between therapeutic stances simply reflecting emotion versus reflecting emotion within an attachment context. There are also process notes in italics after certain segments to help further clarify key elements of working within a specific attachment context.

#### *Lack of an Attachment Base/Anchor*

T: What I think I am hearing is that supportive comments from him help, but if they are critical, that's what gets you into trouble.

F: I probably shut down and actually get depressed. It's almost kind of consuming. There's this big elephant in the room. It's hard for me to focus on anything other than the elephant.

T: So it's when you get a negative comment—that's the elephant.

F: Yes, it's hard to shrug it off when it comes from someone whose opinion I value so much.

T: You get depressed and sad.

#### *Replay within an Attachment Base/Anchor*

F: I probably shut down and actually get depressed. It's almost kind of consuming. There's this big elephant in the room. It's hard for me to focus on anything other than the elephant.

T: Let me see if I am getting this. When he's not available or safe, that sense of disconnection consumes you, right? (she nods) And he means so much to you that, when there is this disconnection, perhaps because he is angry at you and you protect by withdrawing. You feel so overwhelmed, and perhaps alone, that you can hardly function. Is that close?

Note how the therapist in the second segment goes far beyond the first therapist. While they both reflect emotion, the second therapist reframes all behaviors and emotional responses within an attachment context. The negative interaction between partners, for example, is cast into the light of emotional disconnection, missing each other, and about being alone and apart from each other. These are all central attachment themes.

F: (silence) I guess so . . . But I don't go there often. That's too painful.

T: It's too painful to go there. . . to realize how much you miss him, how far away he seems? It's too hard to face the elephant?

Again, the therapist reflects from within an attachment context by emphasizing "missing him" and how he seems "far away."

#### *More Brief Illustrations of Working with an Attachment Base/Anchor*

M: I get so down when we fight. Sometimes I just need to go to the garden and be alone.

*Reflecting Emotion:*

T: You get overwhelmed and sad. You need to go to the garden to take care of yourself. It's important for you to take care of you.

F: I've learned that I have to take care of me.

*Replay: Reflecting Emotion with an Attachment Base/Anchor:*

T: It's so painful when you two fight. You get sad, and sometimes you go into the garden to deal with how disconnected and alone you feel from her. Is that close?

M: I've had enough. I get so tired of her anger. Nothing I do is good enough. She's never happy with me. I don't know what else to try.

*Reflecting emotions:*

T: You're exhausted. You don't know what else to try.

*Replay: Reflecting emotions within an attachment context:*

T: You try and you try to please her, but nothing seems to be enough. You can't get through to her. You can't reach her . . . please her. You keep running into a wall, a wall of separation. Am I hearing you?

The therapist heightens the sense of emotional disconnection from within an attachment context. As is the case when using reframes, the therapists in these illustrations do not wait for the partners to use explicit attachment or even relationship language. Rather, they reframe back to them from a therapeutic stance that is anchored in attachment theory.

## 2. Attachment-Related Affect Distance

In EFT supervision we often stress that talking *about* an issue is not that helpful when it comes to change. Rather, we encourage moving right *into* an issue and processing the emotion that arises in the immediacy of the session. This process is usually alive and relevant for both partners. Especially when choreographing softening events, therapists have to learn to really *use* emotion—moving repeatedly from inside to in-between in a circular manner. The *inside* pertains to the emotional experience happening internally for clients in the moment, while the *in-between* stems from that internal experience and leads to the sharing of one's internal affect and associated meanings with their partner. Some therapists struggle with this, preferring to talk about, for example, how someone's pain keeps them

from opening up toward their partner. But it's not enough to sit back and talk about issues and emotion, or look at them from a distance, regardless of how on-target or insightful such observations may be. We must walk together *inside* of emotion, so to speak. Johnson (2004) says that emotion colors everything, is the music of the attachment dance, and gives meaning. And it's not just emotion mind you—it's attachment-related emotion. When processing a softening event it is vital that the therapist move *into* the softening blamer's affect so that attachment fears and needs are activated and become amendable to change.

The first vignette below demonstrates an attachment-related "affect allergy mode," whereas the second vignette illustrates moving *into* the attachment-related affect with the softening blamer.

#### *Attachment-Related Affect Distancing*

M: I keep telling her that the time she spent with that other man while on the business trip bothers me. I can't get over it. She says they are only friends, and that nothing has ever happened . . . but . . . (head goes down and he goes silent)

F: I've told him over and over that there was a group of us. We were there working to help the poor build homes for goodness sakes! Of course there were some photos of us hugging each other—it was the mood of the whole ordeal. But nothing happened—and I just can't get him to understand that!

M: I understand what you're saying. But I still . . . I still see those photos . . . and I heard your voice on the phone during that month away . . . It just doesn't seem right. It really bothers me. (head stays down)

T: (to F) Is it okay for him to be sad? Is that okay for you in this relationship? (she says yes) (to M) Is it okay for you to allow yourself to be sad in this relationship? (he says yes) I just wonder if it is okay for each of you to let the other really feel emotions, and not try to talk each other out of them.

The therapist helps the couple see their emotions from an educating distance, and seeks to make emotions allowable rather than moving into emotion by evoking and heightening them.

#### *Using Attachment-Related Affect*

T: (to M) Help me out Bill, but there's something about hearing her voice on that phone when she was away from you, something about that really gets to you, even now. When you say that, when you touch that place, you look down, like it kind of hurts you right now.

M: It does. (slowly shakes his head, still looking down, big sigh)

T: You sigh really big now, what's happening for you inside now?

M: I am sad. To see her with another man . . . to hear her excitement . . .

T: It's like, "When I see you with another man, or I hear joy in your voice over another man, I get really scared that I might not be the one for you. If you're so happy

with someone else, why would you come back and settle with me?" Is that close to what's happening for you?

M: Yes. It's very scary. (another big sigh) For the first time ever I feel a real distance between us. She says she doesn't feel it, but I do. And I can't shake it.

T: Yeah, you get really scared when she seems happy with another man. A part of you really starts to be afraid that she might not want you first in her life—right? (he nods) That *is* scary Bill. And because of this you feel this distance between you, like somehow you two are not as securely connected as you were before this trip. My sense is this is powerful for you—as you say, "I can't shake it."

T: (to F) Did you know that you meant this much to him? That when he hears an excitement in your voice over something that, true enough, might seem very innocent to you indeed, but when he hears it, it signals an alarm that *racks* him. He gets scared that maybe he isn't Number One to you anymore, maybe you do find it nice with another man. This grabs hold of him and practically shuts him down. He is racked with sadness and fear that perhaps you are pulling away from him. What's it like for you to sit here and hear him share his pain like this?

The therapist goes *into* the male's attachment-related affect by evoking and heightening sadness and fear surrounding loss of connection, and possible loss of relationship. The three of them are not talking about issues and associated emotions; instead the process works with emotion from the inside out—letting the emotional unfolding lead the way.

### 3. Attachment-Related Fear Allergies

Processing a softening blamer's fears associated with reaching to the other and asking for comfort and support is a major element in successful softenings (Bradley & Furrow, 2004). Not surprisingly, Bowlby (1988) pinpoints that fear often blocks bids for attachment. It's frightening to lay oneself out to the other, asking for comfort and reassurance. A negative response could elicit tremendous shame and pain—confirming that others can't be depended on, or that one's self really is unlovable and disgusting—or both. These are intense attachment-related fears that, if left unprocessed, can paralyze partners in their tracks, rendering them alone in their fear and unable to move forward toward their partner. It makes perfect sense that attachment-related fears would powerfully surface during the most intense change event in EFT—the blamer softening.

More novice therapists often overlook fear in-session, perhaps due to not knowing the importance and/or manner of processing attachment-related fear. It's as if there is a fear "allergy"—stay away at all costs! It's crucial, however, that EFT therapists master processing attachment-related fear to help guide couples in their most vulnerable moments. In line with the overall process of change in EFT, the therapist honors and processes attachment-related fear by evoking it, reflecting it, heightening it, and seeking to fully understand that fear within the context of the partner's current and past relationships.

The first transcript below illustrates an attachment-related affect “fear allergy” in which the therapist steers clear of processing the client’s fears. This is followed by an illustration of the therapist honoring and beginning to process the client’s fears.

*Attachment-Related Fear Allergy*

M: I don’t know . . . I get so down on myself. I am so weak.  
 T: Do you ever go to Wendy when you’re feeling like this, so down and blue . . . so weak? Do you ever go to her then and say, “Wow, I am feeling so down on myself right now?”  
 M: Oh no. No. No I don’t do that. I am not sure I could.  
 F: No. I never hear that come out of his mouth.  
 T: (to F) He doesn’t show you this part of him? (she nods no)  
 T: (to M) What would that be like for you, to go and share with her how weak you feel? How would that be for you to let her in then?  
 M: That would be very . . . scary. (attachment-related fear)  
 T: Do you think she would be open to you coming to her?  
 M: I don’t know.  
 T: (to F) Could he come to you when he is down like this, feeling so weak and blue?  
 F: Yes he could, as long as he wasn’t angry at me. I’d love it.  
 T: (to F) Could you tell him that now?  
 F: You could come and tell me when you’re down. That’d be fine.  
 M: I don’t know about that. I don’t think I could do that.

Note how the therapist fails to process or even reflect M’s fear, instead moving to checking-in to see if F would be open to the idea of M sharing with her when he feels so down on himself. This seems rational, but when M is entrenched in feelings of weakness, his fears of reaching toward F are so strong that they keep him far from being able to move forward and confide in her. The blocking agent—the fear itself—needs to be heightened and processed to help M move forward through his fear and toward his partner.

*Processing Attachment-Related Fear*

T: (to M) What would that be like for you, to go and share with her how weak you feel? How would that be for you to let her in then?  
 M: That would be very . . . scary. (attachment-related fear)  
 T: It’d be really scary to let her in then?  
 M: Oh yeah. She could really hurt me then. I mean, that would put me in a very delicate position.  
 T: Delicate position?  
 M: Yeah. I mean, that’s when I am already feeling pretty worthless. To risk letting her see that while I am in that place . . . whew. That’s just so scary to even consider. Whew!

T: Correct me here if I am missing, but it's like this fear comes over you and says, "Don't you dare share this with Wendy! Don't you dare risk letting her in! She will hurt you—don't do it." Is that close to what happens?

M: That's quite vivid isn't it. (silence) But I'll tell you, that's what happens inside of me. (looks down, sighs heavily)

T: This fear is big, isn't it?

M: Man yeah it's big. It goes WAY back too. I remember my dad telling me I wasn't going to be able to hold a job, that I was lazy. I got so down on myself then, and I was so alone.

T: So this fear of risking letting her in, this isn't trivial at all, is it? (he nods) This fear is strong, and it goes way back for you, right? (he nods) You learned early on to just shut up and keep it to yourself. So the thought of actually opening up and showing how weak you feel to Wendy, wow, you are really fighting some long-standing fears.

M: Absolutely. It's big.

The therapist stays with the client's fear by reflecting and heightening it within the context of reaching out for the other partner. By staying with the fear, the client leads the process back to his childhood and his father. The therapist stays with the client, honoring the fear and its history, and then placing it back into the context of the current relationship in an experiential manner.

#### 4. Internal Views of Other and Self Unacknowledged

During softening events the softening partner often experiences painful emotions that are best conceptually placed within attachment working views of other and self. This is most often processed in-session by using "parts" language, which helps tease out "opposing" parts in the here-and-now (Greenberg, Rice, & Elliot, 1996). It also has the effect of collaboratively going into and with a client's defenses, rather than trying to work against them. Conceptualizing the difference between internal views of other from views of self helps inform and direct the therapist to listen for both. This differentiation allows for a more precise processing of attachment-related affect and behaviors in the context of different internal working models. Processing a softening partner's comforting assurance and belief that his or her partner is available for him or her when needed (positive view of other), for example, is usually very different from processing this same partner's fears associated with a belief that he or she is personally deficient and perhaps unworthy of being loved (negative view of self). The fears associated with beliefs within a negative view of self often need to be processed and then shared between partners before movement forward in the softening event can occur. The following example illustrates imparting "parts" language effectively to distinguish between working views and other and self in softening events.

F: It's really hard for me to risk letting him in again. I don't know if I am ready. For so long I couldn't count on him. But he has changed . . .

T: A part of you is afraid to risk again, you got so hurt and disappointed before. But another part of you realizes that he has changed.

F: Yeah, I guess now I know that he is there, I know that. (looks over at him) (view of other) I guess where I am now though . . . is . . . am I worth him being there? I mean, e' mon, I am no walk in the park you know! (note: shift to processing view of self)

T: A part of you says (reflecting view of other), "You know, he has really worked hard and he has changed. It's not like before," right? (she nods) But there's this other part, this part that says (reflecting and heightening negative view of self in current relationship), "Hey, he might be there, but the point is, am I worth him being there for? Am I worthy of him?" Am I hearing you right?

F: Yes.

T: So right now a big part of this is about you—correct? You get stuck in a place that says, "Why would he wait around for me? I may not be special enough or worth waiting around for." (specifying and heightening negative view of self in context of current relationship)

Many softening blamers are highly entrenched in their negative view of self. They can forgive their partner's shortcomings much easier than their own. This is often the case when working with traumatized partners (Johnson, 2002). They may be blaming their partner, but deep down they actually fear more who they are and being rejected based on their own negative view of self more than shortcomings of their partner. It is crucial to evoke and heighten fears stemming from a negative view of self, which yield unique attachment-related needs and wants.

### 5. Interpersonal Enactment Failure: No Softening Reach

As simple as it may seem, Bradley and Furrow (2004) found therapists processing softening events often failed when it came to having the softening partner actually reach to the other from a place of vulnerability, asking for comfort and assurance, and for attachment needs to be met. Therapists may process attachment-related fears and emotions with the softening blamer, but then mistakenly move to processing with the other partner, rather than first having the softening partner make the "softening reach." It is imperative that the softening blamer actually reach out to the other for themselves and ask for comfort and support (Johnson, 2004). The softening event is an interpersonal event between intimate partners, and the softening reach initiates the interpersonal bid for connection. The following examples illustrate a clear directive given by the therapist to have the blamer risk and reach to the other partner.

T: This fear grabs you, and won't let you go. It says, "Don't you dare show yourself to her! Don't you dare risk that! She won't like what she sees." (Therapist heightens fears)

M: She won't like it, She won't like me. It's better that I stay back and hide.



T: This part says, "She won't like me at all, if she *really* sees me, she won't want me." (heightening negative view of self in relationship)  
(he nods and looks down)

T: (directing the softening reach) Could you turn now and share with her about this part? About how hard it is to open up and risk with her? Could you just tell her how hard and scary it is for you to begin showing her the real you, and how badly you want her reassurance?

M: (to F after 12 seconds of silence) It's just so scary for me to show you all of me. I am so afraid that you'll laugh at me, or just think I am so weak. I need your help to do this. (the softening reach)

As is the case throughout the softening process, the above illustration demonstrates how the therapist uses a "first-person stance" to move into the current experiencing of the softening blamer (i.e., This part says, "Don't you dare show yourself . . .") This serves to heighten the attachment-related affect, and paves the way for the directive of a "softening reach" that stems from the softening blamer's activated attachment-related affect. Furthermore, the use of a "first-person stance" illustrates the overarching role of the therapist in choreographing this change event. The therapist actively engages each partner as the emotional process unfolds by focusing on attachment-related affect and reflecting and reframing each partner's actions and experience within an attachment context.

This article's review of five therapist obstacles in softening events represents a summary of common challenges faced by therapists using the EFT approach. Systematic analysis of unsuccessful softening events is needed to validate the above observations and their implications for model-specific practice. The present authors have collected this data and this process will soon ensue.

While the focus of this article has been on significant "process-related obstacles," the article assumes that the ethical practice of this approach will give due consideration to the cultural sensitivity and competence of any therapist applying this model. Further research is needed to explore the promise and the limitations of an emotionally focused approach with couples from varying cultural traditions and backgrounds, particularly in light of this model's emphasis on the direct expression of vulnerable emotions.

## CONCLUSION

Recent reviews of couple therapy emphasize the importance of therapists engaging soft emotions at both the intra (within) and inter (between) levels in reaching successful outcomes (Hetherington, Friedlander, & Greenberg, 2005; Snyder, Castellani, & Whisman, 2005). Couples themselves report engagement of their emotions in-session as valuable and validating. In line with these findings, the EFT Softening Event plays a pivotal role in the success or lack thereof in this

systemic and attachment theory based approach to working with couples. The softening is an intense process wherein the therapist is at his or her most direct and in the moment, actively choreographing the drama with the couple. Yet the blamer softening event is also shadowed by its difficulty. It is the most common impasse encountered in EFT. This article reviews and expands on a mini-theory of successful EFT softening events based on a process research study completed on the work of Susan Johnson, co-author of the approach. The mini-theory and clinical illustrations offer therapists a previously unavailable detailed in-session "map" of the most challenging change event in EFT. The common obstacles identified and explained with transcribed examples serve to better illuminate the softening event terrain.

Taken together, these offer therapists a new and valuable resource for navigating through softening events with couples. Therapists and supervisors can utilize the mini-theory and five common obstacles to locate stuck points, both in content themes and processing variables, within this crucial change event. The previously illusive softening event is emerging with more clarity. Our understanding of the key themes and experiential processing needed to navigate with couples through their attachment-related fears and risking new positions with each other can be understood. This article represents another step toward that goal.

## REFERENCES

- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four category mode. *Journal of Personality and Social Psychology, 61*, 226-244.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Bradley, B., & Furrow, J. L. (2004). Toward a mini-theory of the blamer softening the moment by moment process. *Journal of Marital and Family Therapy, 30*, 233-246.
- Bradley, B., & Johnson, S. M. (2005a). Emotionally focused couples therapy: An integrative contemporary approach. In M. Haraway (Ed.), *Handbook of couple therapy* (pp. 179-193). New York: Wiley & Son.
- Bradley, B., & Johnson, S. M. (2005b). Task analysis of couple and family change events. In D. Sprenkle & F. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 254-271). New York: Guilford.
- Choi, Y. (2006). *Client responses in the blamer softening event in emotionally focused therapy*. Doctoral dissertation in clinical psychology, Fuller Graduate School of Psychology, Pasadena, California.
- Greenberg, L. S., Ford, C. L., Alden, L., & Johnson, S. M. (1993). In-session change in emotionally focused therapy. *Journal of Consulting and Clinical Psychology, 61*, 78-84.
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York: Guilford.

- Greenberg, L. S., & Korman, L. (1993). Assimilating emotion into psychotherapy integration. *Journal of Psychotherapy Integration, 3*, 249-265.
- Greenberg, L. S., & Pascual-Leone, A. (2006). Emotion in psychotherapy: A practice-friendly research review. *Journal of Clinical Psychology, 62*, 611-630.
- Greenberg, L. S., Rice, L., & Elliot, R. (1996). *Facilitating emotional change: The moment by moment process*. New York: Guilford.
- Greenberg, L. S., & Safran, J. D. (1987). *Emotion in psychotherapy: Affect, cognition, and the process of change*. New York: Guilford.
- Griffin, D. W., & Bartholomew, K. (1994). Models of self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology, 67*, 430-445.
- Hetherington, L., Friedlander, M. L., & Greenberg, L. S. (2005). Change process research in couple and family therapy: Methodological challenges and opportunities. *Journal of Family Psychology, 19*, 18-27.
- Jacobson, N. S., & Christensen, A. (1996). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships*. New York: Norton.
- Johnson, S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York: Guilford.
- Johnson, S. M. (2003). Attachment theory: A guide for couple therapy. In S. Johnson & V. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 103-143). New York: Guilford.
- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York: Brunner-Routledge.
- 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., & Talisman, E. (1997). Predictors of success in emotionally focused couples therapy. *Journal of Marital and Family Therapy, 23*, 135-152.
- Klein, M. H., Mathieu, P., Kiesler, D. J., & Gendlin, E. T. (1969). *The experiencing scale*. Madison, WI: Wisconsin Psychiatric Institute.
- Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2005). Current status and future directions in couple therapy. *Annual Review of Psychology, 57*, 317-344.