TOWARD A MINI-THEORY OF THE BLAMER SOFTENING EVENT: TRACKING THE MOMENT-BY-MOMENT PROCESS

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In this article we present the results of a discovery-oriented task analysis research study identifying specific therapist behaviors that facilitate softening events in emotionally focused therapy (EFT) for couples. Therapy sessions conducted by an expert EFT therapist were examined. Six therapist content theme shifts were identified and specific interventions were delineated within each using an EFT coding scheme (EFT-CS) created for this study. This study extends the theoretical understanding of the softening process—a key change event in an empirically validated couples therapy approach—and provides a detailed clinical map for the training of therapists.

Contemporary couple scholars are recognizing the powerful impact that emotion has on intimate relationships. Clinicians and researchers demonstrate an increasing interest in harnessing the power of affect to promote lasting change across a diverse range of couple therapy approaches. Gottman, Coan, Carrère, and Swanson (1998) illustrate this emphasis by challenging the heuristic application of “active listening” interventions with couples, recommending instead a focus on assisting partners with developing new patterns of emotional engagement and responsiveness in varying contexts. Emotionally focused therapy (EFT) for couples (Greenberg & Johnson, 1988; Johnson, 1996) promotes the experience of unacknowledged attachment-related primary emotion that fosters the development of secure bonds. Integrative behavioral couple therapy (IBCT; Jacobson & Christensen, 1996) emphasizes the expression of “soft” emotions and disclosures to promote emotional acceptance between partners. Imago therapy (Hendrix, 1988) encourages couples to develop a mutual understanding of their relationship that incorporates insight into childhood wounds leading to softer exchanges and positions in the interaction. Ego-analytic therapy (Wile, 1995) promotes the engagement of feelings by couples as a basis for connection, rather than distance. Although the expression of soft emotions is now recognized within each of these approaches, the meaning, importance, and intervention strategies for working with emotions varies greatly across models.

Two clinical approaches specifically identify the softening of partners in the couple’s emotional expression and engagement with one another. In IBCT, the therapist prompts partners to share softened
emotional expressions as a means of furthering empathic joining, which is a form of acceptance leading to greater intimacy. Preliminary studies of IBCT show promise for linking the role of soft emotional expression with clinical change (Cordova, Jacobson, & Christensen, 1998; Jacobson, Christensen, Stacey, Cordova, & Eldridge, 2000). Cordova et al. (1998) acknowledged the evocative quality of sharing soft emotions and their resulting impact on couples’ relationships, suggesting that these soft disclosures are “essential to effective couples’ therapy” (p. 450). Although studies examining soft emotional expression have yet to confirm IBCT assumptions fully (see Cordova et al., 1998; Croyle & Waltz, 2002), support for the clinical efficacy of the model and its distinction from traditional behavioral couples therapy (Jacobson & Margolin, 1979) suggest that the acceptance strategies, including soft emotional expression, are effective in promoting dyadic adjustment and lowering global distress (Jacobson et al., 2000). Further research is needed to isolate the effects of soft emotional expression in the process of IBCT.

Emotionally focused therapy is distinct from other couple approaches in that it places an emotional “softening event” at the core of its model of change, thereby placing priority on promoting a softened interaction. In contrast to the IBCT emphasis on soft emotional expression, the EFT softening event represents a redefinition of the relationship as one characterized by mutual accessibility and responsiveness (Johnson & Greenberg, 1988). A new second-order interaction pattern (Watzlawick, Bavelas, & Jackson, 1967) occurs in which attachment-related needs and fears are shared, with confidence that a partner will respond with comfort and acceptence.

A softening event occurs 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 (Johnson & Denton, 2002; Johnson & Greenberg, 1988; 1995). In turn, the other partner accepts the new and emerging relationship position of the softened blamer. The softening event typically leads to more secure bonding interactions and is described as an antidote to a couple’s negative interactional cycle. Completing a softening event is often the most difficult task for the couple and the therapist. Softenings represent the most common therapeutic impasse faced by EFT therapists, and the ability to facilitate this process is one of the most challenging aspects of the approach (Johnson, 1996). Couples unable to engage in softenings are more vulnerable to relapse and are less likely to strengthen their relational bonds as a result (Johnson & Denton, 2002).

A therapist must be able to guide a couple through a softening event, and help partners construct new meaning from the experiential event (Johnson & Denton, 2002). The therapist must engage with the couple emotionally, trust the unfolding process, and believe in clients’ abilities to reconfigure their emotional realities (Palmer & Johnson, 2002). For example, a typical softening event may begin with a change in tone in the more-blaming partner’s voice as he comes in contact with his attachment-related affect. “You’re telling me right now,” a therapist might reflect, “that if your spouse really knew how scared . . . alone . . . and imperfect you feel, that she would see no reason for staying around. Am I hearing you right?” “Exactly,” he says as he looks to the floor, takes a deep breath, and bites on his bottom lip. “I am not this big, strong guy that has it all together. In some ways I am just a scared little guy, a wimp. Who wants a wimp for a husband?” The therapist begins the process of helping the softening spouse to expand and to share this part of themselves directly with their partner as well as to ask for comfort from within this new position of vulnerability.

EFT Process Research

There is wide support for the effectiveness of EFT as evidenced in a recent meta-analysis of EFT outcome studies (Johnson, Hunsley, Greenberg, & Schindler, 1999). In addition, a number of process research studies have guided the development of EFT offering further understanding of the components of change in the approach. Johnson and Greenberg (1988) examined the process of change in EFT sessions by rating clients’ performance specific to the partner’s depth of experiencing and the quality of interpersonal interactions. Findings noted that high levels of emotional experiencing, the presence of disclosing and affirming interactions, and the creation of a softening event were distinctive elements in “best sessions” of successful EFT treatment. Five softening events were identified in the sessions of successful couples, whereas no softenings were present in the treatment of unsuccessful couples. This research demonstrates
that softenings predict recovery from couple distress in EFT (Johnson, 1999).

Plysiuk (1985) performed a task analysis of marital conflict resolution and found four patterns labeled "escalations," "de-escalation," "testing," and "mutual openness." Particularly insightful was the "testing" pattern in which the pursuing spouse first "tested" their partner by reverting to blaming, then shifted toward mutual openness when the withdrawing spouse did not protest or defend (Greenberg, Heatherington, & Friedlander, 1996). Johnson et al. (1999) summarized the results of three small scale studies published together (Greenberg, Ford, Alden, & Johnson, 1993) as further demonstrating that the change process in EFT is typified by the expression of underlying emotion and needs. Such expression leads to positive interactional cycles characterized by increased accessibility and responsiveness. Couples’ perspectives on the process of change were researched 4 months after receiving eight sessions of EFT (Greenberg, James, & Conroy, 1988). They identified five change processes, including expression of underlying emotion leading to change in interpersonal perception, expressing feelings and needs, acquiring understanding, taking responsibility for experience, and receiving validation.

Process research in EFT has typically focused on client processes. Further study is needed that examines actual in-session therapist behaviors that occur at specific points in therapy, including the blamer-softening event. Findings from the analysis of specific therapeutic tasks, such as blamer softening, will better inform therapists in this challenging EFT change process (Johnson et al., 1999). A beginning therapist may be able to conceptualize couple problems, but often confronts difficulty in knowing exactly how and when to intervene. Within the EFT approach, a guide or map that helps to specify therapist focal points through the crucial softening event is currently unavailable.

Scholars note that marriage and family therapy research is too often unrelated to the concerns of clinicians, and is often dismissed as inaccessible and irrelevant (Sprenkle, 2002). Couple and family research has had little impact on the practice of therapists, highlighting a gap between research and practice as a prominent concern (Pinsof & Wynne, 2000). Approaches to couple therapy warrant research studies that provide minitheories which offer direction for specified change events that occur throughout the process of therapy and that identify the interventions used to promote these events. Task analysis (Greenberg, 1984; Greenberg et al., 1996) is a rigorous, discovery-oriented research method for conducting structured, clinically relevant investigations of specific change processes. This method has demonstrated usefulness in uncovering in-session change in MFT (Diamond & Liddle, 1996; Heatherington & Friedlander, 1990; Johnson, 2003). The primary purpose of this study is to analyze the process of blamer softening through a task analysis of moment-by-moment therapist behaviors that lead to successful softenings.

METHODS

Sample

The authors contacted Dr. Susan Johnson, coauthor of the EFT approach, to solicit audio and video recordings of trained EFT therapist sessions in which softening events were believed by the therapist conducting the session to have occurred. After confirming that client couple and therapist had given consent to participate in research, the nominated tapes were reviewed to determine if the tapes met the two criteria used to identify the softening event. Greenberg’s (1984) procedure for identifying a change event in task analysis was followed identifying the criteria for the event marker and resolution. The event marker, used in this study to signal the presence of a softening attempt, was therapist initiation of the softening enactment. This occurs when the therapist asks the blaming partner to turn toward his or her partner from a position of vulnerability and express his or her attachment-related needs and wants. The event resolution was identified as the moment in the softening event when the now-engaged spouse responds with acceptance to the initiation of the expression of vulnerability from the softened blamer.

Nine tapes were nominated and informed consent was confirmed through couple’s signatures on client consent forms. Therapist consent to participate in the study was obtained by Susan Johnson. Four of the tapes did not include the event marker and were not included in the analysis. One of the tapes included the event marker but did not show evidence of event resolution. This tape was removed from the analysis of successful softenings and reserved for later comparison analysis. The four remaining
therapy tapes, each conducted by Dr. Johnson, included both the event marker and resolution. These sessions were transcribed from a point 10 min prior to the event marker to a second point 3 min following the therapist’s initiation of the softening enactment. This provided a window for analyzing therapist behaviors leading up to the softening event and through its resolution. The couples in each taped session were Caucasian, ranging in age from 35 to 50. The examined excerpts occurred during sessions 8–12 in a course of EFT treatment.

**Measures**

A review of existing coding schemes failed to provide an approach that had the sensitivity to differentiate between the various emotion-focused interventions used in EFT. S. M. Johnson (personal communication, March 15, 1999) expressed concern that with the use of a general coding scheme, affective interventions would be coded without discrimination. A general coding scheme, for example, may fail to differentiate the EFT interventions Heightening from Validation. Both would typically be coded as a form of empathy. FollowingMahrer’s (1988) approach to theory-specific analysis, an Emotionally Focused Therapy Coding Scheme (EFT-CS; Bradley, 2001) was designed. Interventions were identified and operationalized based on existing descriptions of EFT interventions (Johnson, 1996). Coders were trained in the EFT-CS using a previously published transcript of a softening event (Johnson & Greenberg, 1995). Session transcripts were coded using the EFT-CS to identify therapist interventions within each talk-turn. Talk-turns were defined by each time the therapist spoke in between client responses. Three raters coded the session transcripts while listening to audio and video recordings of the clinical sessions.

A second coding scheme was added to provide an assessment of the construct validity of the EFT-CS. The Classification System for Counseling Responses (CSCR) enables the coding of 19 therapist verbal behaviors using moment-by-moment intervals (Highlen, Lonborg, Hampl, & Lassiter, 1984; Lonborg, Daniels, Hammond, Houghton-Wenger, and Brace, 1991). These intervals or “meaning units” represent the smallest unit of speech that contains a complete thought or meaning (Richards & Lonborg, 1996). A therapist talk-turn may include multiple meaning units. The original CSCR code categories were collapsed into the following nine counselor classes based on the recommendation of Lonborg et al. (1991): Minimal Responses, Requests, Approval/Reassurance, Information, Instruction, Restatement, Empathy, Interpretation, and Confrontation. Each talk-turn consists of a series of meaning units that represent different therapist verbal behaviors. The CSCR provided an established measure to assess therapist behaviors and to compare the constructs of these behaviors with the EFT-CS. A second team of raters trained in the CSCR method coded the transcripts using the CSCR.

**Procedure**

**Task analysis.** Task analysis examines therapy as a set of meaning units each containing elements of treatment leading to therapeutic change. These units can be constructed in a sequence of interactions in a task. The task is defined by an event marker, which is followed by a series of therapist interventions and corresponding client responses, and concludes with a successful or unsuccessful task resolution. A rational model of task resolution is constructed based on theory and investigator knowledge or conjecture. The rational model makes the investigator’s ideas explicit and guides subsequent observations of actual events. Actual events are observed in order to discover the sequence of steps involved in resolution, which represents the empirical analysis step in task analysis. An empirically generated model is then compared with the rational model. This procedure is repeated with additional successful events, allowing for a continual reformulation of the initial empirical model.

There are two major phases within task analysis. The first phase involves a rational–empirical analysis of the event, whereas the second phase centers on verification of the rational model of change. In the rational–empirical phase, the investigator attempts to describe the actual flow of the task and organize it into sequences of actions by working backwards from the successful resolution of the event. The goal is the development of a conceptual model of the interactions that produce successful replication of the particular task. The steps of the rational–empirical phase were followed in this study (see Greenberg et al., 1996). The
verification phase is beyond the discovery-oriented scope of this study.

Application of task analysis. The event marker and resolution were defined as described above. Both parameters were used in earlier studies (Johnson & Greenberg, 1988) and more recent summaries of the model (Johnson, 1996; Johnson & Denton, 2002). A rational model of the process of blamer softening was proposed based on EFT literature (Greenberg & Johnson, 1988; Johnson, 1996; Johnson & Denton, 2002; Johnson & Greenberg, 1988, 1995; Plysiuk, 1985). The rational model predicted that therapist behaviors in softening events would include the following sequence: (a) Therapist tracks and reflects the more blaming partner’s primary emotion in relation to position taken within negative interactional cycle; (b) therapist reframes more blaming partner’s behavior from within an attachment needs context; (c) therapist heightens more blaming partner’s immediate emotional experience; (d) therapist initiates enactment utilizing the Restructuring and Reshaping Interactions by Turning New Emotional Experience into a New Response to the Partner intervention (Johnson, 1996); and (e) therapist promotes mutual acceptance of softening partner’s emerging position.

The empirical task analysis examined therapist behaviors based on two forms of examination. First, transcripts were analyzed coding therapist behaviors using the two coding procedures (EFT-CS, CSCR). This analysis categorized therapist behaviors according to EFT interventions and a list of common therapist behaviors (CSCR). A second analytic approach was applied using content analysis to identify themes present across therapist–client talk-turns. This narrative analysis was conducted by asking, “What are the themes that the therapist is focused on throughout these softenings?” Each therapist talk-turn was analyzed for thematic content in the first softening transcript. The initial empirical model was then compared to the rational model. Sequentially, the remaining transcripts were compared and the thematic sequence was modified. Results of this analysis were continually integrated into the evolving rational-empirical model. This iterative process produces a conceptual model of the successful event, and is the heart of the task analytic method (Greenberg et al., 1996).

RESULTS

EFT Coding Scheme

Analysis of the EFT-CS provided initial support for the reliability and construct validity of the coding instrument. The coding of therapist behaviors yielded two additional codes not described as specific interventions in the EFT literature. These include Empathic Attunement (a short utterance used in emotional process, e.g., uh-huh, or yes) and Refocusing (therapist redirects client back to a specific content theme). Kappa coefficients for the three raters using the EFT-CS ranged from .83 to .92, suggesting strong intercoder reliability. The percentage of agreement between the three CSCR raters ranged from 81% to 92% for the four transcripts.

The validation of the EFT-CS was explored by correlating the ratings of EFT-CS with the CSCR ratings. As expected, the majority of EFT-CS ratings did correspond to the more generic CSCR codes in a predictable manner (See Table 1). Differences found in the CSCR ratings were indicative of important nuances described in two EFT interventions. Johnson (1996) describes two forms of heightening interventions. Johnson (1996) describes two forms of heightening interventions. The first form, Heightening Emotion, is utilized more in the early stages of therapy when cycles of conflict are being discovered. The CSCR code most associated with this form of Heightening was Approval ($r = .34, p < .01$). The second form, Heightening Present and Changing Positions, is more apparent as therapy proceeds and new interactional positions begin to take shape. As would be expected, this form of Heightening was primarily associated with the CSCR category Empathy ($r = .40, p < .01$). Empathic Conjecture/Interpretation is used by an EFT therapist to elicit new emotional experience and is characteristically associated with the CSCR codes Interpretation ($r = .25, p < .01$) and empathy ($r = .11, p < .05$), thus matching the primary aspects of the Empathic Conjecture/Interpretation intervention. Overall, the CSCR ratings corresponded to the primary EFT-CS interventions, suggesting support for the EFT-CS as a valid rating procedure.
The most frequent EFT therapist interventions found in softening events involve intensifying a couple’s emotional experience and promoting intrapsychic awareness and interpersonal shifts in attachment-related interactions that define the relationship. The therapist used Evocative Responding (20%) and Heightening Present and Changing Positions (16%) to facilitate a softening event. Validation of client responses (17%) was similarly present as the therapist provided support to a couple’s engagement of new emotional experiences. The therapist used Empathic Conjecture/Interpretation (8%) and Reframing (7%) to promote a new awareness of the blamer’s attachment related needs and wants. As these needs were identified and

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Notes. EFT-CS = Emotionally Focused Therapy Coding Scheme; CSCR = Classification System for Counseling Responses.

EFT-CS Codes: DPN = Diagnostic Picture Narrative; ECI = Empathic Conjecture Interpretation; EVOC = Evocative Responding; H1 = Heightening Emotion; H2 = Heightening Present and Changing Positions; MTA = Monitoring the Alliance; Refocus = Therapist Refocuses Client to Specific Content Theme; REFRAME1 = Reframing Each Partner’s Behavior in Context of the Cycle; REFRAME2 = Reframing Each Partner’s Behavior in Context of Attachment Needs; RSE = Reflecting Secondary Emotions; RS2 = Restructuring Interaction: Turning New Emotional Experience into a New Response to the Partner; RS3 = Restructuring Interaction: Heightening New Responses; RUE = Reflecting Underlying Emotion; SD = Self-Disclosure; TRI = Tracking and Reflecting Interactions; V= Validating Present Responses and Newly Experienced Underlying Emotion.

*p < .05. **p < .01 (one-tailed). N = 354 meaning units.
experienced in-session the therapist used Restructuring Interaction (6%) interventions to promote the actual enactment. The frequency of use for all other interventions was less than 5%.

**Thematic Analysis**

Content analysis of the transcripts found six thematic shifts occurring within the process of softening. These six shifts were evident in the content of the therapist and client interaction in which the focus of the interaction changed. The six themes included Processing Possible Blamer Reaching, Processing Fears of Reaching, Promoting Actual Blamer Reaching, Supporting Softening Blamer, Processing with Engaged Withdrawer, Promoting Engaged Withdrawer Reaching Back with Support (Figure 1). Although these themes are organized sequentially, on occasion the therapist returned to a previous theme when the client did not follow the shift in theme. The therapist, for example, might return to clarify and further process a blamer’s fears of reaching from within views of other and self after pursuing a shift to a softening reach. The double-headed arrows in Figure 1 note this process. Themes were identified from an intense examination of in-session recordings and are best-illustrated using examples taken from the analyzed transcripts.

**Processing Possible Blamer Reaching.** The therapist “choreographs” (Johnson, 1996) entrance into the softening process by asking the couple to imagine engaging with one another at a new level of vulnerability, foreshadowing a new way of interacting for the couple. The EFT interventions of Evocative Responding and Heightening Emotion to expand the more-blaming spouse’s underlying emotional experience are central in this process. The CSCR analysis showed that the therapist’s verbal behavior is characterized by expressions of Approval, Empathy, and Requests about the partner’s affective experiences.

*Therapist (to more-blaming spouse):* If you said to him, “Phil, right now, some part of me wants to connect with you but a lot of me is afraid and tells me to stay back and defend myself, and don’t trust, and I feel scared (Evocative Responding). I feel cornered. I feel scared (Heightening Emotion). I have waited for you all this time and now when you say you want to be here, the ironic thing is, I can’t come out and meet you.” If you were able to say that to him and he said, (therapist gets soft) “It’s okay Julie. Come here and let me give you a hug. I understand you’re scared.” Could you let him? Could you let him comfort you? (Evocative Responding).

*Blaming spouse:* Yeah, I think I could let him but I think the primary thing would still be my fear.

As illustrated in the above segment, the blaming spouse often responds to the softening suggestion with reluctance or doubt that such an expression is even possible. The therapist heightens the blamer’s sense of reluctance with reflections such as, “So you could never ask. . . . This would be too risky . . . too scary.”

**Processing Fears of Reaching.** Attachment-related fears often paralyze and block attempts at building secure connections (Johnson, 1996). The therapist intensifies the emotional experience of the blamer using the EFT interventions of Heightening, Empathic Conjecture/Interpretation, Evocative Responding, Reflecting Underlying Emotions, and Reframing Behavior within Context of Attachment Needs. Therapist verbal behaviors as coded by the CSCR included Empathy, Interpretation, Requests, Affective Restatements, Information Giving, and Confrontation. With the exception of Evocative Responding, the EFT interventions used were rarely present in the other themes. The therapist spent the most time and used the greatest variety of interventions when processing the more-blaming spouse’s fears of reaching.

Further analysis suggested the presence of two subthemes: “View of other” and “View of self.” Initially the therapist explored the more-blaming partner’s fear in the context of his or her view of the other by heightening attachment-related affect associated with loss, abandonment, sadness, isolation, and fear of trusting the other. At times, however, the therapist exhausted the emotional exploration of view of other, but the blamer still seemed distant or disconnected from the process. The therapist reflected the lack of congruence by asking: “Am I getting it?” The therapist then shifted to processing within a view of self-context, often characterized by fears of being imperfect, unworthy, or unlovable. In the following example the therapist begins with a focus on the more-blaming partner’s view of their partner and shifts to that partner’s view of self.
Figure 1. Conceptual map of therapist themes and interventions in the blamer-softening event.
Therapist (to more-blaming partner): So you’re saying to Phil, “I’m scared and I find it hard to believe that you really, really want to be with me. And I’m scared to let you in” (Heightening Present and Changing Positions).

Blaming spouse: Yeah. I just think that someone would get tired of it after a while.

Therapist: You’re saying to Phil “I’m scared that if I open the door and you see me, you won’t really want me.” Am I getting it? (Evocative Responding).

Blaming spouse: Yeah, there’s that, but I mean... (4-second silence).

Therapist: You’re saying, “I’m scared to believe that you would really be able to accept me and that you would really want to be with me” (Evocative Responding).

Blaming Spouse: He said once that if my various physical ailments ever progressed he would always be there and I guess I, I do believe that but I don’t... Like if I dated someone who got depressed a lot, and I never got to the point that I’m pushing us both to get to in our relationship, I don’t... I find that hard to believe.

[Focus shifts to View of Self]

Therapist: So what you’re talking about is you now. You’re saying, “I push Phil to be a certain way and even when he’s there, when Phil’s standing at the door and saying, ‘Come and be with me,’ then I start to doubt that I’m really the kind of lovable person that Phil would stick around for (Reflecting Underlying Emotion). I start to doubt that if I open the door and start to count on him, how do I know that he won’t find me too scared...or too depressed...or too sick” (Heightening Present and Changing Positions).

Bartholomew (1990) suggests that attachment-related behaviors are informed by partners’ views of self and other in a romantic relationship. An anxious or preoccupied partner may desire close relationships (positive view of other), but experience this closeness as threatening, thereby feeling insecure or even worthless and undeserving (negative view of self). Individuals who respond with avoidant behaviors are more likely to maintain a positive view of self and a negative view of the other. The client in this example appears to respond with greater anxiety, fearing to reach for her spouse because of her own feelings of insecurity or worthlessness. For some softening spouses in this study, a focus on view of self seemed unnecessary, but with others it seemed vital. Partners that have experienced past trauma usually need to explore views of other and self (Johnson, 2002).

The softening spouse now stands in an extremely vulnerable position, devoid of defenses. The therapist has evoked and heightened the emotional experiencing around views of other and self to a sort of breaking point. Primary emotion, with new information and action tendencies, has experientially been brought into awareness and new meaning is emerging.

Promoting Actual Blamer Reaching. The therapist gently directs the softening blamer to risk reaching to their partner from within attachment-related affect using the EFT intervention of Restructuring and Reshaping Interactions by Turning New Emotional Experience into a New Response to the Partner. We describe this intervention during the softening event as a “softening reach,” in which the softened blamer reaches for his or her partner. The intensity of this moment is evident by the frequent occurrence of silence as the blaming spouse seems to integrate newly emerging meaning brought into awareness from the processing of attachment-related primary emotion. The CSCR includes a code for silence by counting each 4-second silence as worthy of being one meaning unit. At this point in each softening—after the therapist directed the blamer to reach but before the reach was verbalized—client silences ranged from 8 to16 seconds, or two to four meaning units. The CSCR coding of therapist behaviors in the theme include Instruction, Approval, Empathy, and Minimal Encouragement.

A softening reach usually contains a disclosure of fear followed by a statement of need for acceptance, comfort, or similar attachment needs. Common attachment themes of fear expressed in the transcripts included: “I am just so afraid to show you this part of me.” “It’s really scary for me to open up to you like this.” “But I really want to share this with you.” If work in Processing Fears of Reaching centered on view of other, the softening reach disclosed this fear followed by a statement expressing needs for comfort and...
assurance. One blamer responded, “And I need to know that you will be there for me in my fear.” In transcripts involving a negative view of self, the softening reach was initiated with a disclosure of fears related to a sense of shame or unworthiness, followed by a request for acceptance and assurance.

**Supporting Softening Blamer:** The stance of the softened blamer is amplified and supported by the therapist following the softening reach. The therapist’s voice is soft and slow. Periods of silence provide space for partners to engage in their present emotional experience. The therapist supports the softening spouse mainly with the EFT intervention of Validation. The CSCR coding demonstrates a similar emphasis, with the therapist responding to the softened blamer expressing Approval and Encouragement.

**Therapist (to softening blamer):** I think that was a really risky thing to do (Restructuring and Shaping Interactions by Turning New Emotional Experience into a New Response to the Partner). That it was a really courageous thing to do. I think it’s great—what you just did (Validating Newly Experienced Underlying Emotions). And I think that IS the issue. I think that IS the question right now. (4-second silence) And if I were in your shoes that is ABSOLUTELY what I’d want to know (Self-Disclosure).

**Processing with Engaged Withdrawer:** The therapist attends to the engaged withdrawer (EW) using Evocative Responding centered on the immediate emotional response elicited from the softening partner. This theme is typically short in duration, often only involving two to three therapist interventions over an equal number of talk-turns.

**Therapist (To EW):** Phil, what do you feel when your wife says to you that she’s afraid she’s not special enough. That she’s going to be too much trouble. That she thinks you are going to get fed up. What do you feel when she says that? (Evocative Responding).

**EW:** I feel. . . . I feel her pain.

**Therapist:** You feel her pain. Yeah (Reflecting Underlying Emotion).

**EW:** Yeah, I feel love for her.

**Therapist:** You feel love for her when she says that? (Evocative Responding).

**Promoting Engaged Withdrawer Reaching Back with Support:** The therapist continues the restructuring of the couple’s interaction by directing the engaged partner’s emotional experience into a supportive response to the softening blamer, thus challenging the couple’s problematic pattern of interaction. The therapist uses Restructuring and Reshaping Interactions by Turning New Emotional Experience into a New Response to the Partner. The CSCR ratings coded this as Instruction.

**Therapist (to EW):** Can you tell her? (Restructuring and Shaping Interactions by Turning New Emotional Experience into a New Response to the Partner)

**EW (to softened partner):** I’ve known. The same way you’ve known all of my vulnerabilities and all my fears.

**Therapist:** You’re saying, “I’ve seen you” (Reflecting Underlying Emotion). And? (Restructuring and Shaping Interactions by Turning New Emotional Experience into a New Response to the Partner)

**EW (to partner):** Despite that, everything you find scary that would push you away—that somebody would not accept you—I want to be there for you. Despite my doubts that you did not want me, you’ve reassured me that you want me.

**Therapist:** And you’re trying to reassure her now (Restructuring and Shaping Interactions by Turning New Emotional Experience into a New Response to the Partner).

**EW:** I am trying to reassure you that I want you too.

Each softening event included an appeal to the engaged withdrawer to reach back within 3 minutes of the blamer’s softening reach. This supportive reach back seems to create a new experience for the couple, as the blamer and withdrawer take new positions that involve accessibility and responsiveness.
DISCUSSION

The mini-theory demonstrates that therapist facilitation of emotional experiencing and disclosing of attachment-related affect and fears are the benchmarks of the EFT softening event. The Processing Possible Blamer Reaching theme was not in the rational model, and there is little attention in the EFT literature given to therapist use of images of possible attachment responses. In the ensuing Processing Fears of Reaching theme, the therapist does not just Reframe or Heighten the blamer’s immediate emotional experience as suggested in the rational model. Rather, the therapist Empathically Conjectures/Interprets, Evocatively Responds, and Heightens to expand the fears of reaching within views of other and self (Bowlby, 1969, 1988). These interventions—at this specific point in the softening process—are pivotal in aiding the blaming partner to take one step further in her or his experiencing. Attachment theory proves critical in providing an alternate frame of reference for the blamer’s resistance to engage a softened position. It’s here that the attachment assumptions of EFT are put into immediate action and relied on, with the therapist utilizing a wide array of interventions and voice fluctuations to raise the level of emotional intensity in the session (Johnson & Denton, 2002). Action tendencies and new meanings emerge from the immersion into attachment-related affect. This information crystallizes into awareness for the softening spouse, and the reach for comfort and acceptance is clearly available. The findings in the Processing Fears of Reaching theme are to us the most insightful and helpful aspects of this study.

The definitive intervention in the softening process is the therapist prompting of the softening reach, which initiates an enactment. Enactments are broadly defined as therapist-initiated interactions between couple or family members. The Promoting Actual Blamer Reaching theme initiates a Stage Four Enactment (Butler & Gardner, 2003) that is characterized by intensity and attentiveness to affect, focus on attachment needs and wants, mutual responsiveness and empathy, and the more removed role of the therapist. The softening reach and ensuing enactment are intense but necessary interactional pieces of a successful softening.

We noted with interest that four of the nine nominated sessions were eliminated from the study because they did not include a therapist directive initiating the softening enactment. Although EFT therapists recommended these sessions, which were believed to include softening events, our analysis failed to identify the therapist use of this primary intervention. This may suggest a lack of clarity about what constitutes a softening process and seems to support the contention that the blamer-softening event is one of the most difficult aspects of the EFT model (Greenberg & Johnson, 1988; Johnson, 1996).

The last two themes of the mini-theory broaden the last step in the rational model by delineating how the therapist facilitates mutual acceptance and responsiveness after the softening reach. Johnson (1999) describes the final stages of a softening as a prototypical bonding event where two now accessible partners initiate a new cycle demonstrating accessibility and responsiveness. This study seems to have captured key processes of the EFT bonding event, initiating in the Promoting Actual Blamer Reaching theme and proceeding through the mini-theory. Plysiuk’s (1985) finding that blamer’s “test” withdrawers by reverting to blaming before moving to mutual openness during the process of marital conflict resolution was not present in the softening events examined in this study.

Thematic shifts and corresponding interventions discovered in this mini-theory provide a useful map to guide therapists through a difficult, yet crucial aspect of EFT. The mini-theory is useful in identifying where a therapist or couple may be stuck in the process. Therapists may move too quickly, for example, and overstep the necessary engagement of Processing Fears of Reaching associated with taking a new position in the relationship. The mini-theory clarifies that the therapist should be mindful of the ways in which fears are often organized in terms of views of other and self. Teachers and supervisors can use the mini-theory to illustrate the process by using role-plays to help clinicians “try on” the softening process both as a clinician and couple. This mini-theory calls special attention to the therapist initiation of the softening enactment, and thus provides greater clarification of the specific therapist interventions used in a successful softening event. This clarification is important in distinguishing between couple sessions where soft emotions are expressed and treatment events in which blamer-softening occurs.
Limitations and Next Steps

This study had several methodological limitations that should be noted when considering the clinical implications. The study examined four sessions conducted by Dr. Johnson, and as such it represents the approach of an EFT expert to facilitation of softening events. Although extensive research confirms that numerous therapists have demonstrated successful treatment outcomes with EFT, replication of this study with therapists other than the author of the approach is needed to further support the theoretical claims and generalizability of the mini-theory to the typical practitioner. The study does not conclude that these interventions were responsible for therapeutic changes that occurred in each of the sessions or at the conclusion of therapy. Rather, the results offer an explicit analysis of a therapeutic process leading to completion of successful softening events.

The event marker used to qualify clinical segments as softening events may be too narrowly defined. Although the softening reach directive and ensuing enactment establishes that a softening attempt is in fact present, as a marker it may eliminate examination of softening attempts that derail and do not contain this directive. Such events may be unsuccessful softening attempts rather than nonevents and, as a result, may be worthy of comparison study. Locating an event marker that occurs earlier in the mini-theory, such as in the Processing Possible Blamer Reaching or Processing Fears of Reaching themes, may be warranted in future studies. The second phase of task analysis, verification of the model of change, in which the mini-theory is compared with unsuccessful softening attempts, is needed. The importance of attachment-related views of other and self in the Processing Fears of Reaching theme support the further study of adult attachment models within the EFT process. Research is needed that examines how the mini-theory may need alteration when working with a trauma survivor (Johnson, 2002), or in the use of the newly defined construct of attachment injury (Johnson, Makinen, & Millikin, 2001). This study also seems to have captured the initial process of a prototypical bonding event, another distinct event in EFT (Johnson, 1996). Research is needed to further clarify the process of a bonding event and how it coincides with softening.

The EFT-CS coding scheme created for this study needs to be refined through implementation in other studies that address different stages of the EFT process to better define similar interventions and applications. Alternative applications of the EFT-CS may prove helpful in therapist training and supervision. Additional research could take the mini-theory of softenings developed in this study and compare it to change events in other couple approaches such as the ego-analytic approach (Wile, 1995) and the IBCT approach (Christensen, Jacobson, and Babcock, 1995).

Conclusion

This study examines the process of an expert EFT therapist facilitating successful blamer softening events. The results provide a clinical map illustrating the development of specific themes and related interventions leading to blamer softening. The therapist focus on attachment-related themes in Processing Fears of Reaching provides further clarification of how an EFT therapist works toward a new openness to vulnerability and connection with couples. Therapist use of interventions promoting emotional experience and validation for attachment-related affect proved important in creating a context for change. This study used a discovery-oriented task analysis methodology, a kind of “bottom-up” rather than “top-down” research focused on key tasks and steps in the change process recommended to narrow the research-practice gap in MFT (Johnson, 2003; Pinsof & Wynne, 2000; Sprenkle, 2002). Although task analysis has often been used to investigate client change, this study demonstrates the usefulness of task analysis to build mini-theories by examining therapist behaviors facilitating change.

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