riage Scale (PANQIMS; Fincham & Linfield, 1997) are perceived by spouses as having low positive and high negative qualities whereas *indifferent marriages* are evaluated as being low in both positive and negative qualities.

Given the important connection between how people think and how they feel and behave, evaluating the cognitions of distressed spouses is another area that warrants assessment prior to treatment. Cognitive assessment can be divided into two areas. First, distressed spouses will often make inaccurate attributions about their partner's behavior along three dimensions – locus, stability, and globality. The Relationships Attribution Measure (RAM) by Fincham and Bradbury (1992) assesses the causal and responsibility attributions spouses make about events in their marriage. A second type of cognition is unrealistic beliefs about marriage. Eidelson and Epstein (1982) developed the Relationship Belief Inventory (RBI) to evaluate five different types of belief about marital relations.

The third fundamental domain of marriage according to Karney and Bradbury (1995) is enduring vulnerabilities. These are personal characteristics each person brings to the marriage, qualities that are relatively stable over the course of the marriage, e.g., family of origin experiences such as parental separation and divorce, sexual attitudes, level of social adjustment. Personality traits and tendencies are better assessed with norm-referenced tests than with interviews. Since marital discord is often related to personality problems, the MMPI or the MCMI (see earlier description) would be obvious choices for assessing these enduring vulnerabilities. Another personality dimension, neuroticism, is also associated with marital deterioration, which could be measured with the 23-item neuroticism subscale of the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1978) or the neuroticism scale of the NEO PI-R (Costa & McCrae, 1992). Another type of enduring vulnerability is attachment style, which is discussed in the next section, Emotion Focused Theory for Couples (EFT).

The fourth and final domain of marriage in Karney and Bradbury's factor model is stressful life events. Although interviews can identify many of these circumstances, a standardized approach is of value in order to capture the broad number of stressful events. For example, the Social Readjustment Rating Scale (SRRS; Holmes & Rahe, 1967) asks respondents to indicate which of 43 events they experienced during the last year. Everyday stressors can also impact on psychological and physical well-being, and these can be measured with the Hassles Scale (HS; Kanner, Coyne, Schaefer, & Lazarus, 1981).

Bradbury (1995) points out that these instruments provide only a common denominator for marital assessment and that other information will also be beneficial in supplementing this assessment data. In particular, Bradbury emphasizes the importance of having a thorough working knowledge of diagnostic references such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) and/or the *International Classification of Diseases* (ICD-9-CM). Furthermore, one's ability to carry out competent assessments can often be enhanced by obtaining information about the following areas: depression (e.g., Beck Depression Inventory II [BDI-II]; Beck, 1996; Kendall, Hollon, Beck, Hammen, & Ingram, 1987); alcohol use (e.g., Short Michigan Alcoholism Screening Test [SMAST]; Selzer, Vinokur, & van Rooijen, 1975); sexual satisfaction (e.g., Index of Sexual Satisfaction [ISS]; Hudson, Harrison, & Crosscup, 1981); positive feelings in the relationship (e.g., Positive Feelings Questionnaire [PFQ]; O'Leary, Fincham, & Turkewitz, 1983); the role of religion and spirituality in the relationship (e.g., Fincham, Fernandes, & Humphreys, 1993); and relationship ideologies and philosophies (e.g., Relational Dimensions Instrument [RDI]; Fitzpatrick, 1988).

Emotion Focused Therapy for Couples (EFT)

John Bowlby, the originator of attachment theory (1969, 1973, 1980), described attachment as "the propensity of human beings to make strong affectional bonds to particular others" (Bowlby, 1977, p. 201). Although attachment theory was initially used to examine mother-infant interactions (Ainsworth, 1967, 1968), the study of attachment in adult romantic relationships began in the mid-1980s (e.g., Johnson, 1986; Hazan & Shaver, 1987). Several key tenets of attachment theory are relevant to the functioning of adult romantic relationships:

- seeking and maintaining contact with a significant other is an innate motivating force;
- proximity to a loved one offers a safe haven, which reduces feelings of anxiety and vulnerability, and also helps to create a secure base, from which one can more confidently explore and adaptively respond to his/her environment;
- emotional accessibility and responsiveness are the building blocks of attachment bonds (Johnson, 2003).

In happy marriages these attachment needs are being met, whereas in unhappy marriages these core needs are not being met (MacLean, 2001).

Given the nature of attachment bonds, and the fact that love relationships are more emotionally intense than other adult friendships (Rose & Zand, 2000), it would be remiss to have any serious discussion of adult romantic relationships without including the topic of emotions. In the area of couple therapy, clients are seeking to end repeated interpersonal conflicts and to better manage the painful emotions that accompany such distressing interactions. Johnson (1996) uses attachment theory as a guide to couple therapy in her emotionally focused therapy for couples (EFT), now one of the best-documented and empirically validated models of couple interventions (Johnson & Whiffen, 1999). In EFT, the focus is on:

> reshaping a distressed couple's structured, repetitive interaction patterns, and the emotional responses that evoke these patterns and fostering the development of a secure emotional bond (Johnson, 1996, 1999). For example, in the process of therapy a repetitive demand-withdraw pattern that is accompanied by anger and frustration, or a withdraw-withdraw pattern characterized by numbing and polarization, will expand into a more flexible pattern of expressing needs and vulnerabilities and responding to such needs in the partner. As a result, the partners are able to comfort, reassure, and support each other, creating a safe haven, which empowers each of them and maximizes their personal growth and development. So "You are impossible to get close to" followed by "You are too angry. I don't want to get close," may become "I need you to hold me" followed by "I want to comfort you. I feel so good when you turn to me" (Johnson & Whiffen, 1999, pp. 366-367).

The process of EFT involves nine steps that are organized into three therapeutic shifts—cycle de-escalation, changing interactional positions, and consolidation and integration (Johnson, 1996). Although EFT does not strongly distinguish between assessment and treatment, the first two steps in the process of change are generally conceptualized as