

assessment. Since the therapist is working directly with emotions in EFT, it is of utmost importance that clients feel safe and accepted by the therapist – an atmosphere that greatly enhances the likelihood that they will be open and vulnerable with their innermost feelings and needs. Thus, developing a strong therapeutic alliance is necessary right from the initial meeting. Essential for the development of an effective therapeutic alliance in EFT is the consistent use of key features of Rogers' (1951) client-centered therapy. That is, empathy, warmth and genuineness are considered core qualities of the EFT therapist.

In addition to connecting with both partners (i.e., creating an alliance), Step 1 ("Making Maps") in EFT also includes delineating the couple's conflict issues. This involves identifying the areas about which couples primarily fight, e.g., finances, raising children, work vs. leisure balance, and so forth. Step 2 ("Listening to Music") in EFT assessment requires that the therapist go below these tangible manifestations of relationship distress and identify the deeper, core emotional and attachment themes that inevitably underlie these surface issues. For example, one partner may feel that her attachment needs for emotional closeness, safety, and responsiveness are not being adequately met by her male partner. As a result, *rather than directly communicating* these needs to him, nor her associated primary feelings like sadness, fear and hurt, she will be *indirect* and criticize and belittle him about his imperfections and perceived irresponsibilities around tangible family issues ("Pursuer" position in the negative interactional pattern ["the cycle"]). In response, rather than listening attentively and responding empathically to his partner's concerns – and in turn express his underlying feelings (e.g., anger, shame, hurt) and needs (e.g., attachment needs for a safe haven, emotional closeness, consistent messages) – he also will *communicate indirectly* by becoming defensive (e.g., counter-attack) and withdraw emotionally and/or physically from her criticisms and nagging ("Withdrawer" position). This pernicious cycle ("Pursuer-Withdrawer" pattern) is the manifestation of unmet attachment needs and is at the heart of troubled marriages (Johnson & Whiffen, 2003).

Other assessment goals during the first two steps of EFT include: assessing the nature of the problem and the relationship, including their suitability for marital therapy and EFT specifically; assessing each partner's goals and agendas for therapy; assessing for contraindications for the use of EFT (e.g., ongoing violence; a verbally abusive husband who demeans his spouse when she talks about being depressed and suicidal); and creating a therapeutic agreement between the couple and therapist (e.g., a consensus on therapeutic goals and how therapy will proceed). "By the end of the assessment ... (the therapist) has a map of the typical interactions that define the attachment between this couple, a clear sense of their positions and patterns. The therapist also begins to have a sense of how these are experienced on an emotional level by each partner. He/she begins to sense the *tone* of the relationship, the music of the dance" (pp. 75-76; Johnson, 1996). Information-gathering and rapport-building in the assessment part of EFT are further enhanced by the following interviewing and therapeutic strategies: reflection (i.e., empathic reflections of each partner's experience of the relationship); validation (i.e., conveying the message that the partners' emotions and responses are legitimate and understandable given the context of their relationship; especially important during the initial sessions); evocative reflections and questions (i.e., accessing how each partner perceives and experiences problems in the relationship and identifying the interactional positions and cycle(s); particularly significant in the early assessment sessions); tracking and reflecting interactions (i.e., identifying specific behavioral sequences that typify the relationship and reflect attachment issues); and reframing (i.e., restating partners' behavior in terms of at-

tachment strategies, e.g., "Moving away' is your way of standing up for yourself, of protecting yourself, from his 'poking.' Is that right?" (Johnson, 1996; Ivey, 1988)).

EFT assessment can also include the administration of psychometric testing to determine each partner's attachment style, which directly relates to each partner's position in the interaction cycle. For example, a "Pursuer" typically has an anxious attachment style whereas a "Withdrawer" has an avoidant attachment style (e.g., MacLean, 2001; Johnson & Whiffen, 2003), although these styles of relating can exist together (see below). The Experiences in Close Relationships scale (ECR; Brennan, Clark, & Shaver, 1998; Fraley, Waller, & Brennan, 2000) is a two-dimensional, 36-item, four-category measure of adult attachment style that assesses general patterns of closeness and intimacy related to attachment in romantic relationships. Whereas secure attachment style is related to positive marital outcomes, insecure attachments—whether anxious (e.g., hyperactivated attachment, anxious-ambivalent attachment, preoccupied attachment), avoidant (e.g., deactivated attachment, dismissing-avoidant attachment), or both anxious and avoidant (e.g., alternately hyperactivated and deactivated attachment, fearful-avoidant attachment, disorganized attachment, unresolved attachment [with respect to trauma and loss])—are associated with lower levels of marital functioning (e.g., MacLean, 2001; Feeney, 1994; Senchak & Leonard, 1992). With secure attachment, appropriate, context-sensitive attachment system activation and deactivation takes place, whereas in fearful-avoidant or disorganized attachment, there is the collapse of any coherent attachment strategy due to the opposing tendencies to seek and avoid connection (Johnson, 2003).

It is common in EFT to conduct an individual assessment session with each of the partners, usually after the first or second couple session(s). There are several reasons according to Johnson (1996) to include these individual sessions: strengthen the therapeutic alliance with each partner; obtain more information from each partner in a different context (e.g., how each partner interacts without their partner present; seek new information that would be difficult to obtain with the partner present, such as commitment level, extramarital relationships, etc.); and refine the therapist's impression of each partner's underlying feelings and unmet attachment needs that directly influence the negative interactional pattern.

An important part of any assessment process is feedback, namely, communicating back to the client a summary of interview information and questionnaire results. With EFT, there is an important psychoeducational component in which the couple is informed by the therapist about their specific type of negative interactional cycle(s), what events in their lives typically trigger it, and how the cycle is to "blame" for their relationship disharmony (and not his/her partner). Moreover, the couple is made aware that it is essential for them to become more *accessible* (i.e., be *expressive* of one's true self through the authentic communication of primary emotions and attachment needs) and more *responsive* (i.e., be *receptive* to one's partner by listening attentively and responding empathically) in their interactions in order to create a more secure attachment bond and therefore a happier relationship.

Sound Marital House Theory

A second approach to assessment in marriage is delineated in Gottman's (1999a, 2001) Sound Marital House (SMH) theory. Gottman suggests that lasting effects in marital