

The Process of Blamer Softening in Emotionally Focused Therapy

2001 American Association of Marital and Family Therapy
(AAMFT) National Conference, Nashville, Tennessee.

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1. Process of Blamer Softening: Introduction

Need for Process Research

2. Summary of EFT Softening

Softening Defined: a previously hostile/critical spouse asking, from a position of vulnerability, a newly accessible partner for attachment needs and longings to be met (Johnson, 1996).

- Watershed process, second-order change (Johnson, 1996)
- Powerful attachment event - shift towards accessibility, responsiveness, and positive emotional engagement.

Current Literature Implications

- Often most difficult task for therapist & couple (Greenberg & Johnson, 1988).
- THE most common impasse in EFT (Johnson, 1996).

3. The Need for a Mini-Theory of EFT Softenings

- Reflects larger deficit in MFT field (Greenberg et al. 1996; Hawley & Geske, 2000).
- Mini-theories of change needed (Hawley & Geske, 2000; Johnson & Lebow, 2000; Pinsof & Wynne, 2000).
- This study used a task analysis methodology (Greenberg et al., 1996).

Steps of this study: Phase I

1. Defined softening event
2. Collected softening events
3. Created clear guidelines for identifying softenings, including a marker
4. Applied steps 1-3 to softenings
5. Created EFT intervention coding scale
6. Group coded softenings, consensus (Mahrer, 1988)¹
7. Rational-Empirical Analysis
 - a. analyzed coded interventions
 - b. thematic categorical process foci

Phase II: Verification initiated

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4. Softening in Context of EFT Process

EFT Process: The blamer softening begins in the fifth step of the nine-step EFT process and continues through the completion of the seventh step. Blamer softening follows the therapist's efforts to engage the withdrawer in a more responsive position in the relationship.

Example: Transcript: Johnson, S. M., & Greenberg, L. S. (1995). The emotionally focused approach to problems in adult attachment. In N. S. Jacobson & A. S. Gurman (Eds.), The clinical handbook of marital therapy (pp. 121-141). New York: Guilford Press.

²5. The EFT Softening Event De-Mystified

EFT Interventions Commonly Used in Blamer Softening

The primary interventions used in the blamer softening process focus on expanding emotional experience. This process entails accessing attachment-related fears and experiences that organize the positions each partner takes in the couple's dance. With the previously withdrawn spouse re-engaged, the therapist leads the couple to the expression of attachment needs and fears and a level of contact which Johnson (1996) describes as "intense and authentic." These interventions include:

Evocative Responding (EVOC): Therapist elicits and captures the implicit aspects of a client's experience in a tentative manner. The therapist will often ask questions about a client's experience including internal responses and reactions to in-session dynamics.

Heightening (H2): Therapist highlights specific responses or interactions to intensify a client's emotional experience. This enables the client to better engage his / her experience as it is made more evident.

Reflecting Underlying Emotions (RUE): Therapist offers reflections that draw upon emotions not immediately apparent to the client or couple. Often these emotions are acted upon as the therapist raises the couple's awareness.

Reframe (Refr2): Therapist reframes each partner's behavior in terms of the attachment needs and wants informing each partner's position in the relationship.

Empathic Conjecture (ECI): Therapist is working on the "leading edge" of a client's experience to move the client forward in his/her experience such that a new meaning can emerge. Often these conjectures address the attachment fears related to self and others.

Restructuring Interaction (RSI2): Therapist offers a directive for the couple, which builds on a new emotional experience and seeks a new response to one's partner. This shift challenges the couple's old relationship patterns and links the intrapsychic focus of the previous work to an interpersonal action.

Validation (V1) and (V2): Therapist reinforces that each partner is entitled to his/her emotional response and experience. A clear message is given to each partner that there is nothing wrong or deficient about one's response. Two forms of validation are used: 1) Validation of present responses, 2) Validation of newly expressed primary emotions.

Empathic Attunement (EA): Therapist communicates that s/he is clearly tracking with client's experience. Often these are short utterances that join with what the client is experiencing in the moment.

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Coding Methodology for Blamer Softening Study

This study was designed to apply the Task Analytic method to an “events based” analysis of the “blamer softening” event (Greenberg, Heatherington, & Friedlander, 1996). Two coding methods were employed.

EFT Intervention Coding System: A coding scheme was developed for the study that delineated between the EFT interventions specified by Johnson (1996). Following Mahrer’s (1996) “Discovery Oriented” approach four coders were selected to rate interventions using these detailed descriptions of EFT interventions. Transcripts were coded individually by each rater and intervention codes were assigned by group consensus.

Classification System for Counseling Responses (CSCR) includes a system for analyzing counselor responses from therapy transcripts (Lonborg, 1991). In this system the clinical narrative is analyzed statement by statement and therapist responses are categorized using 19 discrete and mutually exclusive categories. Transcripts were coded by a team of raters who had experience in coding clinical sessions with the CSCR.

6. Mini-Theory of Therapist Behaviors Facilitating Successful Softenings

Expectations

- Initially, intervention level
- Foci crucial context for interventions

Most Frequently Used Interventions Within Each Therapist Focus

Therapist Focus	Most Frequent Interventions
1. Possible Reaching	EVOC
2. Fear of Reaching	H2, ECI, EVOC, RUE, REFR2
a. View of Other	
b. View of Self	
3. Actual Reaching	RSI2
4. Supporting Softening Spouse	V2, EA
5. Engaged Withdrawer	EVOC
6. EW Reaching Back	RSI2

Focus One: Possible Blamer Reaching

- “Choreographing” (Johnson, 1996) involves imagination
- Risking & reaching for comfort/acceptance

Transcript

Therapist (to attacking 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 (EVOC). I feel cornered. I feel scared (H1). 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? (EVOC)

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

Therapist Focus Two: Fear of Reaching (Overview)

- Subcategories: view of other/view of self.
- Attachment related fears often paralyze and block (Johnson, 1996).
- Exploring and expanding these fears crucial

Fear of Reaching (Specifics)

- Experiencing evoke blamer’s internal working models of other, self (Bowlby, 1973; Johnson & Greenberg, 1995).

- “View of Other” typically includes fears associated with abandonment, sadness, isolation, and trusting other.
- Client guides into focus on “View of Self”
- View of Self often involves global self-depreciation, such as unlovableness, unworthiness, or shame.
- Exploration of view of other and self integrated.

Transcript

(Starts in Negative View of Other)

Therapist: (to 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.” (H2)

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

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? (EVOC)

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.” (EVOC)

Blaming Spouse: He said once that if my physical elements ever progressed he’d 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.

(Therapist follows client into Negative View of Self)

Therapist: So what you’re talking about is you know. 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 (RUE). 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. (H2)

Therapist Focus Three: Actual Blamer Reaching

- Often in the same talk-turn as Focus 2
- Therapist often lowers voice, slowly summarizes
- Short periods of silence common
- Intrapsychic and interpersonal merging

Typically the therapist softly says, “Can you tell her that please, in your own words.” (RSI2)

Therapist Focus Four: Supporting Softening Blamer

- Support spouse reaching from new stance of vulnerability.
- High levels of emotional experience related to success in softening events (Johnson & Greenberg, 1988).

Transcript

Therapist: (To softening blamer) I think that was a really risky thing to do (RSI3). That it was a really courageous thing to do. I think it’s great what you just did (V2). And I think that IS the issue. I think that IS the question right now. (4 second silence) And if I was in your shoes that is ABSOLUTELY what I’d want to know (SD).

Therapist Focus Five: Engaged Withdrawer

- Summarize key attachment-related fears and emotion.
- Help ew focus on present emotional experience

Transcript

Therapist: (To engaged withdrawer) Phil, what do you feel when your wife says to you that she’s afraid she’s not special enough (EVOC). 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?

Engaged withdrawer: I feel...I feel her pain.

Therapist: You feel her pain. Yeah. (RUE)

Engaged withdrawer: Yeah. I feel love for her.

Therapist: You feel love for her when she says that? (EVOC)

Therapist Focus Six: Engaged Withdrawer Reaches Back With Support

- Focus was completed within 3 minutes of softening reach.
- RSI2 used to enact new positions in the relationship.

Transcript

Therapist: to engaged withdrawer (EW) Can you tell her? (RSI2)

Engaged withdrawer: (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." (RUE) And? (RSI2)

Engaged withdrawer: (to spouse) 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. (RSI2)

Engaged withdrawer: I am trying to reassure you that I want you too.

Softening Event Video with Coded Transcript

- Locate the coded transcript in handout (see end of handout)
- Shows how therapist flexibility is needed

7. Possible Pitfalls: Comparing to an Unsuccessful Softening Event

One of the five transcripts in the study, while containing a marker event, did not fully meet the criteria for a blamer softening. Analysis of this unsuccessful blamer softening event provided us with an opportunity to test the mini-theory. Analyses included examining therapist foci and interventions.

Interventions: The transcripts of successful softening events were characterized by therapist interventions that promote emotional experience. The unsuccessful event relied less on fostering emotional experience and more on directive interventions promoting change in thought and behavior.

Foci: The unsuccessful softening did not include three of the six content foci. The absence of the focus on the blamer's "fear of reaching" appears to set the tone for this failed softening attempt.

8. Clinical Applications

Therapists:

The change process leading to blamer softening is initiated by the therapist choreographing the change event. Implicit in this choreography is the therapist's belief that the couple is capable of this change and will eventually make this change.

Exploring each partner's view of other(s) and view of self is an important step in helping the blamer address attachment related fears. Therapists may too quickly assume that a client's blaming position is primarily determined by her / his negative view of the other, whereas for some the blaming position is also informed by a negative view of self.

A successful softening results when a therapist is willing to bring a couple to the leading edge of their emotional experience, and in doing so is often challenged to keep the couple engaged in this process of change at an affective level. Therapist validation and empathic attunement are important for holding the couple to this process.

Supervisors:

The mini theory provides the supervisor with a conceptual map that can assist a therapist in locating her or his work within the EFT steps and specifically within the different foci of the softening event.

The coding scheme we developed for EFT interventions provides an invaluable training component. Students can evaluate their own work by applying the coding descriptors to a video- tape of their clinical work.

This theory also provides a guide for supervisors for evaluating the interventions a trainee is using with a couple and whether these interventions promote the emotional engagement necessary for assisting couples in developing a more secure bond.

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