

**EMOTIONALLY FOCUSED THERAPY (EFT)
AND EMOTIONALLY FOCUSED
FAMILY THERAPY (EFFT):
A CHALLENGE/OPPORTUNITY FOR SYSTEMIC
AND POST-SYSTEMIC THERAPISTS**

DON EFRON, M.S.W.
BRENT BRADLEY, PH.D.

CHALLENGES AND OPPORTUNITIES

Emotionally Focused Therapy (EFT) and Emotionally Focused Family Therapy (EFFT) may present some challenges for systemic and post-systemic therapists. EFT's focus on the use of emotion in the room is off the map of many solution focused or narrative therapists. Also, its emphasis on attachment theory as the key to change can be a hurdle, especially for therapists unfamiliar with attachment theory.

Another challenge for some systemic and post-systemic therapists is that EFT therapists are committed to an attachment lens to understand the behavioral cycles of couples and families. EFT therapists will work to keep an attachment perspective and focus in-session. This places them in a different therapeutic stance than the narrative or solution focused therapist's constructionist position. Some may say, for example, that when therapists believe that there is a central reason for the behavior they see, such as deep attachment needs which are not being met, they are operating more from a "modernistic" stance than a "postmodern" constructionist stance.

The EFT therapist's role is not to lead the family or couple toward *all* possible paths that the family might choose, but initially toward one focused path. Some therapists may be uncomfortable with this as it may appear reminiscent of the "expert" therapist stance of earlier mental health models. They may feel the tone of the sessions is too directive for their tastes, especially when the EFT therapist specifically directs a client to say or do things in order to increase attachment security and change the patterns of disengagement they see in the room. In fairness to EFT, EFT therapists would likely respond that they are collaborative in their work, and that attachment theory and constructionist theory are indeed both, in fact, theories. Therapists are using each as a lens by which to guide their work

with clients. Nonetheless, the EFT therapist will stop damaging cycles in the room (such as parents yelling at the children), shape new patterns of behavior with enactments to help family members reach out to and comfort each other, and encourage the expression of hidden beliefs and feelings.

EFT therapists see their work as most similar to more “postmodern” models upon entering Stage III of EFT. Upon entering Stage III, the emotional connections have been reestablished, and the couple or family is now operating from a much more “secure base” with each other. It is then that the EFT therapist moves to cement new solutions and narratives that the couple and family now much more freely elicit.

Another difficulty for systemic and post-systemic therapists is that finding “exceptions and unique events” is not seen as very productive in and of itself in EFT. EFT Therapists are mainly interested in attachment-laden exceptions (i.e., those times when partners successfully are there for each other in an emotionally safe and powerful manner). In our work we have found that families only rarely come up with helpful changes in their interactions that address deep attachment injuries because the reactions of family members to apparently small injuries are so out of proportion to the issues which provoke the reactions. The hurricane of rage and/or tears is so great that the exceptions simply get uprooted and blown away. This is perhaps what EFT theory means when it states that affect drives the interactional dance. If therapists persist in searching for exceptions in these circumstances they miss any opportunity they might have to deal with the deeper attachment issues.

The obstacles are there, and yet the models have so much to offer! They are powerful tools that manage to combine systemic techniques and concepts with attachment theory. We have used them for many years now and remain impressed with the wide range of problems in families and couples they treat effectively. We encourage systemic and post-systemic therapists to be open to the possibilities offered by EFT and EFFT.

We hope this Special Section of *JST* will assist therapists unfamiliar with EFT and EFFT to integrate these ideas and techniques in their own work. Of course, for those already familiar with EFT and EFFT, we hope you enjoy the articles and take from them ideas which you can use in your therapy sessions.

INTRODUCTION TO EMOTIONALLY FOCUSED THERAPY AND EMOTIONALLY FOCUSED FAMILY THERAPY

Many *JST* readers are familiar with EFT and EFFT. However, for those less familiar with them, here is a very short introduction.

EFT and its application to families, EFFT, are distinguished by their unique combination of attachment theory, systemic theory, humanistic experiential theory and its particular focus on emotion in sessions to produce change.

EFT therapists operate on the assumption that the most important conflicts in couple and family relationships are best viewed through the lens of attachment theory. Each person in the relationship is seen as having their own attachment style and attachment history. The most hurtful conflicts in relationships develop out of the systemic interaction with loved ones in which themes of accessibility and responsiveness are aroused. Attachment bonds are emotional ties, and the EFT therapist focuses on how affect is processed in these key attachment-based interactions with those closest to us. In these repeated interactional cycles family members become disconnected from their loved ones over time. They become overwhelmed with deep feelings of being alone in relationship to the ones they need the most. It is the task of the EFT therapist to understand the conflict in attachment terms and help couples and families reconnect with each other in a manner which leads to safe and secure attachment.

A major systemic aspect of EFT is that the damaging cycles resulting from negative emotional interactions over time and which result in a sense of disconnection and separation distress are seen as the enemy of all family members. The damaging cycle prevents safe, warm, loving reassurance in the relationship. These destructive patterns are constantly repeated and produce self-reinforcing cycles (such as “attack-withdraw”), poor decision making and poor problem solving and poor communication. In this model skill building in and of itself is not regarded as likely to change the patterns. Skill building only works if basic attachment themes are addressed first.

The focus of EFT is to create safety and secure bonding in relationships. This creation of a safe haven and a secure base in the relationship allows individuals to regulate emotion and to “update” their internal models of bonding. It is this change in their ability to securely attach to a partner, parent, or child which allows them to hold onto new positive behavior patterns which are developed in the course of the therapy. Secure relationships seem evident when each partner in the relationship can reach for the other and can acknowledge distress and offer reassurance and comfort. Ultimately, EFT is successful when new bonding patterns have formed and new positive cycles of interaction are entrenched.

EFT TECHNIQUE

EFT therapists use emotional processing to create new interactional cycles between family members in the interview room. Typically, sessions move from an initial conflict issue (“You didn’t take out the garbage after you promised to do it”) to the relationship itself (“I can’t ever trust you”) and then to deeper feelings of personal worth and worthlessness, inadequacy, love and being unlovable (attachment views of self and others). In EFFT a typical pattern might be that when parents and their teenage children are arguing over an issue such as curfews, at a deeper level the parents feel they are bad parents and the children feel they are bad kids.

EFT therapists believe that with attachment injuries, focusing mainly on “exceptions” is not in and of itself sufficient. It is the reworking of attachment-related affect inside and in-between family that restructures emotional bonds. Exceptions are often important in that they can lead to emotional heightening and further processing of affect from a time when family members were able to successfully connect with each other. Working it out means they can speak about the pain and the feelings of abandonment, isolation, and being overwhelmed and that the other can hear it, accept responsibility and be comforting.

When important attachment issues of disconnection emerge, EFT therapists actively use enactments, asking the partners to turn and directly talk to each other, not just the therapist. This is usually done after they have first shared their thoughts and emotions with the therapist before the therapist asks them to turn and risk sharing with the partner. This is often difficult for partners but is essential to the development of safe and secure relationships. Emphasis is placed on each partner watching the face of the other as they speak so that the emotion beneath the words can be seen and understood. It should be noted that EFT is not interested in catharsis or emotional ventilation for its own sake but rather sees the processing of attachment-related affect as being a powerful means for creating new relationship patterns. These new patterns are characterized by mutual accessibility and responsiveness, and a strong emotional connection between partners and family members.

EFT therapists achieve change by focusing on the present interactions which occur in the room during the therapy sessions. They are interested in deep and recent history as a way of understanding their clients’ beliefs and interaction patterns but this knowledge is used to understand and change interactions in the present. The resolution of the past is to create new relationships in the present. For EFFT therapists this includes helping parents be more accessible and responsive to their children.

Also stemming from their systemic base, EFT therapists are at times directive in-session. They may stop, for example, damaging cycles in the room (such as parents yelling at the children), and move directly into enactments that shape new patterns of behavior by asking members to talk directly to each other from a high level of emotional experiencing. The key is the attachment lens, through which partners and family members are helped to reach out and comfort each other, and are encouraged to identify and ask for attachment needs and wants to be met.

Copyright of *Journal of Systemic Therapies* is the property of Guilford Publications Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.