

Emotion-Focused Couple Therapy: A Review of Theory and Practice

Duygu Odaklı Çift Terapisi: Teori ve Uygulamaya Yönelik Bir Derleme

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ABSTRACT

Emotion-Focused Couple Therapy is a relatively short-term and effective couple therapy developed to change the negative interaction cycles and emotional reactions of couples experiencing difficulties in their relationships. While laying the foundations of this approach, which focuses on emotions, humanist and systemic principles were used. In this article, it is aimed to present a compilation study that includes the theoretical and practical processes of emotion-focused couple therapy for mental health professionals. The basic assumptions of emotion-focused therapy and how these affect couple therapy practice are examined. Various themes are outlined, including working with emotion types, the role of the therapist, therapy phases, and case formulation. Types of emotion-focused couples therapy developed for specific groups of couples with a particular background have also been discussed. Finally, the strengths and limitations of the approach, its place in couples therapy, and suggestions for future research are presented.

Keywords: Emotion-focused couple therapy, psychotherapy, emotion-focused therapy, couples therapy

ÖZ

Duygu Odaklı Çift Terapisi, ilişkilerinde sıkıntı yaşayan çiftlerin olumsuz etkileşim döngülerini ve duygusal tepkilerini değiştirme amacıyla geliştirilmiş, görece kısa süreli ve etkili bir çift terapisi. Duyguların odakta olduğu bu yaklaşımın temelleri atılırken hümanist ve sistemik ilkelerden yararlanılmıştır. Bu makalede ruh sağlığı çalışanlarına yönelik duygu odaklı çift terapisinin teorik ve uygulama süreçlerini içeren bir derleme çalışması sunmak amaçlanmaktadır. Duygu odaklı terapinin temel varsayımları ve bunların çift terapisi uygulamasını nasıl etkilediği incelenmiştir. Duygu türleri ile çalışma, terapistin rolü, terapi aşamaları ve vaka formülasyonu da dahil olmak üzere çeşitli temalar ana hatlarıyla belirtilmiştir. Belirli bir geçmişe sahip özel çift grupları için geliştirilmiş duygu odaklı çift terapisi türleri de incelenmiştir. Son olarak yaklaşımın güçlü ve sınırlı yanları, çift terapileri içindeki yeri ve gelecekteki araştırmalara yönelik öneriler sunulmuştur.

Anahtar sözcükler: Duygu odaklı çift terapisi, psikoterapi, duygu odaklı terapi, çift terapisi

Introduction

It is important for mental health professionals to increase their knowledge and awareness of therapy practices involving complex individual and interpersonal processes in order to maximize the effectiveness of their interventions. Therapists need to know how to work with clients with different characteristics and when to apply effective interventions (Greenman and Johnson 2013). In particular, couples, who are both equipped with their own characteristics and are responsible for managing the emotions and reactions of two individuals whose behaviors, thoughts and experiential experiences are in constant interaction, need a detailed guide when planning their counseling sessions (Gottman and Levenson 2002). In recent years, the number of theories that offer therapeutic interventions suitable for the needs of couples and guide practitioners has been increasing rapidly (Simeone-DiFrancesco et al. 2015). Emotion-focused therapy, which is an approach frequently used by practitioners, whose evidence of its effectiveness and feasibility can be seen in a wide range of samples, also comes to the fore in couples therapies (Greenman and Johnson 2013).

Within the scope of this article, it is aimed to create a review study by considering the theory and practice dimensions of emotion-focused couples therapy under various themes. In this context, general information about emotion-focused therapy and emotion types was first given, then emotion-focused couple therapy was explained. Details of emotion-focused couple therapy, on the other hand, is presented to the reader with the titles of a general explanation of the theory, the role of the therapist, the definition of a healthy relationship

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according to the theory, negative interaction cycles, case conceptualization process-principles-stages, the steps of the theory and the application of the theory with special couple groups.

Emotion-Focused Therapy (EFT)

Emotion-Focused Therapy (EFT) emerged from research-based practices that focus on emotions in human functioning and explain the developments in the individual during the therapy process (Greenberg 1979, 1986). EFT has roots in person-centered, experiential, Gestalt and existential therapies; it develops with advances in the emotional and cognitive sciences. EFT was first used in couples therapies. The first experimental study on EFT was conducted and tested in pairs by Leslie Greenberg and PhD student Sue Johnson in 1985 (Johnson and Greenberg 1985). Johnson and Greenberg combined the experiential approach with the systems approach, which argues that behavior cannot be evaluated separately from the context in which it occurs (Johnson et al. 2005). In this "experiential-systemic" approach to couples therapy, as in other systemic therapy approaches, the problem is thought to lie not in a single partner, but in the cyclic reinforcing patterns of interactions between spouses (Fromme 2011). Emotion is seen not only as an individual phenomenon, but also as a part of the whole system that organizes interactions between spouses (Johnson 1998). In EFT, emotion is almost a foundation for self-construction. Individuals who want to be a therapist in the EFT focus should train themselves in the navy with deep knowledge and awareness of emotions. According to the EFT approach, emotions serve as a "therapeutic compass" that provides information about what needs of the client are met and not met, and what is important for the client here and now (Greenberg 2011). For this reason, it is important for therapists who want to work with couples in the EFT focus, to have awareness and knowledge about different types of emotions.

Types of Emotions

Emotion-focused therapists are interested in compatible and maladaptive emotions in individuals. They think emotions should be felt and defined by the client to transform maladaptive emotions or reveal their transformative powers (Greenberg 2010). According to Greenberg (2004), not all emotions similarly affect a person's life. Therapeutic expertise in emotion-focused therapy; centers around helping clients clarify their emotions, distinguish between emotion types and express them (Zwack and Greenberg 2020). The different types of emotions covered in this theory are described below.

Emotions are named as primary, secondary and instrumental emotions, depending on whether they are given directly at the time of the event or for masking-manipulation purposes. In addition, primary emotions are named as primary compatible emotions and primary maladaptive emotions according to whether the emotions are compatible with the situation faced by the individual. Primary emotions are direct reactions when a situation occurs (Greenberg 2002). The primary compatible emotions, which are included as a subset of this emotion, are those that are compatible with the situation and direct the person to take the appropriate action (Greenberg 2011). For example, the anger of a person who has been subjected to psychological violence by his/her colleagues is the primary compatible emotion because both anger is compatible with the situation, and this emotion enables the person to take a confident and upright stance in order to end this violence. Fear, which is another emotion, is the primary emotion that is compatible with the situation of danger, because it helps the person to develop a strategy to cope with the situation by freezing, fighting or fleeing somehow. Such emotions are functional and disappear when the situation that caused the emotion to be experienced disappears (Greenberg 2008). The other three emotion types that follow are considered dysfunctional (Greenberg 2011). Primary maladaptive emotions are those that are directly experienced at the time of the event, but they do not help the individual to cope with the situation functionally (Greenberg 2011). These emotions are often unhealthy (Greenberg 2002) and damaging (Jarry and Paivio 2006) emotions that arise from the past traumas or unfinished works of the individual (Aras-Kemer and Tuzgöl-Dost 2020). Primary maladaptive emotions quickly take over the control system of the individual and do not lost even when the situation that causes them to be experienced disappears (Çelik and Aydoğdu 2018). Due to this feature, it is also described as an "unhealed wound" (Pascual-Leone et al. 2012) or a "wounded core emotion" (Zwack and Greenberg 2020). For example, if the person has learned that physical/sexual abuse often comes after intimacy as a result of his past experiences, he may perceive intimacy as a violation of his/her boundaries in his/her adulthood and may face reactions such as anger and/or avoidance (Greenberg 2011). Secondary emotions are formed by replacing the previous primary compatible emotion with a new emotion that masks the primary emotion (Greenberg 2002). With the process of substituting another emotion for this emotion, the main emotion is hidden, and the secondary emotion repeatedly leads to behaviors and thoughts (Greenberg 2011). Secondary emotions are often influenced by socio-cultural norms (Zwack and Greenberg 2020). Women who have internalized the messages that they should be compatible can cry when they are angry; Men who have been taught to be strong may show aggression when they feel weak. Secondary

emotions often take on the task of defending against the painful primary emotion (Johnson and Greenberg 1987). In other cases, they are emotional reactions to primary emotions (Greenberg 2011). For example, the expression of sadness as anger by the individual who is faced with rejection is the secondary emotion that emerges as a defense against the primary emotion; The feeling of shame of the person who is ashamed because of fear in the face of danger is the secondary feeling of shame felt towards the primary emotion. Instrumental emotions are emotions that are consciously or unconsciously displayed to influence or manipulate others (Zwack and Greenberg 2020). Examples of instrumental emotions are anger to control the other, submissive shyness to avoid conflict, or "crocodile tears" to arouse sympathy. These emotions are also called manipulative or fake emotions (Greenberg 2011). After these explanations about the types of emotions, the main subject of this review article, the emotion-focused work with couples, is discussed.

Emotion-Focused Couples Therapy

Emotion-Focused Couples Therapy (EFCT) identifies restricted interaction patterns and inappropriate emotional responses as the source of couples' distress. EFCT is an effective couples therapy designed to change inappropriate emotional responses and existing patterns. (Johnson and Greenberg 1988, Palmer and Johnson 2002). Utilizing humanistic and systemic principles, EFCT aims to create a more secure attachment pattern between couples (Johnson 2004, Wiebe and Johnson 2016). Any of the couples may have rejected feelings and accompanying unmet needs. It is assumed that by expressing these needs in therapy, individuals' sense of self will increase, and couples will be more securely attached to each other (Greenberg and Johnson 1988). As couples become more accessible to each other, they become more sensitive to each other's feelings and needs, resulting in new cycles of positive interaction while fostering trust growth (Johnson 2009).

Although people instinctively anticipate how the emotions they feel will affect their relationships, their knowledge of coping with these emotions may be insufficient (Greenberg 2015). In this context, therapists, who are referred to as "emotion coaches" in EFCT, have roles and responsibilities in ensuring that clients realize, accept and understand their feelings.

Role of the Therapist

The therapeutic relationship in EFCT can be described by the presence of a high degree of therapist, empathetic follow-up, and directing emotional meaning in the moment. Accordingly, empathy and emotional connection are key parts of therapeutic cooperation and necessary conditions for change. The therapeutic alliance with each client or partner is as egalitarian as possible and is based on the humanistic perspective that all clients are experts in their world of interaction. Therefore, therapists are open to being sincere and learning from their clients, rather than taking a distanced "professional expert" stance (Johnson 2009, Moser and Johnson 2008, Palmer and Johnson 2002, Zwack and Greenberg 2020). In humanist-based approaches such as EFCT, the therapist helps people make active choices, understand their relationship experiences, and become aware of their emotional experiences and needs. EFCT therapists, who believe in the growth capacity and development power of clients, do not take a disease-oriented approach and focus on the interaction between couples and pay attention to understanding the world that clients construct with a constructivist understanding (Dunham 2016, Greenberg and Johnson 1988, Johnson 2009, Moser and Johnson 2008, Palmer and Johnson 2002).

According to emotion-focused therapists, an empathic therapeutic relationship is ameliorative. The empathic harmony that the therapist establishes with the couple also lays the groundwork for people to take a more open and accepting attitude towards themselves and their spouses (Moser and Johnson 2008). In the EFCT process, therapist approves each partner to construct their own emotional experience, and considers these experiences in the context of interaction cycles between the couple. Focusing on the cycle of negative interactions surrounding the problem in the couple's situation helps couples actually identify both as a victim of this pattern, rather than blaming each other among themselves. In this context, one of the main tasks of therapy is to identify the negative cycles in the relationship and to enable the spouses to express their previously unexpressed compatible feelings and needs. Accordingly, the therapist gives couples some responsibilities that will create positive interaction cycles without blaming each other in the process (Greenberg 2008, 2015, Johnson 2015).

The emotion-focused therapist uses everything that comes out emotionally in the here and now and focuses on experiential knowledge rather than conceptual knowledge (Greenberg 2015). The therapist tries to evoke a deep participation in the therapy session by following, reflecting and replaying the interpersonal process moment by moment between the clients and himself, between the couples or in the representative worlds of the persons (Johnson 2009). Although the importance of creating new cognitive meanings or behavioral changes in the EFCT

process is not denied, the importance of recognizing, accepting and understanding emotions draws attention (Greenberg 2017). Emotions, which significantly affect the perceptions of the relationship, can be handled in different ways in the process, depending on which emotion is expressed and how these emotions are interpreted for both the individual and the couple (Goldman and Greenberg 2013, Gurman and Fraenkel 2002). Sometimes the therapist focuses on simulacrum and somatic experiences by heightening emotions in therapy. Implicit key emotions and representations are identified by various techniques and emotionally reframed if necessary (Johnson 2009). In order to reach basic emotions, the client's attention is shifted to body sensations from time to time and awareness of inner experience is encouraged (Greenberg 2017, Zwack and Greenberg 2020). At the end of the therapy process, the EFCT therapist aims for the client to be more open to his own experience, to relate more to strong emotions, and to have the ability to create a more coherent and meaningful framework and life stories about the self and basic relationships (Johnson 2009). In addition, it shapes its interventions to ensure that couples are in a healthy relationship. It is useful at this stage to examine the definition of a healthy relationship from the EFCT perspective.

Healthy Relationship According to Emotion-Focused Couples Therapy

Defining a healthy relationship in couple therapy is necessary for the therapist to set goals, structure the process and approach to the couple in the therapy process. According to emotion-focused couple therapy, emotions offer important messages about the basic needs of individuals. (Zwack and Greenberg 2020). Considering the role it plays in the relationship, it can be said that emotions provide important information about the quality and course of the relationship (Greenberg 2015). In the EFCT, primary sensitive emotions and unmet needs lie behind couples' blaming, controlling, distancing, and other hurtful behavior patterns. (Zwack and Greenberg 2020). For this reason, it can be thought that the feelings of the couple that are not compatible with the situation and individual needs of the couple are far from the context of a healthy relationship. Couples showing empathy and approval to each other allow the establishment of healthy relationship styles (Zwack and Greenberg 2020).

There are theoretical touchpoints between experiential therapies such as EFCT and attachment theory. Being emotionally available and responsive to self and others in flexible ways is the hallmark of interpersonal health in both approaches. According to EFCT, a healthy relationship is closely related to a secure attachment feeling. Such a bond is characterized by mutual emotional availability and responsiveness. This bond creates a safe environment that maximizes the ability of partners to regulate their emotions, process information, solve problems, accept differences and communicate clearly (Johnson 2009, 2015, Palmer and Johnson 2002). Greenberg (2015) states that people are conditioned to feel good when they are close to their loved ones, and they need others to feel safe. Accordingly, establishing and maintaining an emotionally satisfying couple relationship is an important task in one's life. A secure emotional connection with others creates a positive and empowered sense of self. This connection not only maximizes flexibility and adaptability, but also supports resilience in the face of stress in interpersonal relationships, thus ensuring that individual needs are expressed through the right communication styles. On the other hand, insecure attachment and separation anxiety in a relationship can be considered as an unhealthy and destructive attitudes (Johnson 2009, 2015).

In a couple relationship, Greenberg and Goldman (2008), in addition to the need for a healthy attachment, emphasize the "need for identity", which is maintained through recognition and approval by one's partner and is therefore characterized as a relational need. In fact, this need is needs such as self-consistency, self-esteem and authority, which are important for human relations. There is a sense of satisfaction and pleasure that comes with the recognition and validation of our thoughts and feelings by our partner. Conversely, feeling that they are not seen, invalidated, or defined in a way that harms one's identity evokes feelings of hurt, disappointment, and shame. Perceptions of threat to one's identity or fears of being dominated and controlled lead to a change in the view of reality and a more negative perception of the partner relationship (Woldarsky-Meneses 2017, Woldarsky-Meneses and McKinnon 2019).

In addition to the definitions of healthy relationships in the EFCT, there are also some basic assumptions about what constitutes the core of the problems experienced by couples (Vanhee et al. 2018). First of all, spouses have certain psychological needs that must be satisfied in their close relationships for a healthy couple relationship (Johnson 2004). Accordingly, (a) conflicts and problems in the relationship between couples are often caused by the inability of the spouses to meet each other's needs (Greenberg 2015). These unmet needs in essence activate primary emotions such as sadness or disappointment. But these primary emotions can be difficult for the person to tolerate, and they can make the person feel vulnerable. Emotions in this situation are often not expressed or acknowledged. As a way of reacting to and coping with these primary emotions, the people in the relationship may have replaced the primary emotions with negative secondary emotions such as anger or hatred (Greenberg and Goldman 2008). Therefore, it can be said that (b) the needs that are not met because they are not expressed

or understood by the other partner cause certain negative feelings in the couple's relationship and problems in the relationship. As a result (c), negative emotions accompanying unmet relationship needs lead to certain behavioral patterns in individuals in a relationship, resulting in negative and destructive interaction cycles between partners over time (Greenberg 2015, Johnson 2004, Greenberg and Johnson 1988, Vanhee et al. 2018). According to EFCT, unhealthy relationships occur in the context of negative interaction cycles. The change that provides a healthy structuring is the awareness of primary emotions and their expression. In such a situation, the emotion-focused couple therapist aims to help couples realize that secondary or instrumental emotions are the structure that serves to into negative interaction cycles (Goldman and Greenberg 2013, Zwack and Greenberg 2020).

Negative Interaction Cycles

The tendency to express secondary and instrumental emotions instead of primary emotions and needs to satisfy them causes the continuation of the negative interaction cycle between couples. With this cycle, couples' attempts to change each other's behaviors result in the reinforcement of these undesirable behaviors (Greenberg 2015, Greenberg and Goldman 2008, Zwack and Greenberg 2020). From an attachment perspective, individuals typically respond primarily with anger when a secure attachment is threatened. This is a protest against the cessation of contact with the attachment figure. If such a protest fails to elicit a response, hopelessness, strain, or other depressive feelings may follow the emotion of anger, which over time may develop into an ongoing strategy for attracting and maintaining the attachment figure's attention. In cases where these cycles fail, a process of mourning and breaking with the relationship begins (Johnson 2015).

Negative destructive cycles can be modeled in a variety of ways. The most common of these is the "demand-withdraw" cycle between a demanding spouse who seeks emotional intimacy by blaming, criticizing, or controlling the other spouse, and a spouse who maintains emotional or physical distance. For example, if the party who feels lonely and insecure in the relationship does not express their feelings and is isolated by waiting for their partner to understand their needs, it is likely that the feelings that cannot be expressed here and therefore, the needs that cannot be met will turn into anger over time. When the person starts to criticize and accuse his spouse with this feeling of anger, he may make his partner feel fear and inadequacy and push him to defend himself. As one continues to blame, the other pulls back in self-defense, and the relationship falls into a vicious circle. In this case, while the accuser thinks that he/she is alone, does not rest, and even abandoned, the withdrawn person tries to protect himself/herself by struggling with feelings of fear and inadequacy (Greenberg 2015). Other negative cycles may be when both partners are demanding or both withdrawn. In the demand-withdraw cycle, the demanding spouse who makes requests for emotional intimacy with misbehaviors may stop these desperate attempts over time, and he may withdraw like the other spouse (withdraw-withdraw). In this cycle, both partners are shy about establishing emotional bonds. This cycle, which can also be described as a transition to a kind of "grief" period, may represent the beginning of the separation from the relationship for both partners. In contrast to this cycle, there are also cycles in which both partners constantly demand from each other with patterns of wrong behavior (demand-demand) (Johnson 2004, Greenberg and Johnson 1988).

The rigid interaction patterns between couples are very detrimental to the emotional relationship experienced, as they make secure emotional participation impossible and maintain an insecure attachment style (Johnson 2015). Since their attachment needs are hindered by such interactions, spouses mutually reinforce each other's negative and compulsive behaviors and become stuck in one of these negative interaction cycles (Johnson 2004). Working to identify the couple's cycle of negative interactions, an EFCT therapist conceptualizes each partner's problematic behaviors not as personal failures, but as attempts to resolve situations or cycles that have become problematic. With this conceptualization, the problem in interaction is externalized so that the focus of the couple shifts from trying to change each other to changing problematic interaction patterns (Zwack and Greenberg 2020). Such attachment-based problems should be treated as part of the human condition, not as an immature response in the therapy process (Johnson 2009).

According to the EFCT view, distress and tension between couples occur when the couple's ability to communicate their feelings and cope with feelings of insecurity is impaired. This leads to negative interaction cycles between couples (Halchuk et al. 2010). Helping couples access and express vulnerable core emotions such as shame and fear is seen as the key to initiating a more positive interaction cycle. The fact that couples display more harmonious emotional expressions instead of secondary emotions during the therapy process is also effective in showing more empathetic and compassionate reactions to each other over time (Greenberg 2015, Woldarsky-Meneses and McKinnon 2019). Therefore, it is necessary to recognize, accept and complete emotions such as anger, hurt, shame or fear in the couple therapy process, to process these emotions and to be able to

replace them with more constructive emotions (Greenberg et al. 2010). In the study conducted by Greenberg et al. (2010), twenty couples with various emotional injuries were included in the EFCT process. The therapy process first begins with emotionally hurt spouses expressing their accusations, complaints and hurts. The accusing spouse was encouraged to reveal their primary feelings and experience genuine forgiveness, while the accused spouse was encouraged to respond to these statements in a non-defensive, empathetic response. Expressing shame and regret of the guilty party caused a change in the accusatory position of emotionally hurt spouses and formed the basis of the feeling of forgiveness. In another study, EFCT was performed with couples whose attachment relationship was damaged due to abandonment or betrayal of one of the partners. In this study, the processing of emotions such as anger, sadness and fear based on EFCT shows that 63% of couples with damaged attachment relationships and partners with an impaired trust could resolve this situation, forgive their spouses and continue the therapeutic process (Makinen and Johnson 2006).

Case Conceptualization and Therapy Process

The generally accepted therapeutic path in the EFCT process is to reach from secondary emotions to primary emotions and from maladaptive emotions to more functional and adaptive emotions (Zwack and Greenberg 2020). It is assumed that the first steps for couple change emerge with the recognition of primary compatible emotions (Greenberg 2015).

Case Conceptualization Principles

Emotion-focused therapists utilize a set of change-based principles specifically designed to address and treat a variety of issues within an empathetic relational framework. The first principle in case formulation is that a healthy relationship is possible in the context of an emotion-focused therapeutic relationship that emphasizes an empathetic, collaborative alliance (Goldman 2017, Goldman and Goldstein 2022). In general, case formulation relies on two sources of information about clients. These are the feelings and life stories of the clients. These stories provide a context for conveying life events (i.e. what happened) and the meaning of those events, while emotional processes show how people feel. The general view is that emotions emerge from life stories. Throughout the case formulation process, the therapist and client continually drill down to explore feelings about these stories. In order to change the emotional functioning, it is aimed to recreate the life stories told by the clients in a different way than they are now (Goldman 2017).

In the conceptualization process, EFCT therapists focus on clients' painful emotional experiences and reactions. Accordingly, therapists develop a metaphorical "pain compass" that acts as an emotional tracking device to follow their clients' experiences and move in this direction (Greenberg and Watson 2005). For this, the first thing to do is to mark the most touching points in the clients' stories in their minds (Greenberg and Goldman 2007). The chronic pain of the client is, in a sense, the entry point to the client's core concerns (Goldman 2017). Painful events provide clues as to the source of basic maladaptive emotion schemas that clients may have formed about themselves and others. At this point, the first focus of the formulation is not the conceptualization and pathological diagnosis of the person's permanent personality, character dynamics or the couple's basic relationship pattern, but the process and current emotional concerns of the client (Greenberg and Goldman 2007). Therapists also observe the coping strategies that clients use to cope with this pain and regulate their painful emotions, and what skills may be lacking (Greenberg and Goldman 2007).

Another of the principles of Case Conceptualization is that the formulation of the EFCT is basically process-constructive and process-descriptive. This essentially means that formulation is always a simultaneous discovery process that takes place in consultation with the client. In short, the formulation is basically process-oriented; It is created in the process and redefined from session to session. The "diagnosis of the process" is at the forefront, not the diagnosis of symptoms (Greenberg and Goldman 2007, Goldman 2017, Goldman and Goldstein 2022). Greenberg and Goldman (2007) state that there is no special initial formulation and evaluation phase in the EFCT process, instead the therapist can get to know the client over time. Accordingly, there is no end to the formulation process. For change to occur, the case formulation process must be flexible and integrate with new information that may come between sessions (Goldman and Greenberg 2015). The EFCT therapist assumes the role of a process diagnostician who assumes that he knows no more about his clients' experiences than they do (Goldman 2017).

Case Conceptualization Stages

Goldman (2017) proposes a three-stage approach in the case conceptualization process. In the first stage, which

is called "opening life stories and observing the emotional meaning-making style based on inner experiences", the presented relational and behavioral problems are framed for the first time, and the themes of the life stories are tried to be established. At this initial stage, EFCT therapists understand how clients make sense of current events in their lives and the emotional impacts that accompany them. Painful emotional experiences are identified, and how the client makes sense of their experience emotionally (emotional processing styles) is observed. Problems of attachment and identity are addressed. In addition, at this stage, the clients' capacity to regulate emotion, and their ability to access and show their emotions are evaluated.

The second stage suggested by Greenberg and Goldman (2007) in their case conceptualization is "creating a focus and identifying core emotion". At this stage, the therapist monitors the signs produced by a persistently painful emotional state and identifies themes for the process. Then, compatible and maladaptive basic emotion schemas are defined. The client's needs, barriers to accessing basic emotions, and secondary emotions are identified. At this stage, the therapist structures the process together with the clients.

The third stage is called "process formulation". Formulation at this stage takes place throughout the ongoing therapy process. As the second phase has taken place, the client and therapist now have a clear idea of the main thematic issues related to the underlying emotion schemas, and therefore therapeutic sessions are organized around them. The focus of the third phase shifts to the continuous observation and formulation of ongoing emotional states, markers and micro-markers. At the end of this phase, the new meaning that emerges reconnected to themes of life stories that originally brought people into therapy and were linked to relational and behavioral challenges (Goldman 2017).

Greenberg and Watson (2005) recommend the following steps to guide practitioners in the development of case formulations;

1. Identification of the presented problem,
2. Listening to and exploring the client's life stories about the problem,
3. Gathering information about the client's identity and history of attachment relationships, as well as current relationships and concerns,
4. Observing and accompanying the way the client processes emotions,
5. Identifying and responding to painful aspects of the client's experiences
6. Identifying markers and suggesting appropriate tasks to resolve problematic processes as they arise.
7. Focusing on thematic internal and interpersonal processes,
8. Participation in clients' immediate emotional functioning in order to guide practices within the tasks requested from the client between counseling sessions.

In addition, Johnson (2015) states that in the process of recognizing and formulating the case in the couple relationship, some scales and other self-report tools can be used to measure or determine anxiety, depression, couple relationship adjustment or relationship satisfaction in couples.

EFCT's Stage Model and Steps

The emotion-focused couple therapist choreographs a positive interactional dance for the establishment of a healthy bond between the spouses and powerfully redefines the relationship. This process can be summarized in its most basic form as follows;

1. From alienation between couples to mutual emotional participation;
2. From vigilance and self-preservation to openness and risk-taking;
3. From passive helplessness to the hopeless dance of the relationship, to the feeling of being able to actively recreate that dance (interaction);
4. From hopelessly blaming the other to feeling how each partner makes it difficult for the other to be sensitive and caring;
5. It is a journey that extends from focusing on the faults of the other to discovering their own fears and desires (Johnson 2004).

At the end of emotion-focused couple therapy, individuals become more skilled in accessing important information provided by emotions and using this information to live a lively and harmonious life (Greenberg 2017). Thus, each spouse becomes a source of security, protection and communication comfort for the other. Each helps the other in regulating negative affect and creating a positive and strong sense of self (Johnson 2004).

Experiential, systemic approaches and attachment theory are integrated into a theoretical whole in EFCT and provide a guide for the therapy process (Johnson and Greenman 2006, Johnson 2015). When the EFCT treatment process is examined, it is seen that the treatment steps were primarily created by Greenberg and Johnson (1988) as nine steps. These nine steps were then organized by Johnson (2004, 2015, Johnson et al. 2013) into three stages: reducing the negative cycle, restructuring the negative interaction, and consolidating-integrating. Each stage has its own therapeutic goals, and these stages can be summarized as follows.

In the first stage, it is seen that the relationship between the spouses and the negative interaction cycle are defined, the emotions related to the underlying unmet needs are accessed, and the problem is reframed. The problem between spouses is discussed in the context of the cycle, the emotions that accompany the cycle, and the basic unmet needs. At this stage, couples become sensitive to the myriad of emotional experiences that remain outside of awareness during the conflict but drive negative interaction patterns (Greenberg and Johnson 1998, Johnson 2004, 2015). At the end of the first stage, the couple realizes that they have created a cycle they cannot get out of without even realizing it, and that they are both victims of this cycle. Interventions for a new cycle are only possible after this awareness (Johnson et al. 2013).

The second phase of the EFCT involves reconfiguring the couple's interactions to achieve a secure attachment bond. At this stage, it is aimed that individuals realize their attachment needs, such as reassurance or the need to be comforted by the partner, which they previously denied. In addition, some of the couples may have feelings of shame and worthlessness towards themselves that they did not realize before. In therapy, individuals are encouraged to encounter and identify with these unfamiliar aspects of their selves. At the end of this recognition and identification process, it is the prominent task of this stage to accept the partner's experiences and new relationship building and integrate them into the relationship interaction. At this stage, it is expected that the needs and wishes between the spouses are expressed and restructured accordingly. As a result, the couple is expected to come out of the negative cycles with their new positions in the relationship and produce new solutions (Greenberg and Johnson 1998, Johnson et al. 2013, Johnson and Greenman 2006).

Finally, the focus of the third phase of EFCT is on the consolidation and integration of therapeutic gains (Johnson 2004, Johnson and Greenman 2006). At this stage, the triggers of old problematic cycles are handled in the couple's new way of interacting with each other, allowing the couple to discover new solutions to these problems (Greenberg and Johnson 1998, Johnson 2004). The therapist acts here as a facilitator and process counselor of effective problem solving. In the process, emotional participation is supported regardless of the problems (Greenberg and Johnson 1998). Healthy new responses and interaction cycles to previous problems are reinforced (Johnson 2015). It is aimed to integrate these healthy and safe cycles, which are reinforced and strengthened, with daily life. At the end of the process, the couple's concerns about possibility of quitting therapy and returning to old cycles can be addressed (Johnson et al. 2013).

The original three-step model above (Johnson 2004), developed by Greenberg and Johnson (1988) as nine steps, has been reconstructed over time into five stages and fourteen steps by Greenberg and Goldman (2008). This presented model is not a linear model. Some stages can be revised during therapy or sometimes there is overlap between the stages. The process introduced by Greenberg and Goldman (2008) can be summarized as follows.

Stage 1 "Confirmation and Alliance Formation": The first phase emphasizes the creation of security and the development of an alliance. The therapist forges a cooperative alliance with both partners, acknowledging their individual pain and establishing an emotional bond with each. The therapist also tries to understand the couple's core issues and how they relate to attachment and identity issues. The first stage includes the following steps;

- a. Empathizing with the position of the spouses and the painful feelings that cause this positioning in the relationship and accepting the feelings,
- b. Identifying issues of conflict between spouses and assessing how these issues reflect key issues in identity.

The trust-based cooperation provided at the beginning of the process paves the way for the spouses to express their own vulnerability or their role in the interactional cycles in the later processes. In addition, the therapist's empathetic and affirming attitude should calm clients' anxiety.

Stage 2 “Reducing Negative Cycles”: The main goal in this phase is to reduce the negative emotional reaction between spouses. The difficulties experienced by the couple are handled within the framework of a negative interactional cycle, and the problem is evaluated more independently from the spouses. At this stage, the therapist observes how the spouses relate to each other and monitors the emotional reactions in the emergence of interactions. Once the cycle has been identified, the therapist focuses on helping partners label their underlying feelings and most importantly identify and explore their core sensitivities that are activated in the cycle. Possible traumatic origins are observed, such as each partner’s position in the cycle and unmet childhood needs. After establishing a framework of the cycle and the underlying sensitivities, the therapist highlights how these sensitivities interact within the relationship. The second stage can be summarized with the following steps;

- a. Identifying the negative interaction cycle and the position of each partner in this cycle and externalizing the problem as a “cycle”,
- b. Identification of unaccepted attachment and/or identity-related feelings underlying the interactional positions.
- c. Identifying each partner's vulnerabilities and their historical roots to help understand the negative interaction cycle.
- d. Reframing the problem between spouses in terms of underlying more vulnerable feelings about unmet needs for attachment and identity.

Stage 3 “Accessing Underlying Emotions”: This phase emphasizes uncovering, experiencing, and owning unacknowledged emotions that contribute to each partner’s position in the interaction cycle. The underlying needs of each partner’s problems are accessed. Spouses take risks when revealing their previously unrecognized feelings to each other and express their vulnerability that radically changes the pattern of interaction between them. Thus, each begins to see the other as more accessible, there is now more trust between them, and communication is more fluid. At this stage, the following steps embody the essence of emotion-focused work.

- a. Unaccepted feelings/needs underlying the interactional positions are accessed and disclosed to the other partner. While the demanding partner in the cycle often need to express fear, sadness or loneliness; the withdrawing partner is seen to express anxiety or anger. It is seen that those who are in a dominant or submissive position generally need to express their underlying emotions such as shame, fear or anger.
- b. Identifying and overcoming cognitive barriers to accessing and expressing emotions
- c. Encouraging identification with rejected needs/aspects of the self and integrating them into relationship interactions.

When there are marked difficulties in accessing and expressing emotions, the therapist may switch to individual work with a partner to explore reasons for accessing emotions. In such cases, it is important how the therapist will identify the barriers for individuals to reach their underlying emotions and how they will help the spouses overcome this situation.

Stage 4 "Negative Interaction and Self Reconstruction": While interactions are being restructured at this stage, it is very important for spouses to accept their vulnerable underlying feelings to each other in terms of establishing a new interaction. Once mutual acceptance has been established, the expression and response to sincere needs is encouraged. Positive interactions are encouraged to increase positive emotions, while the expression of positive emotions is reinforced to increase intimacy. As partners become more accessible and responsive and interactions between partners change, it may also be necessary to develop individuals' capacity for self-soothing to achieve lasting change. Thus, individuals can often pacify or transform maladaptive emotional responses to unmet childhood needs or past trauma independently of their partner. Also, the self-soothing capacity of the person intended to be expanded at this stage is also important when the partner is not emotionally supportive. The fourth stage includes the following steps;

- a. Encouraging one of the partners to realize the self-related aspects of the other partner's behavior,
- b. Facilitate the expression of feelings, needs, and wants to create genuine emotional engagement and reconstruct interaction.
- c. Encouraging self-soothing and the transformation of maladaptive emotion schemas in each partner to achieve more lasting interactional change.

The main goals here are to try to remove individuals in cycle from this cycle and to create a needs-based mutual understanding between couples.

Stage 5 "Consolidation and Integration": The aim of the final phase of therapy is to enable partners to integrate new interaction patterns into daily life. Accordingly, positive changes and gains are determined in the life stories of the couple by asking the spouses to think about and share what is different now compared to before. The therapist supports these new life stories being expressed by highlighting examples of personal and relational developments. The focus at this stage is positive emotions and their expression. Strategies developed by couples to reverse negative cycles are shared. Also, the couple's thoughts about their own role, responsibility and control can be discussed in case they revert to old negative cycles. The following steps embody the behavioral and life story-oriented work in the process;

- a. Encouraging the consideration of new interactions and solutions as alternatives to these interactions, so as not to return to problematic interactions,
- b. Reinforcing new relational positions and new emotional stories between the couple.

In this whole intervention process, emotions are at the center of the couple's communication with each other and the ultimate goal of the interventions. For this reason, it is important for the therapist to capture the emotional tone between the couple in verbal and non-verbal ways throughout the process. Accordingly, the intervention process is not only about a series of therapeutic procedures, but also about picking up the subtleties of the emotional tone of the couple's communication with each other in order to reach real meanings. Emotional communication, which is an important determinant of inter-couple interaction, should be at the focus of therapists' attention and interventions.

EFCT is an evidence-based therapy approach that aims to improve the awareness of couples who have difficulties in their relationships about their emotions and interaction cycles. In this theory, the therapist-client relationship is based on egalitarian and humanistic perspectives. While each client is seen as an expert in their own life, the therapist helps the client make sense of their emotional experiences and realize their needs. According to this approach, a healthy relationship; It is explained by the secure attachment pattern and the partners' recognition/confirmation of each other's identities. The hypothesis is adopted that the problem in relationships arises from negative interaction cycles for unhealthy relationships. These cycles take the couple away from secure attachment and cause tiring and even destructive results for the relationship. It is important for emotion-focused couple therapists to know the EFCT-focused case conceptualization process and the stages of EFCT in order to create a roadmap while dealing with various problems while conducting their sessions with their clients. Up to this part, the topics summarized in this paragraph have been explained. The points to be considered while performing EFCT with couples with specific characteristics are given in the following paragraphs.

Emotion-Focused Couples Therapy in Specific Couples Groups

EFCT includes special interventions for couples with a certain background, as well as being used in counseling sessions for all types of couples who report problems in their relationship.

Emotion-Focused Couples Therapy for Couples with Depression

Depression is the most common disorder worldwide (Sayers 2001). Only less than a quarter of people with severe depression in the United States have access to medication or therapy-based treatment (Kessler et al. 2003). From these data and explanations, it is clear that there is a great need for effective depression treatments. Many researchers have examined the effectiveness of EFCT for couples trying to cope with the effects of depression on their relationships and whether it can help improve the mood of a depressed partner (Wiebe and Johnson 2016). Two randomized clinical studies were conducted using EFCT in therapy with couples whose one partner had a diagnosis of major depressive disorder (Denton et al. 2012, Dessaulles et al. 2003). Both studies using EFCT were conducted with women with major depressive disorder who also experienced relational maladjustment. In the first study, participants were randomly assigned to either the group that received EFCT only or the group that received only antidepressant medication (Dessaulles et al. 2003). Twelve participants completed the study and were included in the analysis. Both types of therapy consist of a total of sixteen sessions. At the end of therapy, women in both groups experienced a significant improvement in their depressive symptom levels. It was observed that women in the EFCT group had lower levels of depressive symptoms compared to women taking antidepressant medication. However, it was stated that this difference could not reach statistical significance due to the small sample size. In the second study, EFCT was presented as an adjunct therapy to antidepressant

drugs (Denton et al. 2012). Twenty-four women with both major depressive disorder and relational maladjustment were randomly assigned to either antidepressant medication alone or antidepressant medication in combination with EFCT. EFCT is presented for fifteen weeks. Both groups improved significantly and equally in the context of depressive symptoms. However, women who took EFCT reported that they experienced significantly greater improvement in relationship quality than women who took only medication (Denton et al. 2012).

Relational disharmony often accompanies severe depression, and it seems possible to improve and prevent relapse in people suffering from depression by increasing relationship adjustment. With EFCT's focus on strengthening the emotional attachment relationship between spouses, this school of therapy is a strong candidate for therapy for couples suffering from depression. Indeed, the research results described in the previous paragraph support this assumption. Although EFCT cannot be said to be a "miracle" treatment for depression, it can be said that it is a powerful type of intervention in helping couples with this diagnosis (Denton and Coffey 2011).

Emotion-Focused Couples Therapy for Couples Coping with Illness

One of the goals of EFCT is to promote the creation of secure bonds between couples; this facilitates emotional connection and resilience in the face of difficulties (Johnson 2004). In the light of this explanation, EFCT seems to be an effective therapy method for couples who are coping with the effects of a disease in life. A study supporting this statement is by Naaman et al. (2009) with couples who reported distress in their relationship and one of the partners had second-stage breast cancer. In this EFCT effectiveness study, five out of nine couples who participated in therapy achieved significant improvements in marital adjustment, mood disorder, and total trauma symptoms. In this study, none of the couples in the control group who did not receive therapy and only received psycho-education on cancer and relationships showed improvement in any measure. In the follow-up study carried out three months later, the measured relationship congruence showed results in favor of the therapy group. This study is one of the preliminary studies that support the presented view that EFCT offers a coherent and inclusive approach to the treatment of relationship distress in a traumatic illness. The EFCT therapist, together with both partners, aims to specifically shape accessibility and responsiveness, which are essential elements of a secure bond. Such a bond is associated with mental and physical resilience even in the face of depression and the burden of challenging experiences (Johnson 2008). Such bonds provide couples with a safe haven and a secure foundation, an opportunity for a relationship that can "stand boldly against challenging life events" (Johnson 2002).

Emotion-Focused Couples Therapy for Trauma Victims

In addition to the physical, behavioral, cognitive or other effects of a traumatic experience, the emotional effects are undeniable. A traumatic experience undermines people's basic need for adaptation and security to the world and others, causing serious cognitive and emotional difficulties (SAMHSA 2014). These experiences have the potential to shake people's trust in life and others (Janoff-Bulman 1989, 1992). Spouses who have survived a traumatic experience are expected to seek psychological support to help them cope with relationship difficulties that arise, persist, or exacerbate the effects of the trauma. EFCT is frequently preferred for the well-being of couples after a partner's traumatic experience for various reasons (Johnson 2015). Johnson (2015) states that emotion-focused therapy is particularly appropriate for traumatized couples because of its focus on emotional reactions and attachment.

When examining potential reactions after trauma, it is seen that there are symptoms such as generalization of stimuli about the traumatic event, re-experiencing, emotional emptiness and emotional regulation difficulties, or hyperarousal (Johnson 2002). Certain relationship activities, such as sexuality, which have the potential to soothe or calm other distressed couples, can also become at least a threat or, at worst, a new source of traumatization in the partnerships of trauma survivors. The traumatized individual meticulously avoids these and other situations in which the person feels vulnerable (Johnson and Williams-Keeler 1998).

Spouses in troubled relationships in which a person has had a traumatic experience, to some extent, have the same symptoms as other couples who have had trouble in their marriage. They often struggle with destructive negative emotions such as anger, sadness, shame, and fear. They tend to feel hopeless and helpless in their relationships and therefore focus on personal safety and protecting themselves rather than connecting with others. A traumatic experience increases the need for protective attachments, but also undermines the ability to trust, and therefore the ability to build such attachments. If the EFCT therapist can support the development of

a more secure bond between spouses, this will not only improve the couple's relationship, but also help the spouses cope with trauma and alleviate the long-term effects of trauma (Johnson 2015, Johnson and Williams-Keeler 1998). Wiebe and Johnson (2016) emphasize that attachment has a mediating role in the relationship between experiencing a traumatic event and psychological adjustment.

Cycles of defense, distance, and distrust are more extreme in couples in which one of the partners has experienced a traumatic experience, and there is emotional instability (Johnson 2015). Due to a high degree of self-preservation, spouses with traumatic experiences are trapped in constricted, self-reinforcing relationship cycles such as demand-withdrawal, which make positive emotional engagement nearly impossible (Johnson and Williams-Keeler 1998). The therapist's support for these people throughout the process should be consistent and reliable (Johnson 2002, 2015). In the process, it is aimed primarily to provide an emotional balance and then to restructure the emotional bond between the couple (Johnson 2002).

Some studies in the field show that EFCT can be effective for couples with a partner with a history of childhood abuse (MacIntosh and Johnson 2008). For example, in the study conducted by MacIntosh and Johnson (2008), an average of nineteen sessions of EFCT was administered to ten couples diagnosed with Post-Traumatic Stress Disorder (PTSD), in which one partner reported childhood sexual abuse. The study found that half of these couples reported a clinically significant reduction in trauma symptoms and improved relationship satisfaction. In another study, Weissman et al. (2017) conducted a small pilot study to examine the effectiveness of EFCT in veterans diagnosed with PTSD. In the study, in which EFCT was applied to seven veterans and their spouses in twenty-six-thirty-six sessions, relationship satisfaction, PTSD symptoms, and depression symptoms were examined. Accordingly, researchers found statistically significant differences after therapy in terms of PTSD symptoms, improvements in mood, and increased relationship satisfaction (Weissman et al. 2017).

Conclusion

EFCT differs from other approaches in that it is specifically defined and focuses on emotions that have been neglected by many therapy schools in the past (Gurman 1981). It is a holistic approach that deals with the problems and processes experienced by couples in a formulated attachment paradigm based on individual-centered, experiential, Gestalt and existential therapies. Since its development in the mid-1980s, EFCT has been seen as the only school of couples therapy that meets (and often even exceeds) the highest level of evidence-based couples therapy classification guidelines prepared by Sexton et al. (2011) (Wiebe and Johnson 2016). Many studies with couples indicate that EFCT is more effective in the development of couples' relationships and the well-being of individuals compared to other therapy schools (Ghahari et al. 2021, Havaasi et al. 2017, Jalali et al. 2018, Joulazadeh- Esmaeili et al. 2020, McQueeney et al. 1997, Saemi et al. 2020).

Socio-cultural heritage is an important issue that should be treated with respect in the EFCT process. Cultural background and ethnic differences present unique challenges as well as opportunities for EFCT therapists (Liu and Wittenborn 2011). Adding a cultural lens to EFCT practices, comparing and examining EFCT among different cultures are the areas needed by literature studies (Karakurt and Keiley 2009). Although attachment needs and fears are assumed to be universal in the couple's relationship, emotional expressions may vary between cultures (Liu and Wittenborn 2011). This approach needs to be tested experimentally across different cultures (Wiebe and Johnson 2016). Emotions being the focal point in EFCT can be challenging for some cultures, communities or individuals (Sun 2016). EFCT may be inadequate or not welcome, especially in societies where the expression of emotions is limited, or there is a strong tendency to avoid talking about emotions (Sun 2016). In countries such as Turkey, it is seen that especially men are encouraged to suppress their emotions (Balkis et al. 2011). Therefore, it may be necessary to focus primarily on attachment needs and the normality of expressing emotions in the therapy process. A mental health professional who cannot adapt to cultural differences adequately and appropriately will not be able to provide the therapeutic alliance and cause the counseling process to be inefficient (Liu and Wittenborn 2011).

It has been explained above that EFCT is used with couples whose trust is damaged in their relationship or one of the partners suffers from depression, psychological trauma or a physical illness. The findings of studies in which EFCT was adopted in therapies with couples in which one of the partners suffers from depression, PTSD, or a physical illness are also promising (Dessaulles et al. 2003, Johnson and Williams-Keeler 1998, Naaman et al. 2009). As in the rest of the world, the interest in EFCT is also increasing in Turkey, and mental health professionals often benefit from EFCT. It is thought that this review study, which deals with EFCT, offers an initial reading for researchers and practitioners who want to improve themselves in the way of EFCT. This review presents the current thoughts and definitions of couple therapy theorists, supported by current findings. Therefore, this study fills the gap in the fact that the relevant sources have not yet been translated into Turkish.

Although there are many international effectiveness studies examining EFCT, no study has been found in this context in Turkey. It is thought that conducting local studies to examine the effectiveness of EFCT in Turkey will present important findings. Similarly, it may be recommended to conduct local experimental studies to test the effectiveness of EFCT applications developed for special groups of couples with a certain background.

There are some competencies that the mental health specialist who will apply EFCT should have in order to realize the recommendations presented within the scope of the study. The first of these competencies; It is necessary for the individual to graduate from the departments of psychology, psychological counseling and guidance, medicine (as a field of specialization; psychiatry) or nursing (as a field of specialization; psychiatric nursing). It is important for the effectiveness of therapy sessions that they add EFCT techniques and practices to the counseling skills training they received during their undergraduate or specialist education. Another competence is that the mental health specialist has knowledge and practice experience on EFCT. To understand the basic logic of EFCT, it is necessary to learn a certain amount of theoretical knowledge. The degree of comfort that the therapist will feel when using the EFCT in their consultations will depend on the therapist's knowledge of the theory and the therapy sessions he receives under supervision, and a strain may be observed in the therapies until the logic of the EFCT is assimilated (Palmer and Johnson 2002). With the supervision they receive, therapists who realize their strengths, conflicts and countertransferences during therapy will be able to apply EFCT more effectively.

References

- Aras-Kemer FN, Tuzgöl-Dost M (2020) "Masal Terapi" kitabının duygu odaklı terapinin temel kavramları açısından incelenmesi. *Psikiyatride Güncel Yaklaşımlar*, 12:411-425.
- Balkıs M, Duru DE, Buluş YM, Duru, YS (2011) Tükenmişliğin öğretmen adayları arasındaki yaygınlığı, demografik değişkenler ve akademik başarı ile ilişkisi. *Pamukkale Üniversitesi Eğitim Fakültesi Dergisi*, 29:151-165.
- Çelik H, Aydoğdu BN (2018) Duygu odaklı terapi: Psikoterapide yeni bir yaklaşım. *E-Kafkas Eğitim Araştırmaları Dergisi*, 5:50-68.
- Denton WH, Coffey AD (2011) Depression: Enemy of the attachment bond. In *The Emotionally Focused Casebook: New Directions in Treating Couples* (Eds. JL Furrow, SM Johnson, BA Bradley):87-112. New York, Taylor and Francis.
- Denton WH, Wittenborn AK, Golden RN (2012) Augmenting antidepressant medication treatment of depressed women with emotionally focused therapy for couples: A randomized pilot study. *J Marital Fam Ther*, 38:23-38.
- Dessaullles A, Johnson SM, Denton WH (2003) Emotion-focused therapy for couples in the treatment of depression: A pilot study. *Am J Fam Ther*, 31:345-353.
- Dunham SM (2016) Emotionally focused couple therapy: An interview with Scott Woolley, PhD. *Fam J*, 24:95-100.
- Fromme DK (2011) *Systems of Psychotherapy: Dialectical Tensions and Integration*. New York, Springer-Verlag.
- Ghahari S, Jamil L, Farrokhi N, Davoodi R (2021) Comparing the effects of emotion-focused couple therapy and acceptance and commitment therapy on marital conflict and emotion regulation. *Practise in Clinical Psychol*, 9:121-132.
- Goldman R, Goldstein Z (2022) Case formulation in emotion-focused therapy. *J Clin Psychol*, 78:436-453.
- Goldman RN (2017) Case formulation in emotion-focused therapy. *Person-Centered & Experiential Psychotherapy*, 16:88-105.
- Goldman RN, Greenberg L (2013) Working with identity and self-soothing in emotion-focused therapy for couples. *Fam Process*, 52:62-82.
- Gottman JM, Levenson RW (2002) A two-factor model for predicting when a couple will divorce: Exploratory analyses using 14-year longitudinal data. *Fam Process*, 41:83-96.
- Greenberg L (2008) Emotion and cognition in psychotherapy: The transforming power of affect. *Can Psychol*, 49:49-59.
- Greenberg L (2015) *Emotion Focused Therapy. Coaching Clients to Work Through Their Feelings*, 2nd ed. Washington DC, American Psychological Association.
- Greenberg L, Warwar S, Malcolm W (2010) Emotion-focused couples therapy and the facilitation of forgiveness. *J Marital Fam Ther*, 36:28-42.
- Greenberg L, Watson J (2005) *Emotion-Focused Therapy of Depression*. Washington DC, American Psychological Association Press.
- Greenberg LS (1979) Resolving splits: Use of the two chair technique. *Psychotherapy (Chic)*, 16:316-324.
- Greenberg LS (1986) Change process research. *J Consult Clin Psychol*, 54:4-9.
- Greenberg LS (2002) *Emotion-Focused Therapy: Coaching Clients to Work Through Their Feelings*. Washington DC, American Psychological Association.
- Greenberg LS (2004) Emotion-focused therapy. *Clin Psychol Psychother*, 11:3-16.
- Greenberg LS (2008) The clinical application of emotion in psychotherapy. In *Handbook of Emotions*, 3rd ed. (Eds. M Lewis, JM Haviland-Jones, LF Barrett):88-101. New York, Guilford Press.

- Greenberg LS (2010) Emotion-focused therapy: An overview. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 4(33):1-12.
- Greenberg LS (2011) *Duygu Odaklı Terapi*, 2nd ed. (Çeviri Ed. S Kızıltaş) İstanbul, Psikoterapi Enstitüsü.
- Greenberg LS (2017) Introduction. In *Emotion-Focused Therapy, Revised ed.* (Ed LS Greenberg):3-11. Washington DC, American Psychological Association.
- Greenberg, LS, Goldman RN (2007) Case formulation in emotion-focused therapy. *Handbook of Psychotherapy Case Formulation* (Ed: TD Eelis)379-411. New York, Guilford Press.
- Greenberg, LS, Goldman RN (2008) The dynamics of emotion, love and power in an emotion-focused approach to couple therapy. *Person-Centered & Experiential Psychotherapy*, 7:279-293.
- Greenberg, LS, Johnson SM (1988) *Emotionally Focused Therapy for Couples*. New York, Guilford Press.
- Greenman, PS, Johnson SM (2013) Process research on emotionally focused therapy (EFT) for couples: Linking theory to practice. *Fam Process*, 52:46-61.
- Gurman A (1981) Integrative marital therapy: Toward the development of an interpersonal approach. In *Forms of Brief Therapy* (Ed. SH Burman). New York, Guilford Press.
- Gurman AS, Fraenkel P (2002) The history of couple therapy: A millennial review. *Fam Process*, 41:199-260.
- Halchuk RE, Makinen JA, Johnson SM (2010) Resolving attachment injuries in couples using emotionally focused therapy: A three-year follow-up. *J Couple Relatsh Ther*, 9:31-47.
- Havaasi N, Zahra Kaar K, Mohsen Zadeh F (2017) Compare the efficacy of emotion focused couple therapy and Gottman couple therapy method in marital burnout and changing conflict resolution styles. *Journal of Fundamentals of Mental Health*, 20:15-25.
- Jalali N, Heydari H, Davoudi H, Al-e-Yasin SA (2018) Comparison of effectiveness of emotion-focused couple therapy and Gottman's relationships enrichment program on women's fear of intimacy. *Int J Behav Sci*, 12:76-83.
- Janoff-Bulman R (1989) Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Soc Cogn*, 7:113-136.
- Janoff-Bulman R (1992) *Shattered Assumptions: Towards a New Psychology of Trauma*. New York, Free Press.
- Jarry J, Paivio S (2006) Emotion-focused therapy for anger. In *Anger-Related Disorders: A Practitioner's Guide to Comparative Treatments* (Ed. EL Feindler):223-239. New York, Springer Publishing Company.
- Johnson SM (1998) Listening to the music: Emotion as a natural part of Systems Theory. *Journal of Systemic Therapies*, 17:1-17.
- Johnson SM (2002) *Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds*. New York, Guilford Press.
- Johnson SM (2004) *The Practice of Emotionally Focused Couple Therapy: Creating Connection*, 2nd ed. New York, Brunner-Routledge.
- Johnson SM (2008) *Hold Me Tight: Seven Conversations For a Lifetime of Love*. New York, Little Brown.
- Johnson SM (2009) Attachment theory and emotionally focused therapy for individuals and couples: Perfect partners. In *Attachment Theory and Research in Clinical Work with Adults* (Eds. JH Obegi, E Berant):410-433. New York, Guilford Press.
- Johnson SM (2015) Emotionally focused couple therapy. In *Clinical Handbook of Couple Therapy*, 5th ed. (Eds. AS Gurman, JL Lebow, DK Snyder):97-128. New York, Guilford Press.
- Johnson SM, Bradley B, Furrow J, Lee A, Palmer G, Tilley D et al. (2005). *Becoming an Emotionally Focused Couple Therapist: The Workbook*. New York, Routledge.
- Johnson SM, Greenberg LS (1987) Emotionally focused marital therapy: An overview. *Psychotherapy: Theory, Research, Practice, Training*, 24:552-560.
- Johnson SM, Greenberg LS (1988) Relating process to outcome in marital therapy *J Marital Fam Ther*, 14:175-183.
- Johnson SM, Greenberg, LS (1985) Differential effects of experiential and problem-solving interventions in resolving marital conflict. *J Consult Clin Psychol*, 53:175-184.
- Johnson SM, Greenman PS (2006) The path to a secure bond: Emotionally focused couple therapy. *J Clin Psychol: In Session*, 62:597-609.
- Johnson SM, Williams-Keeler L (1998) Creating healing relationships for couples dealing with trauma: The use of emotionally focused marital therapy. *J Marital Fam Ther*, 24:25-40.
- Joulazadeh-Esmaeili AA, Karimi J, Goodarzi K, Asgari M (2020) Comparison of the effectiveness of acceptance and commitment-based couple therapy and emotionally focused couple therapy on unadjusted couples' attachment styles. *Fam Couns Psychother*, 9:1-30.
- Karakurt G, Keiley M (2009) Integration of a cultural lens with emotionally focused therapy. *J Couple Relatsh Ther*, 8:4-14.
- Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR et al. (2003) The epidemiology of major depressive disorder. *JAMA*, 289:3095-3105.
- Liu T, Wittenborn A (2011) Emotionally focused therapy with culturally diverse couples. In *The Emotionally Focused Casebook: New Directions in Treating Couples* (Eds: JL Furrow, SM Johnson, BA Bradley):295-316. New York, Routledge.
- MacIntosh HB, Johnson S (2008) Emotionally focused therapy for couples and childhood sexual abuse survivors. *J Marital Fam Ther*, 34:298-315.

- Makinen JA, Johnson SM (2006) Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *J Consult Clin Psychol*, 74:1055–1064.
- McQueeney DA, Stanton AL, Sigmon S (1997) Efficacy of emotion-focused and problem-focused group therapies for women with fertility problems. *J Behav Med*, 20:313-331.
- Moser M, Johnson S (2008) The integration of systems and humanistic approaches in emotionally focused therapy for couples. *Person-Centered & Experiential Psychotherapy*, 7:262-278.
- Naaman S, Radwan K, Johnson S (2009) Coping with early breast cancer: Couple adjustment processes and couple-based intervention. *Psychiatry*, 72:321–345.
- Palmer G, Johnson S (2002) Becoming an emotionally focused couple therapist. *J Couple Relatsh Ther*, 1:1–20.
- Pascual-Leone A, Gilles P, Singh T, Andreescu CA (2012) Problem anger in psychotherapy: An emotion-focused perspective on hate, rage, and rejecting anger. *J Contemp Psychother*, 43:83–92.
- Saemi H, Besharat MA, Asgharnezhad-Farid A (2020) Comparison of the effectiveness of Gottman couple therapy and emotionally focused couples therapy on emotion regulation in couples. *Research in Clinical Psychology and Counselling*, 10:87-104.
- SAMHSA (2014) Trauma-Informed Care in Behavioral Health Services (TIP). Rockville, MD, Substance Abuse and Mental Health Services Administration.
- Sayers J (2001) The world health report 2001 — Mental health: New understanding, new hope. *Bull World Health Organ*, 79:1085.
- Sexton T, Gordon KC, Gurman A, Lebow J, Holtzworth-Munroe A, Johnson S (2011) Guidelines for classifying evidence-based treatments in couple and family therapy. *Fam Process*, 50:377-392.
- Simeone-DiFrancesco C, Roediger E, Stevens BA (2015) Schema Therapy with Couples: A Practitioner's Guide To Healing Relationships. Oxford, Wiley.
- Sun S (2016) Emotion focused therapy and its clinical application. In 5th International Conference on Social Science, Education and Humanities Research (SSEHR):1466-1472. Paris, Atlantis Press.
- Vanhee G, Lemmens GMD, Moors A, Hinnekens C, Verhofstadt LL (2018) EFT-C's understanding of couple distress: an overview of evidence from couple and emotion research. *J Fam Ther*, 40:24-44.
- Weissman N, Batten SV, Rheem KD, Wiebe SA, Pasillas RM, Potts W et al. (2017). The effectiveness of emotionally focused couples therapy with veterans with PTSD: A pilot study. *J Couple Relatsh Ther*, 17:25–41.
- Wiebe SA, Johnson SM (2016). A review of the research in emotionally focused therapy for couples. *Fam Process*, 55:390-407.
- Woldarsky-Meneses C (2017) Emotion-focused couples therapy. *Person-Centered & Experiential Psychotherapy*, 16:236-255.
- Woldarsky-Meneses C, McKinnon JM (2019) Emotion-focused therapy for couples. In *Clinical Handbook of Emotion-Focused Therapy* (Eds. LS Greenberg, RN Goldman):447–469. Washington DC, American Psychological Association.
- Zwack J, Greenberg L (2020) Where are the emotions? How emotion-focused therapy could inspire systemic practice. In *Systemic Research in Individual, Couple, and Family Therapy and Counseling* (Eds: M Ochs, M Borcsa, J Schweitzer):249-264. Cham, Springer.

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