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## Emotionally Focused Family Therapy

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### Name of Model

Emotionally Focused Family Therapy.

### Synonyms

EFFT

### Introduction

Emotionally Focused Family Therapy (EFFT) provides therapists with a process-focused approach to restoring attachment bonds in parent-child and sibling relationships through increasing felt security in the family system (Johnson 2004). In EFFT, family distress results from rigid family patterns and persistent negative emotional experiences that block a parent's ability to effectively address a child's attachment needs. The therapist guides family members toward a more secure pattern of relating by shifting these

negative interactional patterns into positive cycles characterized by greater parental accessibility, responsiveness, and emotional engagement and more effective attachment responses from children.

In EFFT, the therapist acts as a process consultant focusing on the emotional blocks and behavioral patterns that interrupt a family's ability to respond effectively to the needs and concerns of other members. A family's presenting problem is conceptualized as a rigid pattern of negative interactions that are informed by reactive and rigid responses based in attachment insecurity. As the therapist works through these emotional blocks, parents are guided toward new positions of availability and children are encouraged to share their attachment needs with their emotionally engaged parent. The process of re-establishing bonds of security in parent and child dyads promotes resilience in the face of ordinary developmental needs and stressors common to family life.

### Prominent Associated Figures

Susan Johnson.

### Theoretical Framework

#### Rationale for the Model

Emotionally Focused Family Therapy (EFFT) is founded on the principles and practices of

Emotionally Focused Couple Therapy (EFCT). Theoretically, EFCT draws from humanistic-experiential (e.g., Rogers 1951) and systemic theories (e.g., Minuchin and Fishman 1981). Susan Johnson (2004) characterized couple relationships as attachment bonds and their disruption as separation distress, following John Bowlby's theory of attachment (Bowlby 1969, 1988). In distress, a couple's problematic attempts to re-establish their attachment bonds fuel insecurity as partners rely on anxious or avoidant strategies to cope.

Similarly, a family's distress escalates in the face of insecure attachment bonds and resulting separation distress. Family patterns are often more complex than couples given the hierarchical bonds of parents and children and mutual bonds of partners working together as parents. Escalating insecurity in family interactions prompts fear of possible separation, loss, and isolation (Johnson 2004). The inability to relate clear attachment and caregiving communication further amplifies the family distress. Strategies of anxious control, pre-occupation, or avoidant withdrawal organize the family's attachment communication deepening the insecurity felt by family members.

The principle goal of EFFT is to re-establish more secure patterns where attachment and caregiving responses are effective and emotional bonds are reassured. Family bonds are adaptive and essential to a natural system that promotes optimal development and environmental mastery for children (Bowlby 1969). When these bonds are secure, parents are more likely to provide children with a "secure base" to foster exploration promoting the development of a child's potential and uniqueness and a "safe haven" from the uncertainties and difficulties of life. Together these resources inform a network of security that insures the flexibility and cohesion necessary to maintain individual growth and meaningful relationships across the lifespan (Byng-Hall 2001).

### Core Concepts

Four key concepts guide an EFFT therapist's conceptualization and work with families: Negative Interactional Patterns; Felt Security; Processing Emotional Experience; and Restructuring Interaction.

### Negative Interactional Patterns

A family's inability to respond to developmental and situational demands is often evident in rigid patterns of reactive behavior organized by negative emotional experience. These negative interaction patterns produce mutually reinforcing reactive patterns of dysregulated affect. These negative absorbing states lock family members into fixed interactional positions informed by underlying anxious or avoidant attachment strategies (Johnson 2004). In EFFT, these patterns are the initial focus of treatment, where specific disruptive and dysregulated interactions offer access to emotions underlying the family's presenting problem (Johnson et al. 2005).

### Felt Security

Secure attachment in a family system results from accessible and responsive caregiving to clear attachment-related communication. Felt security is evident in family interactions where positive emotions enable families to effectively respond to developmental needs and relationship change. Felt security offers a child internal confidence in an attachment figure's support in exploration and availability in the face of personal threat and emotional distress. Parents as caregivers also turn toward one another for mutual support, just as children turn toward parents for care contact and comfort. These positive cycles of security define the family as a "safe haven" and a critical resource for facing ordinary stressors and developmental demands.

### Emotional Experience

Emotion is central to attachment communication and a key focus in the EFT process of change. Emotion primes attachment responses in family interactions and is a primary resource to felt security. Attachment communication exists first and foremost at an emotional level because attachment bonds are emotional bonds (Johnson 2004). Focusing on the emotional responses of family members enables parents and children to better access their intentions, desires, and needs. Moreover, separation distress is colored by reactive emotional responses. Processing emotional experience is essential in working through maladaptive

responses and the EFFT therapist differentiates primary emotions from secondary emotion by actively accessing and exploring the underlying emotions associated with attachment needs in the family (Johnson et al. 2005).

### Restructuring Interaction

The resolution of a family's attachment-related distress results from transforming negative interactional patterns through corrective emotional experience. Shifts toward greater parental openness set the stage for increased attunement and interest in the child's attachment-related needs. Parental accessibility provides new opportunities for children to explore their attachment-related needs and concurrently for parents to take new steps to respond to these needs. The shared experience of vulnerability clarifies parental caregiving intentions and provides a basis for more clear expressions of a child's attachment needs (Johnson et al. 1998). These shifts result in new experiences and family conversations founded in more accurate, affectively engaged, and emotionally corrective responses. New patterns of secure responding are choreographed by the therapist using new experiences of emotion to move family to cycles of felt security.

### Theory of Change

The EFFT stages of change follow the EFCT treatment approach with a unique focus on parent and child interaction patterns (Johnson 2004). The process of change includes the de-escalation of a family's negative interaction pattern, restructuring parent and child positions, and consolidation of felt security gained through these new positions.

In stage 1, de-escalation is premised on a therapist ability to foster a secure base enabling a family to explore their presenting problem and related distress. Individual family members' experiences are accessed and understood in the context of family pain, fears, and hurt. Through accessing and processing these primary emotions,

the therapist reframes problem patterns based on these underlying emotions and elicits more explicit parental caregiving responses to emerging attachment-related emotions and needs. This enables the family to develop a coherent understanding of their pattern and greater freedom to acknowledge each person's responsibility in the family's predictable struggle including greater parental openness and engagement.

In stage 2, the EFFT therapist focuses on restructuring the family pattern through deepening and delineating the child's underlying attachment affect and then distilling unexpressed or unclear attachment needs. As a child's primary emotions and needs are made more explicit, the therapist invites the child to share these experiences. The therapist joins a parent in processing and working through her or his response to the child's newly expressed vulnerability. Parental blocks to caregiving are identified and worked through leading to greater parental empathy and caregiving responses. The therapist then invites the parent and child into an enactment of the child's attachment bid and the parent's attuned caregiving response. New family responses tend to reflect clearer definitions of self, more assertive boundary definitions, and more explicit expectations of the relationships desired in the family (Johnson 2004).

The third and final stage of EFFT promotes consolidation of the new patterns of security achieved by the family in the preceding stages. The family takes new steps toward enhancing the felt security experienced by the family after working through blocks to emotional engagement and effective caregiving. More secure family interactions demonstrate greater flexibility in responding to developmental demands and are more effective in problem solving (Johnson et al. 1998). New rituals of connection are explored to increase openness and emotional engagement, greater positive affect, and appreciation for their stronger ties as a family.

## Populations in Focus

Internalizing and externalizing disorders in childhood and adolescence, stepfamily adjustment, and family distress.

## Strategies and Techniques

EFFT treatment strategies and techniques are based on similar interventions used in EFCT. Two strategies organize EFT interventions. First, emotional responses are accessed and reformulated within specific relationships and, second, new interaction patterns are formed based on these new emotional responses. The EFFT therapist uses reflection, validation, and evocative questions to access and process the emotional responses associated with stuck family patterns and rigid positions. Reactive responses are reframed in terms of predictable patterns of family distress, and underlying emotions are understood in the context of attachment seeking and caregiver responding.

The second strategy focuses on forming new interactional patterns organized around positive cycles of attachment security. Enactments are used to engage primary emotional experience leading to the sharing of attachment-related emotions and needs. EFFT differs from EFT with couples in recognizing the hierarchical role of a parent and the primacy of parental caregiving in response to attachment needs expressed by a child. The EFFT therapist uses heightening interventions and enactments to choreograph change events that foster parental responsiveness and accessibility to a child's vulnerability.

## Research

Johnson et al. (1998) explored the use of EFFT with adolescents with bulimia and their parents in a hospital setting. Results from the small outcome study demonstrated that EFFT was effective in complete remission of bingeing behaviors for

44% and vomiting behaviors for 67% of the sample. A series of case studies illustrate the use of EFFT with different presenting complaints including depression, nonsuicidal self-injury, conduct disorder, and issues related to divorce and step family adjustment.

## Case Example

Zane, a 15-year-old boy, was referred to family therapy following a series of school-related problems. Zane's difficulty concentrating, completing assignments, and truancy were a change from his previous school success. These difficulties followed a period of family instability including his father Mohammed's death and his mother Irma's recent engagement. Zane described his family as a "battleground" of constant fighting with his mother and younger brother Yosef who constantly sought his attention. The therapist engaged each person's experience by exploring, empathizing, and making sense of their responses to the family. The harsh moments of negativity illustrated the separation distress evident in Zane's protest and his mother's attempts to regain control. Tracking the negative interactions gave opportunity to explore Zane's anger, pain, and loss, which he and brother Yosef felt about their father's death, which was rarely discussed. As different experiences were acknowledged, specific attention was given to these more vulnerable experiences.

Individual sessions with the mother and the sons deepened an understanding of Zane's relationship to his mother and Irma's ambivalence about her husband's death and their distant marriage. Irma avoided discussing her late husband's absence with her sons as both rejected her fiancé whom she relied on for emotional support. Irma's parental concerns were affirmed and the family's distress was framed in relation to the father's absence and the threat of further loss through mother's remarriage. The therapist highlighted Irma's underlying care and concern for her sons. Both boys expressed questions about their

father's death and fears about family changes in a sibling session and both were encouraged to share these experiences with their mother in future sessions.

Family treatment focused on Zane and Irma as they shared the most distressed family relationship. Zane's anger quickly escalated when Irma dismissed his thoughts and opinions or criticized his school-related efforts. Irma's reactive response was validated and understood in terms of her heartfelt concern for Zane and the frustration she felt when he would withdraw defensively. The therapist identified her care and heightened her concern for Zane using an enactment to engage her softened emotions with her son. As she tearfully reached her hand toward him, she explained her struggle to talk with him and show care for him particularly when he was missing his father. Zane rejected her initiative lashing out with contempt, calling her a "whore" for her being unfaithful in choosing another man.

Zane's raw anger showed the intensity of his pain, which the therapist accessed in blocking his attack and reframing his harsh protest to the losses in the family which left Zane utterly alone. Zane fought back tears as he shared his despair: "Nothing is the same. Everything has changed. What's the point?"

Irma again struggled to find words to respond to Zane's grief as she was invited to courageously engage his vulnerability. Zane slowly responded to his mother's effort to offer her regret and an apology that she had missed what he was going through given she was lost in her own pain. In turn, Zane was asked to express what he needed most from his mother and he shared that he wanted to know what was happening in the family and needed his mother to talk with him, not just about school. Irma took Zane's hand and reassured him, sharing how proud she was of him and that his father would see the same, that she sees him as a mature young man that has a very young age had to face this loss of his Dad.

Through this corrective emotional experience, Zane faced his fears and reached for his mother from a position of vulnerability. Irma responded to her son's attachment need by seeing him and his pain and in that place and offering love, support, and comfort. Following this work, Yosef was invited back to a family session and shared happiness that there was more caring and less fighting in the home. The family shared plans to honor and remember Mohammad through rituals of visiting the burial ground together and being closer through sharing more family times together.

## Cross-References

- ▶ [Attachment Theory](#)
- ▶ [Attachment-Based Family Therapy](#)
- ▶ [Emotion in Couple and Family Therapy](#)
- ▶ [Emotionally Focused Couple Therapy](#)
- ▶ [Emotion-Focused Family Therapy](#)

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