COMMENTARY ON THE SPECIAL SECTION ON LEARNING EMOTIONALLY FOCUSED COUPLES THERAPY

Susan M. Johnson
University of Ottawa

The study of the impact of EFT training and how this model can best be taught and supervised is the logical next step in a systematic program of research that has unfolded over the last 25 years. In fact, such studies are a necessary step in the documentation of EFT’s generalizability; this factor is perhaps one of the final concerns to be addressed after a model of intervention has demonstrated strong stable outcome effects, clear process predictors of success that fit with the theory of the model, and effects across different kinds of clients and problems. The timing of this research is also perfect. In the last 10 years, training materials and procedures in EFT have been refined, standardized, and expanded so that annual externships in EFT are offered in 25 locals in North America and internationally. In addition, a range of other teaching resources, such as training tapes and a workbook, has been developed, all in an effort to outline and standardize the specific steps that are necessary to develop competence in this model (http://www.iceeft.com).

The increase in the demand for training in this model is perhaps the result of the coming together of new interest and research in the key aspects of EFT, namely emotion and emotional regulation, adult attachment and bonding (Johnson, 2009), and the power of present awareness, which is now being captured under the rubric of “mindfulness” (Bradley, Furrow, Johnson, & Amadeo, 2011). For me, the most potent part of EFT was, however, there from the very beginning and springs from the humanistic experiential roots of this model. Carl Rogers believed that an effective therapist was not a technician per se, but was able to be “with” a client in an empathic and nonjudgmental way. More than this, the therapist was to be authentic and responsive, that is, emotionally present and available in a session. Just as clients are seen here as whole persons rather than sets of problems or diagnoses, so too therapists are whole persons engaged in an interaction with clients that impacts them, and, in the best of all possible worlds, fosters their own ongoing growth and integration. Attachment theory also suggests that therapists must be open and responsive to create a secure base for exploration and growth in their clients (Mikulincer & Shaver, 2007). The findings reported here that EFT training seems to help therapists become more open and self-compassionate and improves their own relationships is then congruent and very encouraging.

The emphasis in the preceding articles on congruent engaged connection between therapist, and supervisor reflects the new neuroscience that suggests, “our nervous systems are constructed to be captured by the nervous systems of others” (Stern, 2001, p. 76). In a humanistic experiential model such as EFT, the therapist allows herself to be “captured” by his or her clients’ emotion or moves in a relational dance, and in training experiences, therapists tell me, “I hear your voice and my supervisor’s voice in my head when I get stuck, and I calm down and engage with my own and my client’s experience and how they, or we, are creating this experience in the moment.”

Some of the results in the preceding studies are surprising. How can a 4 day professional experience lessen attachment avoidance, especially in a relatively secure group of individuals? Security is on a continuum, and more security does seem to increase flexibility and openness to new learning. Also, EFT as an attachment model of intervention validates and depathologizes

Susan Johnson, EdD, Professor of Psychology, University of Ottawa, and Director of the Ottawa Couple and Family Institute (OCFI).
Address correspondence to Susan Johnson, Centre for Psychological Services, University of Ottawa, Vanier Building, 11 Marie Curie, Ottawa, Ontario K1N 6N5, Canada; E-mail: soo@magma.ca; ocfi@magma.ca

Journal of Marital and Family Therapy
dependency, so it makes sense that externs may become more aware and accepting of their attachment needs and fears during training. This taken with the documented shifts in processing emotion is also an encouraging result. If EFT is contributing anything to the field, it is perhaps that it offers a systematic and empirically validated path to the famous “corrective emotional experience” long touted as the key to change in the annals of psychotherapy. To guide clients on the path, and into corrective experiences of engagement with each other in couple therapy, a therapist has to be comfortable with strong emotion and more than this, able to trust his or her own emotional experiencing. This includes trusting and honoring his or her own attachment needs and fears.

We will always have different models of therapy. Not just because clients are different but because therapists are different. In the struggle to establish empirically supported treatments, there is an implication that a good therapist is a master technician, able to choose from a long list of very different interventions and logically fit them to a specific set of symptoms in a client, much as a pharmacist might choose a drug. Medicine is teaching us to expect fast, easy simple cures for every disease. My sense is that in fact therapists are not endlessly flexible. They need to find a model to call home and this has to fit them; they can then learn to be flexible and expand their range of interventions, but they will have developed a certain way of being with and seeing clients and their interventions will be embedded in this relational frame. EFT is not for every therapist. It is not a four session intervention. It does take time and effort to learn. In fact, for myself, after 30 years, I am still learning from every client and couple I see. EFT does require more intense engagement from the therapist than simply coaching a set of thoughts or skills. However, being able to choreograph profound change in clients and in their relationships, apart from being just part of the job or leading to a research article, is amazingly personally satisfying. We need more of the kinds of studies included in this special section and more ways to train clinicians how to engage with their clients in an endless enterprise called, learning how to be more alive and more human together.

REFERENCES


