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Emotionally Focused Therapy for Couples: A Treatment for Depression and Anxiety

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Emotionally Focused Therapy for Couples: A Treatment for Depression and Anxiety

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MSW Clinical Research Paper

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The Clinical Research Project is a graduation requirement for MSW students at Saint Catherine University/University of Saint Thomas School of Social Work in Saint Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's Thesis nor Dissertation.

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Abstract

This systematic review aimed to examine emotionally focused therapy (EFT) and its effectiveness as a treatment for couples suffering from symptoms of depression and anxiety. Inclusion and exclusion criteria were created and databases were searched for relevant literature. Five articles were used as data for this study. Based on the findings, five areas of focus were uncovered that support the claim that EFT may be an effective treatment for couples suffering from symptoms of depression and anxiety. More research must be done in order to assert this claim of effectiveness. Practitioners, clients, and researchers would benefit from further research in this area of EFT and its effectiveness in treating depression and anxiety symptoms among couples.

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Acknowledgements

I never knew this day would come, the day I can finally say, “I finished my clinical research project and I am one step closer to becoming a social worker!” I would not be able to say this without my support team that stuck by me throughout all my years of schooling. First, thank you to my mom, dad, and sister for providing me with social, emotional, and financial support throughout my education. I literally would not be in this position without all of your care. Thank you to my boyfriend for being strong enough to handle my stress and still love me at the end of the day. Thank you to my hometown friends who were always available, even when there were periods of time when I was not. Thank you to my friends I made in graduate school for providing every type of support imaginable as we all endured this roller coaster of a program. Finally, thank you to my committee and chair. To my committee, thank you for your time and effort you put in to this research, you both made this possible. To my chair, Mary, you were amazing and everything a clinical researcher needs during this process. Thank you to everyone who still loves me after all of this!

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Depression and anxiety are common mental health disorders among individuals in the United States. The National Alliance on Mental Illness (NAMI, 2017) reports one in five adults will experience mental illness, 2.6 percent (6.1 million) of adults in America have major depression, and 18.1 percent (42 million) adults in America have an anxiety disorder.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) states that mental health disorders are “syndromes characterized by clinically significant disturbances in an individual’s cognition, emotional regulation, or behavior,” (American Psychiatric Association, 2013, p. 20). The DSM-5 categorizes major depressive disorder (MDD) under “depressive disorders” in its text. Common characteristics of depressive disorders include “sad, empty, or irritable mood accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function,” (DSM-5, 2013, p. 155). Anxiety disorders are “disorders that share features of excessive fear and anxiety and related behavioral disturbances,” (American Psychiatric Association, 2013, p. 189). Furthermore, the DSM-5 defines a fear as, “the emotional response to a real or perceived imminent threat” (p. 189) and anxiety as, “anticipation of future threat” (p. 189). An anxiety is often associated with muscle tension and vigilance in preparation for future danger (American Psychiatric Association, 2013).

Given the prevalence of those in the United States diagnosed with depression and anxiety, the effects of mental illness can possibly cause strain in relationships. Mental health disorders can have detrimental impacts on all types of relationships, including romantic relationships. More specifically, a mental illness can affect the nature of attachment in a romantic relationship and create distress for couples. In an attempt to address this problem, some seek couples therapy.

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Snyder (2000) stated that couples therapy was developed in the 1930s when the occurrence of stress in relationships became more pronounced. Couples therapy includes any type of intervention meant to improve the relationship between two people in a romantic relationship (Snyder, 2000). Lebow, Chambers, Christensen, and Johnson (2012) report 70 percent of couples receiving treatment see a positive change in the relationship after treatment has concluded.

One method of couple therapy is emotionally focused therapy (EFT). Susan Johnson and Les Greenburg created EFT in 1985 (Dunham, 2016). Emotionally focused therapy is an approach to couple therapy based in attachment theory (Dalgleish et al., 2015) and systems theory (Crawley & Grant, 2005). According to Wiebe and Johnson (2016), EFT considers how negative interactions within a couple's relationship impacts emotional disconnection and insecure attachment. Therapists implement EFT in three stages: cycle de-escalation, reconstructing interactions, and consolidation. Lebow and colleagues (2012) state that studies have shown a 70 to 73 percent recovery rate for couples experiencing relationship distress and completing EFT (Lebow, et al., 2012). Couples are able to express their needs to one another and respond accordingly. Although there is extensive research about attachment theory, couple therapy, and EFT, there is minimal research in the area of EFT and couples suffering from symptoms of mental illness.

Through a systematic review of the available literature, this research will explore how EFT can be effective as a treatment for couples suffering from symptoms of depression and anxiety. A better understanding in this area may lead to improved therapy techniques for practitioners and better services for couples that struggle with the symptoms of mental illness.

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Thus, this review will explore how EFT may be an effective treatment for couples negatively impacted by symptoms of depression and anxiety.

Literature Review

Mental Health Disorders

Major Depressive Disorder. According to the American Psychiatric Association (APA) (2017), major depressive disorder (MDD) is a mental illness that negatively affects how one feels, acts, and thinks. Major depressive disorder also causes feelings of sadness and a decrease in enjoyable activities. Other symptoms that may indicate MDD include a change in appetite, inability to sleep or excessive sleeping, lack of energy, an increase in anxiety, slowed movement/speech, difficulty concentrating, and suicidal ideation. The American Psychiatric Association (2017) estimates that one in 15 adults are affected by depression each year and one in six people will experience a depressive episode at least one time in their life. The DSM-5 categorizes MDD under “depressive disorders”. Common characteristics of depressive disorders include “sad, empty, or irritable mood accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function,” (American Psychiatric Association, 2013, p. 155).

Anxiety Disorder. The American Psychiatric Association (2017) states that feelings of anxiety may be beneficial in life situations for it is a natural reaction to stress. Natural anxiety can act as a ‘personal alert system’ to signal when the senses must tune in to help protect against potential danger. Anxiety disorders differ from natural anxiety in that diagnosable anxiety disorders prevent individuals from leaving the house or interacting in what, others would perceive as, normal situation. For example, persons with anxiety disorders avoid situations that may trigger intense feelings of anxiety. According to the American Psychiatric Association

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(2017), anxiety disorders are the most common form of mental health disorders in America and these disorders affect about 30 percent of individuals at some point in their lives.

The DSM-5 defines an anxiety disorder as “disorders that share features of excessive fear and anxiety and related behavioral disturbances,” (p. 189). Anxiety is often associated with muscle tension and vigilance in preparation for perceived danger (American Psychiatric Association, 2013). This is also known as the ‘fight’, ‘flight’, or ‘freeze’ responses. The most common types of anxiety disorders include generalized anxiety disorder (GAD), panic disorder, specific phobias, agoraphobia, social anxiety disorder, and separation anxiety disorder.

Dobmeyer (2018) states that GAD represents 7.6 percent of anxiety cases, 6.8 percent panic disorder, and 6.2 percent social anxiety. Unfortunately, the cause of anxiety disorders is unknown at this time. Experts believe anxiety disorders stem from environmental factors, genetics, psychological states and developmental factors (American Psychiatric Association, 2017). Considering a person who suffers from an anxiety disorder may avoid situations that can cause intense feelings of anxiety, their everyday life might be effected. This can include employment/career, academic success, and relationships (romantic or platonic) (American Psychiatric Association, 2017).

Mental Illness and Attachment. Those who struggle with depression and anxiety have a difficult time regulating their emotions. Furthermore, attachment style is a major determinant of one’s ability to regulate emotions (Besharat, et al., 2013). A mental health disorder can have harmful impacts on the ability to attach later in life. Muris, Meesters, van Melick, and Zwambag (2001) studied attachment and symptoms of anxiety and depression among adolescents. These researchers aimed to test the validity of the Attachment Questionnaire for Children (AQ-C). A sample of 155 young adolescents, ages 12-14, were gathered to study the validity of this

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questionnaire. First, the children were given three descriptions and were then asked to choose a description that best explained their thoughts and feelings about perceived relationships with other children (Muris et al, 2001). Using this tactic, the researchers were able to classify the children as securely, avoidantly, or ambivalently attached. Next, the children were asked to complete four forms for measurement purposes. The measurements include the AQ-C, the Inventory of Parent and Peer Attachment (IPPA), the Spence Children's Anxiety Scale (SCAS), and finally, the Children's Depression Inventory (CDI). These forms of measurement evaluated attachment, depression, and anxiety. The findings indicated that children who identified as securely attached displayed higher qualities of attachment than children who classified as avoidantly or ambivalently attached. Securely attached children reported higher levels of trust compared to insecurely attached children (Muris et al., 2001). In addition, children who classified as securely attached scored significantly lower on the SCAS and the CDI than their counterparts (Muris et al., 2001). The researchers were able to conclude that their findings supported the validity of the AQ-C (Muris et al., 2001).

Watt, McWilliams, and Campbell (2005) studied the relationship between anxiety sensitivity and attachment style in young adults. Anxiety sensitivity is defined as a fear of anxiety-related sensations that arise from beliefs that these sensations have harmful consequences (Watt et al, 2005). A sample of 226 students from an undergraduate Canadian university psychology course completed multiple self-report questionnaires including the experience in close relationships (ECR), relationship questionnaire (RQ), relationship scales questionnaire (RSQ), anxiety sensitivity index (ASI) and the state-trait anxiety inventory – trait scale (STAI-T). These scales were then compared to participant's Model of Self, which measures how intense one feels rejection, and Model of Others, which measures trust versus mistrust,

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avoidance of others, and interpersonal closeness. Watts et al. (2005) concluded that individuals who reported to be preoccupied or fearfully attached (negative Model of Self) also reported significantly higher levels of anxiety sensitivity than those with secure and dismissing attachment styles (positive Model of Self). The results also showed that the Model of Others attachment dimension had limited association with anxiety sensitivity while the Model of Self accounted for increased differences in anxiety sensitivity levels among participants (Watt et al., 2005). This suggests that the Model of Self may be associated with anxiety sensitivity and attachment styles among young adults.

In 2013, Besharat, Hasel, Nikfarjam, Zabihzadeh, and Fallah (2013) conducted research to compare attachment styles of those with diagnosed depression and anxiety disorders to those without the diagnoses. A sample of 220 individuals was used for this research. Within the sample, there were 87 who were diagnosed with symptoms of depression, 64 who were diagnosed with symptoms of anxiety, and 73 without a diagnosed mental illness who volunteered to participate. All participants were then asked to complete the Adult Attachment Inventory (AAI). The results indicated that depressed individuals were considered avoidant in attachment style and those who were “anxious” were considered ambivalent in attachment. Finally, those who were considered to have no mental illness measured to be secure in attachment. The results suggested a relationship between attachment style, emotional regulation and a diagnosed mental illness (Besharat et al., 2013).

Carnelley, Otway, & Rowe (2016) conducted research studying the relationship between attachment and mental illness, more specifically anxiety and depression. The aim of the study was to manipulate insecure attachment styles (avoidance and anxious) and test the relationship between those attachment styles to depressed and anxious moods (Carnelley, et al., 2016).

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Results indicated that individuals who were manipulated to be anxiously attached reported higher depressed moods than those who were manipulated to be securely attached. In addition, individuals who were manipulated to be avoidantly attached and anxiously attached reported higher levels of anxious mood than individuals who were manipulated to be securely attached (Carnelley, et al., 2016). This suggests attachment style has a relationship with depressed and anxious moods.

Couples Therapy

Snyder (2000) states that couple therapy was invented in the 1930s as a result of increased interest in identifying interventions for couples experiencing couple distress. Eventually, this interest led to the establishment of The American Association for Marriage and Family Therapy (AAMFT), which includes social workers, psychologists, psychiatrists, sociologists, clergy members, nurses, family physicians, and educators. Each group, under the AAMFT, is committed to improving the relationships of couples and families (Snyder, 2000).

Couple therapy includes any type of intervention meant to improve the relationship between two people. Generally, the therapy occurs between married couples as well as non-married couples (Snyder, 2000). Two common goals of therapy are improving a romantic connection and reducing conflict (Snyder, 2000). There are many interventions known to improve a romantic connection but the most common interventions include communication, anger-management, sex therapy, and emotion training (Snyder, 2000). Because the needs of each couple are unique, the interventions vary. Generally, couples are seen together with one therapist (Snyder, 2000). Sometimes, therapists see each partner individually, while continuing to focus on the couples' identified goals (Snyder, 2000).

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Therapists may use a variety of theoretical approaches in couple therapy. From the 1940s-1960s, practice was informed by psychodynamic theory and the belief that relationship dysfunction stemmed from an inability to express relationship needs. In the 1960s-1970s, a systems theory approach was integrated into couple therapy. The systems approach implies that relationship distress was a result of family dysfunction. In the 1970s, behavioral couple therapy emerged and therapists integrated a skills-based approach to better relationships through improved communication skills. Today, professionals may use a variety of theoretical approaches to treat the needs of each romantic relationship in therapy (Snyder, 2000).

Emotionally Focused Therapy

According to Dalglish, Johnson, Moser, Lafontaine, Wiebe, and Tasca (2015), research shows that couple therapy is gaining popularity. There is a growing body of evidence outlining its efficacy in treating distress among couples in romantic relationships. A specific type of therapy people in a romantic relationship may try is emotionally focused therapy (EFT). Susan Johnson and Les Greenburg developed EFT in 1985 (Dunham, 2016). Emotionally focused therapy is an approach to couple therapy based in attachment theory (Dalglish et al., 2015) and systems theory (Crawley & Grant, 2005). Furthermore, Wiebe and Johnson (2016) say EFT draws on humanistic and systematic principles to help improve relationships by forming more secure attachments. Dalglish and colleagues (2015) report that EFT has demonstrated a 70 to 73 percent recovery rate for couples experiencing relationship distress with a 90 percent improvement over the controls of the study.

According to Wiebe and Johnson (2016), EFT considers how negative interactions within a couple's relationship impacts emotional disconnection and insecure attachment. From an attachment lens, the cause of a couple's distress may be lack of accessibility and responsiveness

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from their partner, and how that couple handle insecurities in the relationship (Johnson & Sims, 2000). The EFT model uses communication and attachment interventions to help couples create a sense of emotional accessibility, responsiveness, and engagement, the main elements of a secure romantic attachment. This model engages the couples' emotions because both are learning how to share, respond, and experience the other's feelings. Wiebe and Johnson (2016) state, "Their partner will be shown how to listen and respond in an emotionally attuned way. The new emotional music then elicits new responses and, gradually, changes the dance between partners," (p. 390).

Practitioners implement EFT in three stages. Stage one is cycle de-escalation, stage two is reconstructing interactions, and stage three is consolidation (Wiebe & Johnson, 2016). Cycle de-escalation educates the couple about their negative interaction cycle that causes stress within their relationship (Wiebe & Johnson, 2016). The therapist observes and relays patterns of negative interaction to the couple (Wiebe & Johnson, 2016). An example of this is a couple criticizing one another followed by distancing (Wiebe & Johnson, 2016). At the end of this stage, couples are able to see their negative interaction cycle as a problem that causes stress and insecurities (Wiebe & Johnson, 2016). The second stage, reconstructing interactions, involves shaping different and more positive emotional experiences between the couple (Wiebe & Johnson, 2016). Eventually, a stronger bond may be created. Two therapeutic events happen in this stage: Withdrawer re-engagement and blamer softening (Wiebe & Johnson, 2016). Withdrawer re-engagement involves teaching a partner how to engage in expressing attachment needs instead of avoiding conflict (Wiebe & Johnson, 2016). This assists the partners in becoming more open and responsive to one another. Blamer softening involves teaching a partner who used to criticize and blame their partner how to express vulnerable emotions like

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anger, sadness, fear, and shame (Wiebe & Johnson, 2016). Through this, partners create more of a connection instead of pushing away through blame and criticism (Wiebe & Johnson, 2016).

Finally, in the consolidation stage, the practitioner helps the couple use their improved attachment bond to work through problems within their relationship (Wiebe & Johnson, 2016).

The changes seen during an EFT session stems from the expression of new emotional experience that ultimately improves the relationship between couples (Wiebe & Johnson, 2016).

Attachment and Emotionally Focused Therapy

Emotionally focused therapy (EFT) is an attachment-based therapy. Moser, Johnson, Dalgleish, Lafontaine, Wiebe, and Tasca (2015) state that couples who participate in EFT should learn how to identify, experience, and express attachment needs as well as learn new patterns of partner engagement. Through these new patterns, relationship-specific attachment may be restructured within couple (Moser et al., 2015). Research has been conducted to test the efficacy of EFT; specifically how EFT can affect couples in a romantic relationship. Moser et al. (2015) wanted to study EFT's impact on couples' relationship-specific attachment bond, specifically in attachment avoidance and anxiety. The primary goal of this research was to evaluate any changes in relationship-specific attachment among couples through therapy sessions (Moser et al., 2015). A sample of 32 couples filled out the Dyadic Adjustment Scale (DAS), the Experiences in Close Relationship Scale (ECR) questionnaires, and a conflict resolution task as a pretest to the study. Next, the couples were assigned to social workers or psychologists trained in EFT from whom couples received sessions of therapy. After each session, the couple completed an assessment package that included the DAS and the ECR short form. Finally, a post-test was administered which included another DAS and ECR in addition to a conflict resolution task. The number of sessions each couple attended ranged from 13 to 35 sessions. Regardless of the amount of

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sessions completed, the practitioner deemed therapy complete after couples achieved blamer softening. Research in the area of blamer softening suggests that couples who it are more likely to display higher levels of emotional expression, increased responsiveness, and move closer to relationship attunement than those who do not participate (Moser et al., 2015).

Results of the study indicated that couples significantly decreased in relationship-specific attachment avoidance and increased in relationship security upon completing therapy. Among couples in therapy, attachment behavior increased toward a secure attachment (Moser et al., 2015). In addition, couples that were able to achieve blamer softening reported significant decreases in relationship-specific attachment anxiety while those who did not achieve blamer softening unsuccessfully showed a comparable decrease (Moser et al., 2015). Decreases in attachment avoidance and anxiety were significantly associated with an increase in relationship satisfaction (Moser et al., 2015).

Based on a review of the literature, one can begin to understand the concepts behind couple therapy, depression, anxiety, attachment theory, and EFT. Significant research has been conducted studying the efficacy of EFT, couples, and attachment, but there is limited research in the area of EFT utilized when at least one partner in a relationship has diagnosed depression or anxiety. This systematic review will explore how EFT may be an effective treatment for couples whose relationship has been negatively impacted by the symptoms of depression and/or anxiety.

Conceptual Framework

This research used attachment theory as the conceptual framework to guide in examining the effectiveness of using EFT as treatment for couples negatively impacted by the effects of depression and anxiety.

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Attachment Theory

In the 1950s, John Bowlby and Mary Ainsworth developed attachment theory, this theory is known to be a working model for infant development – Will this adult respond to my needs or will this adult ignore my needs? (Bowlby, 1982). This theory emerged as a part of the psychoanalytic theory and explained why children experienced anxiety when separated from a primary caregiver (Fitton, 2012). Bowlby believed it was essential that the primary caregiver of an infant to become attuned to the infant in order to create a healthy attachment (Fitton, 2012). When attuned to its caregiver, the infant is able to self-regulate in moments of stress and deregulation (Fitton, 2012). To gain further understanding, Mary Ainsworth conducted an experiment called “The Strange Situation” in which a mother, her infant, and a stranger (researcher) are in a room playing together (Fitton, 2012). After the child gets comfortable in the room and is familiar with the area, the mother leaves the room for a few moments while the child is alone with the stranger. The stranger (researcher) observes how the child reacts to the mother leaving. When the mother returns after a few minutes, the stranger also observes how the child reacts when the child is reunited with the mother. Both observations are key in the development of an infant’s attachment style (Fitton, 2012).

From this study Ainsworth was able to conclude that there are four major attachment styles: *secure*: child explores but returns to mother for reassurance, gets upset when mother leaves, relieved when mother returns, and easily comforted; *anxious-avoidant*: explores while ignoring mother’s presence and is unaffected by mother’s departure and return; *anxious-ambivalent*: distressed when mother leaves and not easily comforted when reunited; and *disorganized*: inconsistent behaviors (i.e. not interested in the parent, getting up to greet parent but not making eye contact) (Forte, 2007).

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Similar to Bowlby's beliefs, Moser, Johnson, Dalgleish, Lafontaine, Wiebe, and Tasca (2015) agree that attachment styles are formed through beliefs about a primary caregiver's availability and responsiveness in times of stress and deregulation. When an infant is securely attached to its primary caregiver, the primary caregiver elicits prompt responses and frequent availability during an infant's stressful periods. When a child is insecurely attached, the primary caregiver was inconsistent with response times or was not responsive at all to the infant (Moser, et al., 2015).

Adult Attachment. Bartholomew and Horowitz (1991) state that infant attachment styles follow individuals throughout each state of life and are important in every relationship. According to Parker, Johnson, and Ketring (2012), one's adulthood partner becomes a new attachment form from which an individual receives and provides support. Studies examined how infant working models impact social and emotional regulation in adults (Bartholomew & Horowitz, 1991). Using Bowlby's and Ainsworth's infant attachment styles, Bartholomew and Horowitz (1991) created four adult attachment styles from an individual's positive or negative view of self (whether or not they are worthy of love/support) and an individual's positive or negative view of others (whether they view another person as trustworthy or rejecting). These four adult attachment styles are *secure*: comfortable with intimacy and autonomy; *preoccupied*: worried with relationships; *fearful-avoidant*: afraid of intimacy and socially avoidant; and *dismissive-avoidant*: uninterested in intimacy and/or counter-dependent (Bartholomew & Horowitz, 1991).

Further research on attachment theory asserts that an attachment style follows an individual through the lifespan and has significant meaning beyond the first few years of development. In adulthood, a romantic partner provides a new attachment from which an

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individual receives and provides support (Parker, Johnson, & Ketring, 2012). There are times in a romantic relationship where emotional distress is present and couples may need to seek therapy. Research states that individuals who have diagnosed symptoms of depression or anxiety can also display insecure attachments to their romantic partner, which can influence the quality of the romantic relationship (Parker, Johnson, & Ketring, 2012). Therapists who approach couple therapy with an understanding of attachment theory can provide support by assisting the couple in strengthen the attachment bond between one another (Parker, Johnson, & Ketring, 2012). Attachment based couple therapy, such as EFT, can implement attachment theory to mend the romantic attachment between couples while also focusing on the symptoms of depression and anxiety.

Methods

Research Design

Utilizing a systematic review of the literature, this study explored how emotionally focused therapy (EFT) for couples can be effective as a treatment for couples negatively impacted by the symptoms of depression and anxiety. Dr. Andy Siddaway (n.d.) defines a systematic review as:

A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyze and summarize the results of the included studies (p. 1).

There is a significant amount of research on the general topic of couple therapy. However, significantly less available research specifically focuses on EFT for couples implemented to address the symptoms of anxiety and depression.

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For this study, EFT was considered only in terms of couple therapy. Emotionally focused therapy can be used in individual therapy sessions, but this study focused on EFT as a use for couple therapy. According to Wiebe and Johnson (2016), EFT considers how negative interactions within a couple's relationship impacts emotional disconnection and insecure attachment.

Any two people in a romantic relationship were considered a couple, regardless of age, genders, sexual orientation/behavior, or marital status. In addition, anxiety and depression was defined by the symptoms of each mental health disorder. Depression symptoms that may affect a couple are, "sad, empty, or irritable mood accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function," (American Psychiatric Association, 2013, p. 155). Anxiety disorders include features of excessive fear, anxiety, and related behavioral disturbances (American Psychiatric Association, 2013). Characteristics of anxiety that can influence a relationship include fear and avoidance of situations that are perceived as non-threatening to others without an anxiety disorder.

Types of Studies

Many types of studies were considered when gathering data. This included empirical studies, qualitative studies, quantitative studies, literature reviews, and case studies. The focus of this research was to find a common theme among the data presented in the literature about EFT for couples that could be effective in treating symptoms of depression and anxiety.

Selection Criteria

Conducting a systematic literature review required searching electronic databases for articles and book chapters that related to emotionally focused therapy (EFT). The databases included SocINDEX, Scopus, PsycINFO, PubMed and Google Scholar. Furthermore, specific

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terms were predetermined to gather articles. Once articles are gathered, specific inclusion and exclusion criteria were applied to narrow down the number of articles to include those that explored how EFT may be effective in treating couples struggling with symptoms of depression and anxiety.

The articles and book chapters that were considered for this study were those published in English and available on the electronic databases provided by the University of St. Thomas. Articles were considered for review if they were published between 2000-2017. Any article prior to 2000 was discarded to ensure recent literature was gathered for the research. Afterwards, articles were included if the title contained keywords relevant to the study. Next, abstracts of each article were read and reviewed, looking for the use of EFT for romantic couples. Articles and book chapters were considered if EFT was used as an intervention in couple therapy and disregarded if the EFT was used in individual therapy or if the couple therapy approach was not emotionally focused.

After reading the relevant abstracts, a further review was conducted to check that selected research met the inclusion criteria based on the study parameters. The first inclusion criterion was each article included in the study needed to address EFT as an intervention for treating the symptoms of depression and anxiety. Articles and book chapters were only included if the couples were 18 years of age or older. Articles relating to couples in a non-married or married relationship were also included in the research. All national and international studies were included in this research. Another inclusion criterion for this research was that EFT is implemented in couple therapy to treat depression and anxiety symptoms. Studies were excluded if they were published prior to 2000, only focused on EFT in an individual therapy setting, or EFT for couples did not address symptoms of depression or anxiety.

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Search Strategies

In order to locate studies for this research, the databases provided by the University of St. Thomas were utilized. These databases included: SocINDEX, Scopus, PsycINFO, and PubMed. Google Scholar was also used for data searching to locate gray literature not published in databases. A search for sensitivity and specificity was completed for this study. A search for sensitivity included covering a range of topics relevant to this research. A search for specificity allowed for limitations in order to find relevant data within the databases. Conducting both types of searches ensured data relevant to the research was uncovered and aided in creating inclusion and exclusion criteria.

Review Protocol

While searching for articles, peer-reviewed, full-text articles, and book chapters were included for review. If an article or book chapter was not available in full text, interlibrary loan was used to request the piece in print or download. This allowed for a broader amount of articles and book chapters to be available for the research. Articles were found through the databases of SocINDEX, Scopus, PsycINFO, PubMed, and Google Scholar. The articles used were searched and collected during May of 2017 and January of 2018. Inclusion and exclusion criteria were put into place to ensure accurate data was included in the study and were determined based on the title of the articles and, finally, the abstracts of the articles.

Inclusion Criteria. After searching within the databases of SocINDEX, Scopus, PsycINFO, and PubMed, a combination of search terms was utilized to find articles relevant to the research. The search terms included: depress* (Asterisk is a database search technique: finishes the word with all possible English endings) OR anxiety disorder AND couple* therapy AND “emotionally focused” OR EFT. Other combinations included: depression OR anxiety OR

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sadness OR distress. A search through Google Scholar was also performed to find any literature not included in databases that was relevant to the research topic with same inclusion criteria.

The focus of this research was to explore how EFT may be effective in treating depression and anxiety symptoms in couples. Inclusion criteria for relevant articles included couples that suffer from depression and anxiety symptoms and therefore seek EFT. Articles that were included related to any two people in a mutual and romantic relationship: same-sex couples, opposite-sex couples, married couples, and non-married couples.

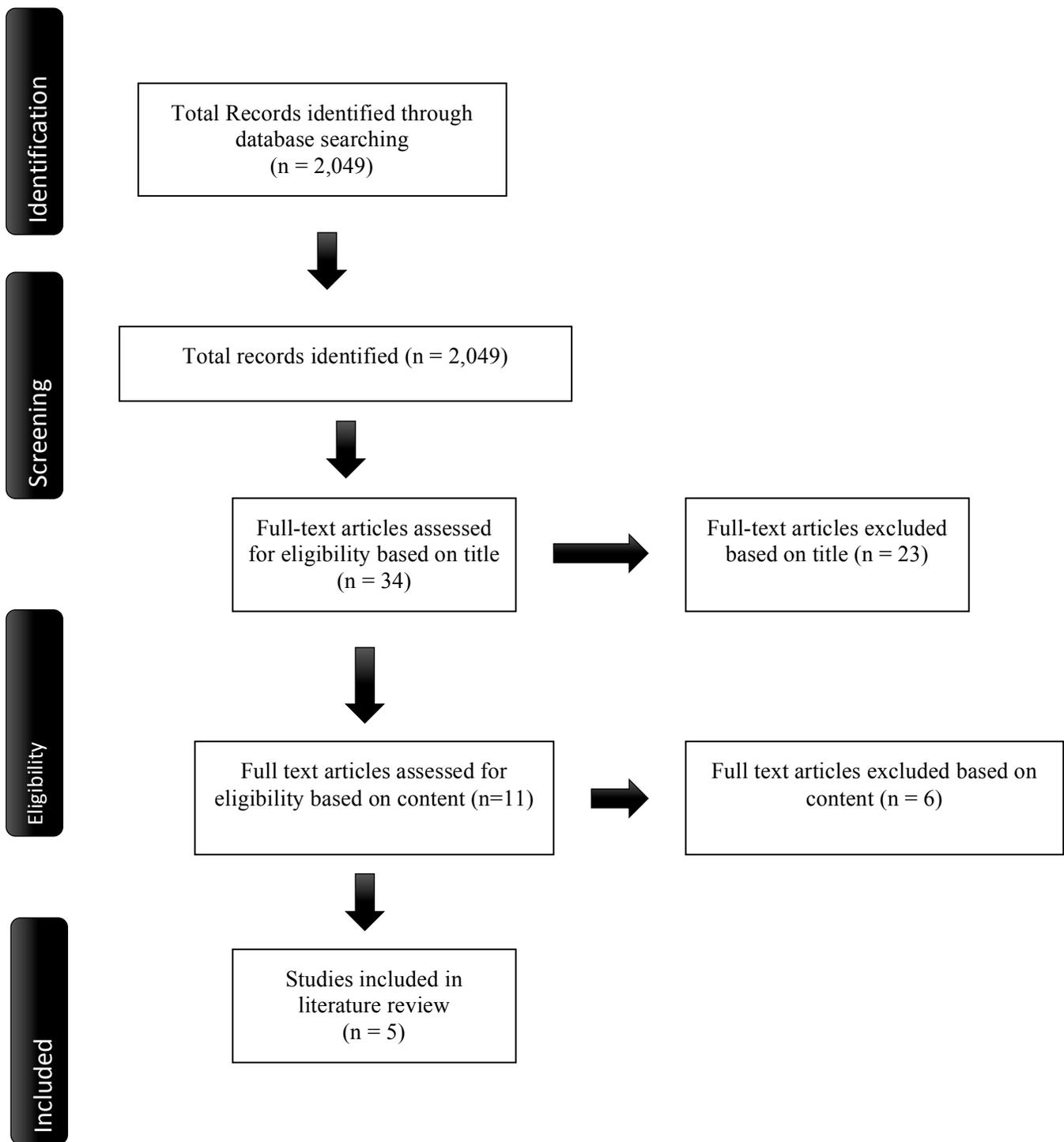
Exclusion Criteria. Articles excluded from the data were ones that focused on attachment anxiety instead of anxiety disorder, articles that focused on therapy other than EFT, articles that did not address depression or anxiety, and articles that focused on individuals instead of couples in romantic relationships.

Below you will find a flowchart demonstrating the article selection process (Figure 1).

Data Analysis Plan

After searching within the databases of SocINDEX, Scopus, PsycINFO, and PubMed, articles were found using specific search terms, and inclusion/exclusion criteria previously outlined. In addition, a gray literature search was done using GoogleScholar to find any articles not included in the academic databases. After completing the search, articles that qualified as data were examined for areas of focus. The areas of focus are analyzed in the findings of this study and discussed based on their relevance to the proposed research question.

Figure 1. Flowchart demonstrating article selection process



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Table 1. Included Articles

Database	Title	Author(s)	Keywords Used to Locate
Google Scholar (Gray Literature)	“Emotion-focused therapy for couples in the treatment of depression: A pilot study.”	Dessaulles, A., Johnson, S. M., & Denton, W. H. (2012)	“anxiety distressed couples” AND “emotionally focused therapy”
PubMed	“Predicting improvement in depression across therapies using indicators of romantic relationship functioning: A preliminary investigation.”	Woods, S. B., Priest, J. B., & Denton, W. H. (2015)	“emotionally focused therapy” AND “couples” AND “anxiety”
SocIndex with Full Text	“Emotionally focused therapy as treatment for couples with generalized anxiety disorder and relationship distress.”	Priest, J. B. (2013)	“emotionally focused therapy for couples” AND “anxiety treatment”
Scopus	“Enhancing relationship satisfaction among college student couples: An emotionally focused therapy approach.”	Stavrianopoulos, K. (2015)	“emotionally focused therapy” AND “couples” AND “distress”
Scopus	“Treating depression in men: The role of emotionally focused couple therapy.”	Wittenborn, A. K., Culpepper, B., & Liu, T. (2012)	“emotionally focused therapy” AND “couples” AND “distress”

Findings

The purpose of this systematic review was to explore how emotionally focused therapy (EFT) can be an effective treatment for couples negatively impacted by the symptoms of

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depression and anxiety. Based on available literature grounded in the inclusion and exclusion criteria, it is suggested that EFT may be an effective therapy for couples that are negatively impacted by the symptoms of depression and anxiety. This claim is supported through areas of focus found in the data. These will be described in detail throughout the discussion section.

Using the databases (Google Scholar (gray literature), PsycINFO, PubMed, SocIndex with Full Text, and Scopus) and searching within the inclusion and exclusion criteria, five peer-reviewed articles met the criteria and were reviewed. Table 1 specifically describes the articles selected from each database. Of the five articles found, one (20 percent) studied how EFT can be effective in treating generalized anxiety disorder (GAD) while the other four (80 percent) studied the effects of EFT as a treatment for major depressive disorder (MDD).

Within the gathered articles, there were differences in the approach of using EFT as a treatment for MDD or GAD. Of the five articles found, three (60 percent) utilized EFT alone as a treatment for depression or anxiety and two of the articles (40 percent) incorporated pharmaceutical medication in addition to EFT. Of the articles reviewed for this study, 100 percent (n=5) included only opposite-sex couples in their research.

All of the literature used as data (n=5) came from peer-reviewed journals and were presented in an article form, each fitting the inclusion criterion of having been published between the years 2000 to 2017. Of the five articles, three (60 percent) were quantitative research and the other two (40 percent) were in the form of a case study.

Throughout the analysis of the literature, five areas of focus surfaced from this systematic review observing how EFT may be an effective treatment for couples negatively impacted by the symptoms of depression and anxiety. The areas of focus found within the literature address issues in communication and/or behavior patterns that might cause distress in the relationship,

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distress that is enhanced by the presence of depression and anxiety symptoms. Once these issues are uncovered and addressed, a couple can work through these in therapy, which might reduce symptoms of depression and anxiety while improving the quality of the relationship. These areas of focus include addressing the pursue-withdrawal pattern, addressing initiator of discussion, identifying the cycle of depression, involvement of romantic partner, and addressing attachment behaviors.

Pursue-Withdrawal Pattern

Jacob Priest (2013) evaluated how effective EFT may be in treating women with GAD and relationship distress. In his research, Priest (2013) found that individuals in a romantic relationship that have GAD participate in the pursue-withdrawal behavior. After completing EFT, this behavior may be corrected and couples are better able to emotionally connect in their romantic relationship and reduce anxiety symptoms.

Initiator of Discussion

Woods, Priest, and Denton (2015) conducted research to evaluate how EFT may be an effective treatment for women experiencing major depressive disorder (MDD). In the study, the researchers recognized that initiator of discussion influenced the levels of depression after EFT sessions were completed. After completing EFT and addressing initiator of discussion behaviors, women showed less improvement in depressive symptoms. In other words, when women perceived their male partner as being initiative in discussing conflicts, the less those women benefitted from EFT (Woods et al., 2015).

Identifying the Cycle of Depression

Since more is known about treatment of women with depression, Wittenborn, Culpepper, and Liu (2012) studied EFT as a treatment for men experiencing depression while involved in a

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romantic relationship. Through their research, Wittenborn et al. (2012) learned that identifying the cycle of depression as the relationship stressor during EFT aids in the therapeutic process more than targeting the depressed partner as the issue. Through this, depressed men feel less isolated, helpless, and hopeless (Wittenborn et al., 2012). After completing the research, Wittenborn et al. (2012) suggest EFT is an effective treatment for men experiencing depression and relationship distress.

Involvement of Romantic Partner

Dessaulles, Johnson, and Denton (2003) studied EFT and its efficacy related to depression and relationship distress in romantic partners. Dessaulles et al. (2003) discovered the process of EFT could be a useful treatment for female partners experiencing depression and relationship distress because of the direct involvement of the romantic partner in the therapy. After completing EFT sessions, the majority of female partners reported less depressive symptoms and positive marital adjustment (Dessaulles et al., 2003).

Addressing Attachment Behaviors

Stavrianopoulos (2015) evaluated EFT and a research-based program that stems from EFT called *Hold Me Tight: Conversations for Connection* (HMT). Emotionally focused therapy and the HMT program could be considered effective because of its emphasis on attachment relationship distress. The goal of the HMT program is to encourage romantic couples to participate in a series of conversations while being open, respectful, and responsive to one another (Stavrianopoulos, 2015). After therapy, couples in the program reported higher levels of relationship satisfaction, showed decreased levels of depression, and reported feeling satisfied with the *Hold Me Tight* program (Stavrianopoulos, 2015).

Discussion

This systematic review of the available literature was conducted to examine how emotionally focused therapy (EFT) for couples might be considered an effective treatment for couples negatively impacted by the symptoms of depression and anxiety. Dagleish et al. (2015) states couple therapy is gaining popularity and there is a growing body of evidence outlining its efficacy in treating distress among those in a romantic relationship. Couples who participate in EFT can learn how to identify, experience, and express attachment needs as well as learn new patterns of partner engagement (Moser, et al., 2015). The goal of this review was to synthesize the literature of this topic as an effort to decipher whether or not EFT is an effective treatment for experiencing depression and anxiety symptoms by applying specific inclusion and exclusion criteria. Overall, the findings suggest that EFT may be considered a successful treatment for couples experiencing symptoms of depression and anxiety. Further research must be completed to form a stronger assertion of this claim.

Thematic analysis was used to uncover information regarding the research question. While searching the relevant material, five areas of focus were uncovered that explain how EFT may be an effective treatment. The five areas of focus include addressing the pursue-withdrawal pattern, addressing initiator of discussion, identifying the cycle of depression, involvement of romantic partner, and addressing attachment behaviors.

Pursue-Withdrawal Pattern

One area of focus that emerged from the relevant literature is the pursue-withdrawal pattern associated with EFT. According to Jacob Priest (2013), a typical EFT framework pattern among couples is the pursue-withdraw pattern. The pursue-withdraw pattern can be described as “moving toward” and “moving away” during conflict in the romantic relationship. Generalized

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anxiety disorder (GAD) can often be associated with the pursue-withdrawal pattern. Insecure attachment can also be associated with anxiety. Priest (2015) states that when a couple seeks relationship treatment while both GAD and relationship distress is present, it may be the case that a pursue-withdrawal pattern creates, maintains, or exacerbates GAD symptoms (Priest, 2015). A person who is vulnerable to anxiety may intentionally seek out potential threats from their partner and when a threat is found, that person narrows focus on that behavior (Priest, 2015). As the person continues to focus on the threat, his/her anxiety increases. As anxiety increases, the need to reduce the anxious feelings also increases so the person will do whatever he or she has done in the past to make the anxious feelings subside (Priest, 2015). Therefore, if withdrawing has reduced anxiety, the person will most likely withdraw from the anxiety producing conflict (Priest, 2015). If pursuing worked, the person will pursue to relieve the anxiety (Priest, 2015).

Priest (2015) states that pursuing behavior can take many forms. These forms include nagging, constant checking in, or searching for reassurance during conflict (Priest, 2015). Individuals who withdraw show behaviors such as shutting down, cutting off, or avoiding discussion of conflicting issues (Priest, 2015). How the partner responds to the pursuing or withdrawing patterns may reduce or increase the anxiety of the other partner.

Emotionally focused therapy may be an effective treatment for couples that suffer from anxiety symptoms because the therapy addresses the pursue-withdraw pattern in communication. After completing EFT, couples are better able to communicate emotional needs. Conversations that could lead to pursue-withdrawal behaviors can be managed differently so the couple might feel more emotionally connected. Priest (2015) conducted a case study applying EFT to a couple that suffer from symptoms of GAD which results in the pursue-withdrawal pattern. After

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progressing through therapy, the couple reported anxiety levels at home were reduced. The EFT repaired their attachment and increased the awareness of the influence of anxiety in their relationship. As the relationship quality improved, so did the partner's GAD symptoms.

Initiator of Discussion

A second area of focus is the initiator of discussion concept in EFT. Woods, Priest, and Denton (2014) conducted research on the effects of relational treatment processes on depression treatment outcomes, specifically studying the effects of initiator tendencies, attachment behavior, and marital satisfaction. Woods et al. (2014) describe initiator tendency as a "proclivity to initiate (or avoid initiating) discussions of relationship problems with one's partner in an intimate relationship," (Woods et al., 2014, p. 45). Woods and colleagues (2014) continue by saying it is assumed that initiator tendency becomes a stable concept in a couple's relationship and maintains stabilization of the relationship (Woods et al., 2014). Initiator tendency and the previous concept of pursue-withdraw pattern are associated with relationship distress and depression (Woods et al., 2014).

In the research regarding initiator of discussion, Woods and colleagues (2014) gathered a sample of 17 females diagnosed with major depressive disorder (MDD) and their male partners. Participants included in the study had intimate relationship conflict. The females were assigned to antidepressant medication combined with EFT or antidepressant medication alone. The females completed a number of questionnaires, including the initiator style questionnaire to ultimately measure changes in depression. Overall, the findings from the study indicated that the nature in which a partner initiates conversation during conflict could have a large effect on the treatment effectiveness of MDD (Woods et al., 2014).

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The findings suggest that the more a female partner perceived her partner to be an initiator of discussion during conflict, the worse her depressive symptoms were regardless of the treatment group she was assigned (Woods et al., 2014). In addition, the more avoidantly attached a woman was to her partner, the more improvement she experienced in her symptoms of MDD (Woods et al., 2014). These results support the idea that individuals with depression and anxiety symptoms experience increased symptoms due to over-involvement in relationships and an excess of emotional support (Woods et al., 2014).

Involvement of Romantic Partner

The third area of focus was how EFT may have an impact on romantic relationship and attachment quality. Dessaulles, Johnson, and Denton (2003) completed the first study about the association between marital distress and depression. The researchers compared pharmacotherapy to EFT in the treatment of MDD. Dessaulles and colleagues' (2003) sample consisted of opposite-sex couples in a romantic relationship. For this study, at least one couple had to score less than a 95 on the Dyadic Adjustment Scale (DAS) to indicate relationship distress (Dessaulles et al., 2003). The female partner had to meet criteria for a major depressive episode on an electric version of the Diagnostic Interview Schedule (CDIS) and score a 25 or greater on the Inventory to Diagnose Depression (IDD) (Dessaulles et al., 2003). Couples were excluded from the study if either partner met the criteria for a psychiatric disorder, if the male partner was diagnosed with MDD, if they were actively suicidal, had active chemical dependency, a sexual dysfunction, a violent relationship, or if either partner engaged in other forms of mental health treatment (Dessaulles et al., 2003). After exclusions and dropouts from the study, a final sample of 12 couples met the specific criteria for the study and remained in the study for the 16-week period (Dessaulles et al., 2003). Five couples were assigned to the pharmacotherapy condition

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(Dessaulles et al., 2003). A psychiatrist prescribed women participants desipramine, trimipramine, or trazadone based on the woman's presenting symptoms (Dessaulles et al., 2003). The women in this condition were monitored and their dosage was altered based on medication response (Dessaulles et al., 2003). The women in the pharmacology condition did not participate in maintenance pharmacotherapy beyond the 16-week period (Dessaulles et al., 2003).

Seven couples were assigned to the EFT condition for this study. The EFT condition consisted of 14 couple therapy sessions and one individual session for each partner for a total of 16 weekly sessions. Couples repeated the IDD, the DAS during the seventh week of treatment, again after the 16-week treatment period was over, and at three, and six months follow up (Dessaulles et al., 2003).

After completing a statistical analysis of the data, Dessaulles, Johnson, and Denton (2003) found that females receiving EFT had decreased levels of depression from pre-test to post-test IDD and DAS scores and depressive symptoms continued to decrease after the 16-week treatment period to the six-month follow up point. Similarly, women in the pharmacotherapy condition showed decreased depressive symptoms from pre-test and post-test IDD and DAS scores (Dessaulles et al., 2003). However, there was not any difference in symptoms after the six-month point (Dessaulles et al., 2003). Women in the EFT condition showed significant improvement in marital satisfaction status while decreasing in depressive symptomology (Dessaulles et al., 2003). The findings of Dessaulles et al. (2003) indicate possible effectiveness of EFT as a treatment for MDD in females occurring in the context of relationship distress.

Identifying the Cycle of Depression

A fourth area of focus discovered during analysis of the literature was using EFT for couples to defeat the cycle of depression in order to change maladaptive relationship patterns to improve relationship distress. Another study was completed to evaluate EFT as an effective treatment for diagnosed depression and couple distress, but this time, the sample studied was men with depression. Wittenborn, Culpepper, and Liu (2012) conducted a qualitative case study to examine the treatment of men with diagnosed depression and romantic relationship distress.

Wittenborn et al. (2012) observed how depressed men respond to EFT. The goals of therapy treatment focused on “combating the vicious cycles of depression and relationship distress,” (Wittenborn et al., 2012). Managing the cycles of depression and relationship distress is thought to be more effective than only targeting the individual functioning of the depressed partner (Wittenborn et al., 2012) Targeting the cycles of depression aids in the couples’ ability to work together to manage the depression (Wittenborn et al., 2012). This helps relieve the overwhelming feelings of isolation, helplessness, and hopelessness and the depressed partner realizes he is not responsible for the relationship distress (Wittenborn et al., 2012).

The stages of EFT are reformed to fit the specific needs of treating depressed men in a romantic relationship. Wittenborn and colleagues (2012) state that depressed men often do not believe in the effectiveness of healthcare. Given this idea, combined with masculinity and the idea that men should not express their depressed feelings, it is important that the therapist build a strong therapeutic relationship. It is also important to establish rapport with the male client in order to create a safe environment as well as encourage open dialogue about the depressive symptoms (Wittenborn et al., 2012). Although it is common that men experiencing depressive symptoms express high aggression and escalation, the men in Wittenborn and colleagues’ study

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witnessed higher levels of withdrawing behaviors. The wife would pursue and the husband would withdraw, creating a highly angry response in the wife toward her husband's depressive symptoms (Wittenborn et al., 2012). During the first stage of EFT, the therapists track each partner's position in the cycle of depression and then identify the feelings associated with those positions (Wittenborn et al., 2012). The pursuing patterns of the wife and the withdrawing patterns of the husband were noted as part of the depressive cycle in which the partners were trapped (Wittenborn et al., 2012).

During the beginning of stage two, depressed men commonly shift from anger and patterns of withdrawal to expressing sadness, shame, and other feelings of vulnerability (Wittenborn et al., 2012). Wittenborn and colleagues found that sadness is the main feeling men often shift to from anger and withdrawal patterns. In stage two of EFT the researchers recommend following three strategies when addressing the symptom of sadness in depressed men. The first strategy is to identify their attributions of external events or responses from others, hopelessness associated with sadness, ways of regulating sadness, unmet attachment needs, and their internal working models of self and others (Wittenborn et al., 2012). The second strategy is to focus on the interactional competent of the romantic relationship in order to improve the marital bond (Wittenborn et al., 2012). Finally, the therapist should target a primary emotion expressed by the client that has the greatest potential for change, such as sadness, anger, shame, and other emotional symptoms of depression (Wittenborn et al., 2012).

Since shame-prone people are very likely to have difficulties in interpersonal relationships and experience more anxiety and anger, Wittenborn et al. (2012) recommend that the emotionally focused therapist validates and normalizes feelings of shame that depressed men feel to move toward successful outcomes in EFT. Moreover, this validation can also be used as a

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method to re-engage the withdrawn male partner. The researchers state that guilt-prone people tend to take more responsibility for their actions and feel control over possible relapse of problem behaviors (Wittenborn et al., 2012). In addition, guilt-prone individuals are better able to acknowledge when others' feelings are hurt, which is important in reconciliation (Wittenborn et al., 2012). Due to this, the researchers emphasize the value of accessing emotions of guilt, which can elicit less feelings of anger, more feelings of control, and more empathy in romantic relationships (Wittenborn et al., 2012). Wittenborn et al. (2012) state EFT can provide effective treatment for men experiencing depressive symptoms and romantic relationship distress.

Addressing Attachment Behaviors

A fifth area of focus addressing attachment behaviors using EFT was exposed during the literature review. Stavrianopoulos (2015) studied the effectiveness of a program derived from EFT. *Hold Me Tight: Conversations for Connection* (HMT) is a research-based program that was developed to enhance relationship satisfaction among romantic couples (Stavrianopoulos, 2015). For this particular study, the research examined the efficacy of HMT treatment for college couples experiencing relationship distress and depressive symptoms. In her research, Stavrianopoulos (2015) discovered there are benefits for developing relationship programs in colleges because premarital problems often begin due to the lack of openness and responsiveness to each other's concerns regarding the relationship.

Hold Me Tight: Conversations for Connection is an eight-week long therapy program that focuses on attachment behaviors in order to address relationship distress. The main goal of the program is to create a more secure relationship among romantic couples by engaging the couples in a series of conversations while maintaining an open, respectful, and responsive point of view

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(Stavrianopoulos, 2015). During the conversations, couples are able to express their attachment needs to one another and explore reactions (Stavrianopoulos, 2015).

After completing the program, results indicated that there was an improvement in relationship satisfaction as well as an increase in trust among the participants (Stavrianopoulos, 2015). Participants also experienced a decrease in depressive symptoms after completing the HMT program (Stavrianopoulos, 2015). Overall, participants reported feeling satisfied with the HMT program (Stavrianopoulos, 2015).

Limitations

Although the reviewed literature addressed the research question, there were limitations of this systematic review. First, research was based on the assumption that individuals in a romantic relationship were struggling with symptoms of depression and anxiety. It is important to remember that individuals in a romantic relationship do not always struggle with mental illness disorders and people with mental health disorders do not always have difficulties within their romantic relationships (Priest, 2013). Emotionally focused therapy should not be generalized as an effective treatment for all individuals struggling with symptoms of depression and anxiety.

Another limitation of this study is the small sample size of data. There is a very small amount of research that addressed EFT as a treatment for depression and anxiety within couples. A lot of research focuses on EFT for couples to treat PTSD, fertility, relationship distress, and chronic illness but very little addresses diagnosed depression and anxiety within couples as a sole reason for seeking EFT. The very little research available to address EFT as a treatment for depression and anxiety among couples was a major limitation for this research because the lack of data makes it difficult to generalize to the studied population.

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A third limitation of this research is its lack of information regarding same-sex couples. All of the data used in this research pertained only to opposite-sex couples so clinicians are not informed whether EFT is effective for same-sex couples. In addition, the research pertained primarily to married couples while only one article discussed non-married romantic couples, therefore the findings pertain primarily to married couples.

In a systematic review, data used for the research is data that already exists. Although the data used for this research studied similar content, the methods used to conduct the research varied from study to study. For example, Woods, Priest, and Denton (2015) had a group of participants that were assigned EFT combined with medications and that group was compared to participants who were prescribed only medications. In contrast, Dessaulles, Johnson, and Denton (2003) had a group of participants using EFT alone and another group only prescribed medications. Another example is Wittenborn, Culpepper, and Liu (2012) conducted a qualitative case study while Woods et al. (2015) conducted a quantitative study that used pretest and post-test measurements to gather data. While the researchers used effective methods to collect data, the implementation was different. This may compromise the reliability, which ultimately affects the claim that EFT may be an effective treatment for depression and anxiety symptoms among romantic couples.

Implications

Very little research exists regarding the effectiveness of EFT as a treatment for symptoms of depression and anxiety among couples. Research suggests there is a link between generalized anxiety disorder (GAD) and relationship distress (Priest, 2013) as well as depression and relationship distress (Woods et al., 2015).

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Although inclusion and exclusion criteria produced very little data for this research, the criteria used for recovering data would remain the same in future searches. This research regarding EFT and its effectiveness in treating couples suffering from symptoms of depression and anxiety is extremely important for practitioners, clients, and researchers. It is crucial that the mental disorders of anxiety and depression are not placed in the mix with other mental health disorders such as bipolar depression (BPD), posttraumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and other mental illnesses that possess anxiety and depression as symptoms. The findings of this literature review indicate the crucial need for more research in this area.

The findings of this literature review suggest EFT can be a successful treatment for couples that suffer from symptoms of depression and anxiety. These findings are important for practitioners, clients, and researchers because they presented such definite results. Emotionally focused therapy is considered useful but little research has been conducted regarding its effectiveness as a treatment for depression and anxiety symptoms among couples. This raises the question of why is EFT not being practiced considering its suggested effectiveness. An explanation for this may be due to the fact that EFT was founded in 1985 so it is still considered new (Dunham, 2016). It may be the case that practitioners are still discovering the therapy.

The research produced findings that are relevant to practitioners, clients, and researchers. Practitioners benefit from these findings because it provides more therapy options for practitioners to treat couples who suffer from symptoms of depression and anxiety. Clients also may benefit from the findings of this study. Clients are able to receive treatment for depression and/or anxiety symptoms as well as receive couple therapy to improve relationships. Finally, researchers can use the findings of this study. Researchers have more opportunity for further

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exploration of the efficacy of EFT in treating symptoms of depression and/or anxiety in couples. It is essential to continue research in the area of EFT for couples in order to expand the knowledge of the effectiveness of EFT. It is also central to demonstrate another form of couple therapy that could be effective as an intervention for romantic couples experiencing relational conflict.

Conclusion

Given that depression (Wittenborn et al., 2012) and anxiety (Priest, 2013) often co-exist within romantic relationships, more effective methods of couple therapy are needed. Emotionally focused therapy teaches couples how to interact in order to mend emotional attachment and improve communication skills, which can ultimately improve healthy relationship functioning overall. Although more research must be done, the findings of this study suggest EFT for couples may be considered an effective treatment for depression and anxiety symptoms among romantic couples.

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