Family therapy (FT) - Experiential Family Therapy

Family therapy dates from the 1950s.

Indication and contraindications for family therapy

Family therapy is used mainly in the treatment of problems presented by young people living with their parents. These problems are often related to difficulties in communication between members of the family or to role problems. In the practice of adult psychiatric, family therapy is often combined with other treatment e.g. antidepressant medication for a depressive disorder, Family therapy is used in treating some young people with anorexia nervosa after weight has been restored by other means. Special kinds of family treatment have been developed to reduce relapses in schizophrenia.

Carl Whitaker’s device the symbolic-experiential family therapy. Experiential Family Therapy emerged during 1960. It Emphasis on immediate, here-and-now experience. Experiential Family Therapy is a criterion for psychological health and focus of therapeutic intervention: quality of ongoing experience.

Emotional expression is thought to be the medium of shared experience and the means to fulfillment (personal and family).

Basic Premises of Experiential Family Therapy

- Commitment to individual awareness, expression, and self-fulfillment.
- Whitaker suggested that self-fulfillment depended on family cohesiveness.
- Satir suggested that good family communication was important, but emphasized individual growth.
- Goal: reduce defensiveness and unlock deeper levels of experiencing by liberating people from impulses.

What are the goals of Family Therapy?

The aim of treatment is to improve family functioning and so to help the identified patient. Since success depends on the collaboration of several people, drop-out rates are high. Whatever their method, family therapists have the following goals for the family:

- improved communication
- reduced conflict
- growth, not stability: symptom reduction is secondary to
  - greater freedom of choice
  - increased personal integrity (congruence between inner experience and outer behavior),
  - less dependence,
  - expanded experiencing.
- emphasis on the feeling side of human nature.
- improved autonomy for each member
- improved agreement about roles
- merger of needs for individual growth and strengthening the family unit.
  “Belongingness and individuation go hand in hand”
- reduced distress in the member who is the patient.

Family therapy (or family systems therapy) is a branch of psychotherapy that treats family problems. Family therapists consider the family as a system of interacting members; as such, the problems in the family are seen to arise as an emergent property of the interactions in the system, rather than be ascribed exclusively to the faults or psychological problems of individual members.
A family therapist usually sees several members of the family at the same time in therapy sessions. This setting has the advantage of making differences between the ways different family members perceive mutual relations as well as interaction patterns in the session apparent both for the therapist and the family. These patterns frequently mirror habitual interaction patterns at home, even though now the therapist himself is incorporated into the family system. Therapy interventions usually focus on these patterns of interaction rather than on analyzing subconscious impulses or early childhood traumas of individuals as a Freudian therapist would do.

Depending on circumstances, the therapist may then point out to the family these interaction patterns that the family might have not noticed; or suggest to individuals a different way of responding to other family members. These changes in the way of responding may then trigger repercussions in the whole system, leading sometimes to a more satisfactory system state.

http://www.depression-guide.com/experiential-family-therapy.htm

Experiential family therapy viewed the cause and effect of family problems as fuelled by emotional suppression. For example, Whitaker and Keith (1981) argued parents have a tendency confuse the instrumental and expressive functions of emotion. They try to regulate their children's actions by controlling their feelings. The result is that children tend to blunt their emotional experience to avoid making waves.

http://www.writework.com/essay/experiential-family-therapy-carl-whitaker

What is experiential Symbolic family therapy techniques?

- A freewheeling, intuitive, sometimes outrageous approach aiming to:
  - Unmask pretense, create new meaning, and liberate family members to be themselves
  - Techniques are secondary to the therapeutic relationship
  - Pragmatic and atheoretical
  - Interventions create turmoil and intensify what is going on here and now in the family
  - Subjective Focus: subjective needs of the family members
  - Assumption all family members have a right to be themselves
  - Needs of family may be suppressing rights of the individual
  - Goal for authenticity, no right or wrong way to be
  - Pragmatic stance
  - Theory can be hindrance to clinical work
  - Often times theory is way for therapist to create distance from clients and control anxiety of the therapist to hide behind
- Intensify present experiencing of family members to reach unconscious to understand what is really going on in the family

- Process to help tap into: Family secrets just keeping the secrets keeps the family crazy

- Facilitate individual autonomy and a sense of belonging in the family

- Help individuals achieve more intimacy by increasing their awareness and their experiencing

- Encourage members to be themselves by freely expressing what they are thinking and feeling

- Support spontaneity, creativity, the ability to play, and the willingness to be "crazy"

- Create family turmoil

- Coach family how to get out of the turmoil

- Highly involved therapist model: must be transparent, take risks, get involved with family in the sessions

- Help family member experience the here and now by therapist "BEING WITH" the family

- Three phases: engagement (all powerful), involvement (dominant parent figure, adviser) & disentanglement (more personal, less involved)

http://wiki.answers.com/Q/What_is_experiential_Symbolic_family_therapy_techniques

Symbolic-experiential family therapy

Carl Whitaker has been lauded as one of the most charismatic and influential pioneers of family therapy (Napier & Whitaker, 1988; Neill & Kniskern, 1982; Wetchler & Piercy, 1996; Whitaker & Bumberry, 1988; Whitaker & Keith, 1981; Whitaker & Ryan, 1989). Whitaker regarded holistic personal growth as more important than freedom from symptoms or anxiety. Luepnitz (2002) contended, “Whitaker sees all symptoms as mere signals of, or even noisome distractions from, the real existential problems faced by families—birth, growing up, separation, marriage, illness, and death” (p. 88).

Whitaker chose to relate to clients primarily on a symbolic level that created, as he called it, an “interactional metaphor” (Connell, Mitten, & Whitaker, 1993, p. 244). Above all, Whitaker, much like his colleague Virginia Satir, regarded the basic virtues of living, especially love, as the supreme antidote for the deadness or numbness of a depressed, isolated, or stuck life. Napier and Whitaker (1978) challenged, “Real caring, when it happens, is absolutely irresistible” (p. 134).

In Dancing with the Family, Whitaker (1988) described symbolic-experiential therapy:
Our personal subterranean worlds are dominated by the flow of impulses and evolving symbols. While they are not always visible, I know they’re there. I don’t have to wonder about it or question it. Just as water flows through pipes under our streets, impulses flow through our unconscious. We’re all the same in that way. We all have these emotional infrastructures that insure the flow of our impulse life. While often hidden from view, or at least disguised, they exist. (pg. 73)

Something subterranean is touched through the language of symbols, experience, and meaning that cannot be affected by the use of propositional theory or formulaic technique.

Whitaker saw hope and strength in families, and he was able to believe in them to catalyze a belief in themselves. He wrote, “People can learn to live more productive and intimate lives. They can find increasing levels of satisfaction and joy. The key lies in their capacity to experience the world in a broader and deeper manner (Whitaker, 1988, 75).”

Guiding notions

Symbolic-experiential family therapy is based on the notion that there is more to a family’s existence than meets the eye: the presence of meaning-systems, unconscious family dynamics, and histories of experiences, none of which are empirically observable.

Whitaker’s model rests on the underlying concept of two interconnected mystery worlds: the world of experience and the world of symbol (Connell, Whitaker, Garfield, and Connell, 1990; Connell, Mitten, & Whitaker, 1993). Therefore, a symbolic-experiential framework seeks to engage families in the experiential reshaping of family symbols.

Connell and colleagues (1990) offered a superb summary of the conceptual bases of symbolic-experiential family therapy:

[Symbolic-experiential family therapy is a model of family therapy] rooted in a phenomenologic existential conception of human development which stresses that behavior cannot be understood without considering perceptions, intentions, ideas and relations. The model focuses on growth and the mastery of successive developmental tasks. It emphasizes orderly change with direction, not simply symptom removal and understanding. Its proponents are interested not only in performance and adequacy, but also in maturity and an ability to be intimate.

The symbolic-experiential model is concerned with integrating two “worlds” or aspects of human existence: the world of experience and the world of symbols. The world of experience is known through our senses. It comes through participating in the activities and events of our lives. We gain knowledge of it through conscious awareness of the self in relationships. What we learn from experience is a function of the depth of our involvement in life.

The world of symbol is the unconscious, accumulated residue of experience. We have access to symbols indirectly through such things as dreams, fantasies, art, and other
non-rational experiences. Symbols give meaning to events in our lives and refer to such basic concerns as being born, loving, living, intimacy, and death. They are manifested intergenerationally in families through rituals, structures and myths. Symbol formation and manipulation are ongoing processes of the mind just as beating is an ongoing process of the heart (p. 33).

Clinical applications

The goal of symbolic-experiential family therapy is to gain access to and intervene in the family’s symbolic world and aid family members in reshaping family symbols (Connell, Mitten, & Whitaker, 1993, p. 243). Living simultaneously in the worlds of symbol and experience, families generate symbolic assumptions that they live out in their day-to-day experiences. As they participate in this sort of meaning-making, their very participation generates new data which is fed back into the family unconscious to reinforce some symbolic responses, alter others, and create new ones (Connell et al., 1990). Connell and colleagues (1990) described this freeflowing exchange as a dialectic.

In recent literature, Elliott, Watson, Goldman, & Greenberg (2004) have incorporated the notion of dialectical symbolizations of experience into their process-experiential emotion-focused model. They contended, “It is by reflecting on experiencing that we make sense of what we feel. It is through a dialectical process of explaining our experience that we create meaning” (pp. 36-37).

In troubled families, thoughts, feelings, and behaviors are fragmented and disjointed so that family members no longer have the spontaneous capacity to integrate new experience and symbols. “The major goal of therapy,” wrote Connell and colleagues (1990), “is to increase such a family’s capacity to experience their lives more fully and strengthen the unconscious processes that foster maturation” (p. 33). Thus, Whitaker saw his job as therapist as primarily engaging the family, by raising the intensity within the family and communicating on a symbolic or meta level, to reshape their family symbols. Through the reshaping of family symbols, family members might achieve the potential for intimacy within family relationships, also gaining a more vibrant sense of self in the process (Connell, Mitten, & Whitaker, 1993; Connell, et al., 1990).

Whitaker developed four conceptual stages for conducting therapy:

1. A pretreatment or engagement phase in which the entire nuclear family is expected to participate; the therapist or cotherapists establish that they are in charge during the sessions but that the family must make its own life decisions outside of these office visits (the latter is intended to convey the message that a therapist does not have better ideas for how family members should run their lives than they themselves do).

2. A middle phase in which increased involvement between both therapists and the family develops; care is taken by the therapist not to be absorbed by the family system; symptoms are seen and relabeled for the family as efforts toward growth; and the family is incited to change by means of confrontation, exaggeration, anecdote, or absurdity.

3. A late phase in which increased flexibility in the family necessitates only minimal intervention from the therapist or therapy team.
4. A *separation phase* in which the therapist and family part, but with the acknowledgment of mutual interdependence and loss. In the final phase, the family uses more and more of its own resources, and assumes increased responsibility for its way of living. With separation—the “empty nest”—there is joy mingled with a sense of loss. (Goldenberg & Goldenberg, 2000, p. 144)

Whitaker contended that in the initial stages of therapy, the therapist and client engage in two important battles, the battles for *structure* and *initiative* (Napier & Whitaker, 1978). The battle for structure entails the family “sizing up” the therapist and considering their own ideas of what the ensuing therapy relationship will be like; ultimately, this battle is one of the therapist setting productive boundaries with the family in order to provide a healthy context for the family to engage in therapy.

The battle for initiative entails the family realizing that for any change to happen, they must take responsibility and make a move; that is, initiative for change must come from the family, not the therapist (Goldenberg & Goldenberg, 2000, pp. 142-143; Napier & Whitaker, 1978). Goldenberg and Goldenberg (2000) pointed out the distinction: “Just as the battle for structure defines the integrity of the therapist, so the battle for initiative defines the integrity of the family” (p. 143).

**Critique of theory**

Whitaker’s symbolic-experiential model has been widely critiqued, and, much like Whitaker’s therapy style, there is little room for lukewarm commentary. Most are radically polarized in either acceptance or rejection. Boss (1987) is one family therapist and researcher who responded with passionate enthusiasm over Whitaker’s existential approach to family therapy. She remembered that it was Whitaker who challenged her to notice the symbolic, “to note what could not be easily measured or quantified” (p. 156). “Whatever discoveries about stressed families I make as a family researcher and therapist,” Boss (1987) has written, “they are indelibly marked by Whitaker’s regard for the intuitive and symbolic” (p. 156).

At the same time, many other family researchers have criticized Whitaker for excessive risk-taking and radical management (or lack thereof) of families’ emotional soft-spots and anxious sensitivities. Simon (1985) contended that if any aspect of Whitaker’s work merits criticism, it is his belief in stirring up anxiety and emotion in families without owning any responsibility for helping them resolve it. In this vein, some have challenged his assumption that families can always handle the stress he sometimes generates.

In response to such criticism, Miller, as quoted in Simon (1985), defends, “It’s always safest in a human encounter if nothing happens. But with Whitaker, there are few nonevents. People may love him or hate him. But something happens. He’s unwilling to pretend to go through the motions” (pp. 103-104).

While some experiential family therapy researchers have chosen to defend the effectiveness of traditional experiential family therapy through either anecdotal or clinical reports or through effectiveness research (Napier & Whitaker, 1978; Duhl & Kempler, 1981; Duhl, 1981; Kempler, 1981), others have taken a different approach altogether in defending the effectiveness of experiential techniques. For instance, Alvin Mahler
(1982) suggested that researchers focus on the process, or in-therapy outcomes, rather than a measurable end outcome of therapy. This is a stance adamantly and frequently defended in Whitaker’s own writings (Napier & Whitaker, 1978; Whitaker & Bumberry, 1988; Whitaker & Ryan, 1989).

While feminists applaud Whitaker’s symbolic-experiential family therapy on the ground of his willingness to openly confront undercurrent relational issues such as gender politics in session, they also criticize his inconsistency and lack of clarity of intent in doing so (Luepnitz, 2002). Luepnitz (2002) noted, “One can easily imagine symbolic-experiential therapists of the future paying close attention to intergenerational patterns and ‘tickling the family’s unconscious’ and not noticing, as Whitaker and Napier did with the Brice family, that mother was doing all the housework” (pp. 95-95).

The human validation process model

Virginia Satir became famous through her prolific writing and inspiring family therapy demonstrations (Goldenberg & Goldenberg, 2000) and is considered a founder and leading catalyst in the evolution of experiential family therapies (Wetchler & Piercy, 1996). Humanistic in nature and concerned with the existential qualities of human relationships, Satir regarded with utmost care the intimate relationship of therapy. Whereas symbolic-experiential family therapy shows little concern for symptoms and symptom removal, Satir was concerned with families’ experiences of their own “lower nature” and, in this way, held a firm view of the potential for symptoms within low functioning families (Satir, 1983, 1988). Goldenberg and Goldenberg (2000) cite, “Satir believed human beings have within them all the resources that they need in order to flourish” (p. 157).

Guiding notions

One of Satir’s chief concerns was communication within families. She went as far as to write, “Once a human being has arrived on this earth, communication is the largest single factor determining what kinds of relationships she or he makes with others and what happens to each in the world” (Satir, 1988, p. 51). Satir developed within her model five conceptual styles of communication: placating, blaming, computing, distracting, and congruent communication. Goldenberg and Goldenberg (2000) offer the following definitions of these five communication styles:

The placater acts weak, tentative, self-effacing; always agrees, apologizes, tries to please. The blamer dominates, invariably finds fault with others, and self-righteously accuses. The super-reasonable [or computing] person adopts a rigid stance, remains detached, calm, cool, maintaining intellectual control while making certain not to become emotionally involved. The irrelevant [or distracting] person distracts others and seems unable to relate to anything going on. Only the congruent communicator seems real, genuinely expressive, responsible for sending straight (not double-binding or confusing) messages in their appropriate context (p. 155).

Satir utilized experiential techniques in working with families that allowed families to express, feel, and be experientially engaged in their own communication patterns. Role plays, family sculpting, and guided contemplation were three prevalent forms of experiential communication therapy in the work of Virginia Satir (Satir, 1983, 1988).
In observing the family, Satir centered her focus on family interconnectedness, especially the triad unit. The mother-father-child triad was frequently held the center of her attention, as she believed that it is through this triad that children begin to learn about intimacy (Baldwin, 1991; Satir & Baldwin, 1983).

Satir operated under four basic assumptions: (1) All people await the potential of growth and are capable of transformation; (2) all people carry with them all the resources they need for positive growth and development; (3) the family is a system wherein everyone and everything impacts and is impacted by everyone and everything else; (4) and, the person and beliefs of the counselor are more important than counseling techniques (Satir & Baldwin, 1983).

Satir also developed a conceptual dichotomy of ways of being in society, known as “the Seed model” and the “Threat and Reward model”. Essentially, the two ways of being that she outlined dealt with the way a person, in the context of family and society, manages a sense of role within relationships. The Seed model is a stance in which a person regards personhood as the central determinant in his/her identity and vocational development. Goldenberg and Goldenberg (2000) add, “While roles and status differences exist (parent-child, doctor-patient), they define relationships only within certain contexts, and are not based on permanent status or role differences outside of that context” (p. 156). Satir encouraged family members to rise into this style of being out of the more traditional family model, the Threat and Reward, or Dominant-Submissive, model (Satir, 1988). In this model of role relations, individuals live within an obedient and rigidly defined hierarchy long established by societal and family tradition. Usually, persons who exemplify this mode of being do so without questioning the status quo. Satir was concerned that people who live under this model of being in society risk being weak and having low-self esteem, as traditional societal hierarchies tend to foster a life of benefit for those in power and a life of low status and conformity for those with less power. Gender and socioeconomic positions are two examples of variables that have the potential for determining one’s position of power and, thus, societal support (Satir, 1988). “The cost of nonconformity,” write Goldenberg and Goldenberg (2000), “is guilt, fear, or rejection. Resentment and hostile feelings are also common, and, for some people, feelings of hopelessness may be present” (p. 156).

Beyond the conceptual bases for Satir’s family treatment model, she also made a continual effort to be spiritually and socially aware, seeking spiritual growth and renewal and world peace (Brothers, 1991a; Satir, 1988). She was always concerned with family members’ uniqueness and potentials; and, she was always concerned with their spirits. Satir (1988) wrote, “I believe [spirituality] is our connection to the universe and is basic to our experience, and therefore is essential to our therapeutic context” (p. 334). In her defense and encouragement of a humanistic experiential model of family therapy, Satir (1988) focused on spirituality as a central component of human experience and growth. She also challenged behavioral and cybernetic epistemologies, criticizing that, in the effort to change behavior, people’s spirits are often crushed, “crippling the body and dulling the mind” (p. 337). She saw the error of such approaches in the equating of the value of a person with the nature of their behavior. “Remembering that behavior is something we learn,” she wrote, “…we can simultaneously honor the spirit and foster more positive behavior” (p. 338).
Consistent with both her concern for spirituality and world peace was her ideal of congruent communication. Congruent communication, far more than just a style of communicating, was upheld as a reciprocal process both between others and within the self, allowing family members to become more aware of and engaged with themselves and the potential for love in their family (Brothers, 1991b; Satir, 1983).

Wetchler and Piercy (1996) concluded: “Satir strongly believed in the goodness of people. It was this basic optimism that enabled her to touch the lives of so many clients, students, and family therapists around the world” (p. 86).

**Clinical applications**

Satir (1986) stated, “[People] use their past to contaminate their present, which in turn creates a future that replicates their past, a stuck place, and often a hopeless quagmire” (changed from past to present tense) (p. viii). Thus, she was concerned with engaging family members to encounter their inner selves, which meant for her using experiential activities that aided families in engaging their pasts in the present. She added, “It is the learnings from the past that form the approach to the present. To change the perception and the experience of the present so it can become a steppingstone to a healthier future, I need to somehow introduce ways to stimulate new learnings to take place” (Satir, 1986, p. viii).

Satir, unlike Whitaker, was concerned with directly identifying and removing symptoms in families who were experiencing difficulties. Satir held that symptoms of individuals in families express family pain and that children’s symptoms are related to marital difficulties in which they become triangulated (Luepnitz, 2002). Luepnitz (2002) also wrote that Satir held that “the origin of marital conflict lies in unresolved problems with the family of origin, and especially in a ‘lack of nurturance’ in the family of origin” (p. 50).

For Satir, the goal of all therapy is to increase humanity; that is, her model’s central aim is to increase the self-worth of family members and teach them how to live out of a higher self in family relationships (Satir, 1988). Goldenberg and Goldenberg (2000) described Satir’s central goal as helping families gain access and learn to use their nourishing potentials and understand their communication discrepancies which prevent congruent communication.

In the human validation process model, clinical methodology centers around two basic experiential engagements: family life fact chronology, which seeks to understand family relational development and patterns as a function of seeking a basis for change; and family reconstruction, which attempts to guide families through the process of changing family relationships for the better. Reconstructive tools include elements of Gestalt therapy, psychodrama, guided fantasy and/or contemplation, hypnosis, psychodrama, family sculpting, parts parties, and role playing (Goldenberg & Goldenberg, 2000; Gross, 1994; Satir, 1988; Winter & Parker, 1991). Goldenberg and Goldenberg (2000) depict family reconstruction as an effort “to shed outgrown family rules and dislodge early misconceptions.” This process facilitates reenactment of a family’s multigenerational drama, providing members “an opportunity to reclaim their roots, and in the process perhaps view old perceptions in a new light, thereby changing entrenched perceptions, feelings and beliefs” (p. 159).
**Critique of Theory**

Like Whitaker and other traditional experiential family therapists, Satir has been criticized for the lack of empirical research to support her work and the lack of a clear structure whereby to base such research; and, like Whitaker, Satir has shown a lack of interest in pursuing an empirical research base to support her work (Nichols & Schwartz, 2001). In regard to her conceptual base, Satir has been criticized for her lack of conceptual precision and a sense of the history of ideas (Luepnitz, 2002). For example, Luepnitz (2002) reasoned that Satir’s concept of “self-esteem” is either nothing more than a derivation from ego psychology or else just a crude and imprecise conceptual oversimplification.

Furthermore, feminists such as Luepnitz (2002) have asserted a strong voice of criticism against the gross over-simplicity that Satir often rallied behind as a catch-all view of human potential:

Satir’s fallacy is the fallacy of believing that one can change the world by appealing to principles of therapeutic change alone, ignoring the global political changes that must be understood and grappled with. Satir said in our 1984 interview: ‘If tomorrow morning, every school, every family, every workplace had a transformation in the middle of the night to love and value themselves and treat others likewise, you know we would transform like that!’ [snapping her fingers]. This is hardly a theory of social renewal. It cannot help us understand the extraordinarily complex problems of development in the Third World nations, nor the dismantling of weapon systems, nor the bitter mystery of AIDS. There are reasons that people do not decide in the middle of the night—or by the light of day—to love and work as well as they might... Satir, however, has no theory that will help explain violence or the evil that has broken individuals and entire peoples on the wheel of history. Low self-esteem simply cannot account for the eradication of entire nations (p. 55).

It seems due to a lack of such theoretical clarity and precision that Satir has not been given equal and deserved respect alongside the other major family therapy pioneers (Luepnitz, 2002; Nichols & Schwartz, 2001). Alan Gurman and David Kniskem (1981) chose not to represent Satir’s work in their *Handbook of Family Therapy* because “no discernible school or therapeutic method has evolved from her contribution” (p. xiv).

Nonetheless, many critics continue to praise Satir for her “inspirational genius,” (Nichols & Schwartz, 2001, p. 173) “extraordinary and unique contribution” to the field, and “the power of her presence with families” (Hoffman, 1981). Some contemporary scholars, such as Cheung (1997) have even suggested that Satir’s psychotherapeutic stance, including her concern for language, the responsibility and potential of the individual in their own change process, and her role as participant-facilitator may represent an early influence consistent with current social construction theories. Similarly, Goldenberg and Goldenberg (2000) surmised that Satir’s technique of family reconstruction closely resembles narrative theorists’ technique of facilitating client reexamination of beliefs and reconstruction of meanings regarding past experiences.

*Emotionally focused couple therapy*
Emotionally focused couple therapy is forging a new frontier in experiential family therapy and the field of family therapy at large. Developed by Sue Johnson and Leslie Greenberg, EFT (emotionally focused couple therapy) has a large and growing efficacy research base, providing experiential therapies once again with a renewed sense of professional clout in the field. EFT finds its conceptual anchorage in humanistic and existential psychology, systems theory, and attachment theory (Johnson & Boisvert, 2002; Johnson & Denton, 2002).

Guiding notions

Johnson (2003) stated, “The emotionally focused approach is based on an attachment model of adult intimacy and focuses on restructuring key emotional responses and interactions to create a more secure bond between partners” (p. 366). Essentially, EFT theorizes that couples experiencing marital difficulty often are hiding their actual emotions such as fear or a need for attachment and expressing reactive emotions that may be defensive or coercive; Greenberg and Johnson (1986, 1988) describe these as “primary” and “secondary reactive” emotions, respectively. When these negative interactions evolve into patterns, couples often experience a loss of trust or a heightening of fear in their relationship, therefore further burying the primary emotions within.

Consonant with Satir’s therapeutic optimism, EFT theorists believe that people hold within them all the resources they need for positive growth and development in relationships. Negative interactional patterns are frequently adaptive, or coping, styles that may be transformed into positive and healthy interactions. EFT seeks to foster these transformative experiences (Johnson & Denton, 2002). As Bowlby (1969) contended, “All ways of responding to the world can be adaptive; it is only when those ways become rigid and cannot evolve in response to new contexts that problems arise.” In therapy, the therapist is not to be an intrusive mechanic who fixes rigidness; rather, accepting and validating clients’ self experience is a key element in therapy. Empathic attunement with couples also involves taking care to provide such validation without marginalizing or invalidating the experience of the other. Johnson and Denton (2002) wrote, “The safety created by such acceptance…allows each client’s innate self-healing and growth tendencies to flourish” (p. 222).

EFT also follows the basic premises of family systems theory, including the notions that causality is circular, behavior must be considered in context, the elements of a system have a predictable and consistent relationship with each other, all behavior has a communicative aspect, and the task of the family therapist is to interrupt negative cycles of interaction so new patterns can occur (Johnson & Denton, 2002). While adhering to the assumptions of traditional family systems thought, EFT boasts a unique contribution, “the use of emotion in breaking destructive cycles of interaction” (emphasis added) (Johnson & Denton, 2002, p. 223).

Clinical applications

Greenberg and Safran (1989) and Johnson (1986) posit the goal of EFT as accessing buried primary emotions, enhancing the emotional bond between partners, and engaging positive change in the couple’s negative interactional sequences. Breaking down the
basic components of their EFT approach, Johnson and Denton (2002) have outlined a three-stage, nine-step model for conducting therapy:

**Stage One: Cycle Deescalation**

1. Identify the relational conflict issues between the partners.
2. Identify the negative interaction cycle where these issues are expressed.
3. Access unacknowledged emotions underlying the interactional position each partner takes in this cycle.
4. Reframe the problem in terms of the cycle, accompanying underlying emotions, and attachment needs.

**Stage Two Changing Interactional Positions**

5. Promote each partner’s identification with disowned attachment needs and aspects of self.
6. Promote acceptance by each partner of the other partner’s experience.
7. Facilitate the expression of needs and wants to restructure the interaction based on new understandings, and create bonding events.

**Stage Three: Consolidation and Integration**

8. Facilitate the emergence of new solutions to old problems.

Johnson and Denton (2002), anticipating the potential clinical misdirection of a novice therapist, warned clinicians to not get bogged down in the content of these stages and steps but to focus on the process of interaction and the way “inner experience evolves in that interaction.” They emphasized, “The therapist has to stay with the client rather than the model, and not try to push partners through steps when they are not ready for them” (pp. 246-247).

EFT therapists use a host of interventions in the course of the therapy process; Johnson and Denton (2002) have offered a list of core EFT interventions: reflecting emotional experience, validation, evocative responding, heightening, empathic conjecture or interpretation, tracking, reflecting, replaying interactions, reframing in the context of the cycle and attachment processes, and restructuring and shaping interactions.

**Critique of theory**

Of all experiential family therapy approaches, emotionally focused couple therapy is the most thoroughly outlined, researched, and accepted by the contemporary field of marriage and family therapy (Nichols & Schwartz, 2001; Wetchler & Piercy, 1996). Negative criticisms of the emotionally focused model are few.
In recognition of the need for a viable family therapy model to be politically savvy, Johnson and Denton (2002) contend that EFT appears to meet the criteria for a gender-sensitive intervention model. Knudson-Martin and Mahoney (1999) have defined such a model as one that focuses on connection and mutuality, and validates both men’s and woman’s need for a sense of secure connectedness that also promotes autonomy. The ability to share power and to trust, rather than to coercively control the other, is inherent in the creation of a secure adult bond.

Furthermore, influenced by Alvin Mahrer’s (1982) suggestion that researchers concerned with the effectiveness of experiential family therapy focus on the process rather than the outcome, as well as other researchers with similar ideas, such as Nichols and Zax (1977), Leslie Greenberg and Susan Johnson have scrutinized EFT with a battery of research on in-session process (e.g. Greenberg, Ford, Alden, & Johnson, 1993; Johnson & Greenberg, 1988) and have even become spokespersons for such research (Johnson, 2003; Elliott, Watson, Goldman, & Greenberg, 2004).

Utilizing the premise that in-therapy outcomes are as important as end-of-therapy outcomes, Greenberg and Johnson have demanded the respect and attention of contemporary researchers by catering to both research methodologies. Johnson and Denton (2002) have written that one of EFT’s clear strengths in the present social context is that its interventions are clearly delineated, while still placing its interventions in the context of the clients process and responses, “It is not an invariant, mechanical set of techniques,” they contended. Furthermore, “in the present climate, it is…particularly pertinent that EFT interventions have been empirically validated and found to be effective with a large majority of distressed couples” (p. 247).

Since its conception, EFT has been frequently defended by a large volume of empirical research (e.g., Alexander, Holtzworth-Monroe, & Jameson, 1994; Dandeneau & Johnson, 1994; Dunn & Schwebel, 1995; Greenberg, Ford, Alden, & Johnson, 1993; Greenberg & Johnson, 1985, 1986, 1988; Johnson & Best, 2003; Johnson & Greenberg, 1985a, 1985b, 1987, 1988; Johnson, Makinen, & Millikin, 2001; Johnson & Talitman, 1997; Johnson & Whiffen, 1999; Kowal, Johnson, & Lee, 2003) that defends its effectiveness and relevance on multiple and varying grounds and has continued to produce large quantities of contemporary research interest. Wetchler and Piercy (1996) have concluded, “Perhaps, with its emphasis on replicability and research, emotionally focused therapy will be the force that carries the experiential family therapies into the 21st century” (p. 87).

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