

We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists

6,900

Open access books available

186,000

International authors and editors

200M

Downloads

Our authors are among the

154

Countries delivered to

TOP 1%

most cited scientists

12.2%

Contributors from top 500 universities



WEB OF SCIENCE™

Selection of our books indexed in the Book Citation Index
in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?
Contact book.department@intechopen.com

Numbers displayed above are based on latest data collected.
For more information visit www.intechopen.com



Emotionally Focused Family Therapy: Rebuilding Family Bonds

Katherine Stavrianopoulos

Abstract

Relationships with parents, siblings, and other family members go through transitions as they move along the life cycle. Resilient families realign their relationships to respond to the changing demands and stressors within the family system. Those who are unable, find themselves in repetitive patterns marked by conflict and distress, often resulting in their need to seek treatment. Based on attachment theory, Emotionally Focused Family Therapy (EFFT) is a pragmatic short-term treatment approach designed to alleviate distress in family functioning. This chapter provides an overview of EFFT process, its theoretical underpinnings and the strategies EFT family therapists employ to promote positive outcomes. The presentation of a case study provides a unique lens where the therapist illustrates moment to moment interventions in an attempt to create new and more favorable family interactions, ones that enhance family members' feelings of attachment, empathy, communication and stability.

Keywords: emotionally focused family therapy, family distress, adolescence, attachment, negative interactions

1. Introduction

In the last 20 years, research studies have demonstrated the effectiveness of emotionally focused couple therapy (EFT) in helping couples repair their distressed relationships. The natural extension and broader application of EFT couple's treatment can prove especially valuable and effective when working in a family system [1, 2]. The foundational principles of Emotionally Focused Couple's Therapy is based on attachment and bonding theories that aim to help individuals gain a greater awareness of their emotions, to provide them with strategies to effectively cope, regulate, and transform their emotions[3]. It is a short term, evidence-based approach that allows the therapist to set goals, target key processes, and chart a destination for couples to identify and remove those emotional blocks which derail the promotion of healthy functioning, while providing alternative approaches that serve to increase levels of attentiveness, empathy and feelings attachment and belonging with one another.

According to Johnson, [4] EFFT is similar to emotionally focused therapy for couples, except that with families, the goal is "to modify family relationships in the direction of increased accessibility and responsiveness, thus helping the family create a secure base for children to grow and leave from." Working within a larger family system can be especially daunting as therapists attempt to navigate the vast landscape of family dynamics encompassing multiple, complex interpersonal processes between members, especially the powerful bonds that exist between parent

and child, which when weak and broken—are often the root of familiar distress and dysfunction. The core of the human experience of a family lies within its ability to create supportive bonds that sustain it during turbulent and stressful times in its life cycle. The application of EFT to family treatment offers a practical, useful and expedient model from which to effectively bolster stronger and more empathic bonds between parents and their children.

This chapter provides an overview of EFFT process, its theoretical underpinnings and the strategies EFT family therapists employ to promote healthy family functioning. Through a presentation of a case study, beginning therapists are provided a unique lens from which to view the interactions of both family and therapist as they attempt to create new family interactions, marked by increased parental accessibility and responsiveness to children, which ultimately leads to their enhanced sense of attachment, communication, belongingness and security.

2. Theoretical framework

Emotionally Focused Family Therapy (EFFT) is an integration of humanistic [5] and systemic therapeutic approaches [6]. The focus of treatment is on the ongoing construction of a family's present experience and how patterns of interaction are organized and expressed between family members. Another significant aspect of EFFT is its detailed attention to emotions. Identifying emotions is viewed by the therapist as essential in how family members view themselves and others, or an event. Emotions are hard wired in our brain and are meant to inform us about our environment. They also, contain physical impulses, which are designed by nature to be an immediate and adaptive call to action. In EFFT, emotions are categorized as primary and secondary. Primary emotions have been identified by researchers as universal emotions, such as joy, anger, fear, sadness, surprise, and shame. These emotions are frequently outside of people's awareness. Secondary emotions are defined as reactions, and they help people cope with their primary emotions. The word "emotion" comes from the Latin word, *emovere* meaning "to move." Emotions are openly identified, shared and often reframed by the EFFT therapist, as a vehicle to help family members navigate into new and more favorable patterns of interaction, one's that are more empathic and capable of building safe and healthier relationships.

EFFT is grounded in attachment theory and based on the work of psychologist John Bowlby [7]. Bowlby maintains that human beings are biologically and fundamentally driven to pursue relationships that create security and belonging. He contends that the most critical attachment relationship is an infant's sense of protection created by the primary caregiver (typically the mother) through a series of reciprocal interactions which promote bonding and love. As Karen [8] in *Becoming Attached* says about love, "You don't need to be rich or smart or talented or funny; you just have to be there." A parent's emotionally engaged presence makes all the difference between disconnection and security. Throughout the cycle children and adolescents reach out to their primary attachment figures when they are in distress. If they experience parents as non-responsive or unavailable, it is natural for them to feel isolated, frightened and anxious. Feelings of insecurity in children are likely to heighten expressions that call for parental reassurance. Conversely, children may engage in behaviors that disengage and avoid their expressions of distress, particularly in moments of need [9–11]. In either scenario the resulting negative relational experiences foster instability and anxiety in the family system.

In EFFT, one's sense of a secure attachment is linked to positive mental health. Children who are securely attached are best able to turn to their attachment figures for comfort and support [12]. Mikulincer and Shaver [13] capture the distinction

between these predictable patterns of attachment behavior as shown in their research when they describe the issues of secure vs. insecure scripts. The secure script is: "If I encounter an obstacle and/or become distressed, I can approach a significant other for help; he or she is likely to be available and supportive; I will experience relief and comfort as a result of proximity to this person; I can then return to other activities [13]." However, when the attachment system remains in an activated state, there are two different insecure coping responses. The avoidant (dismissive) approach "includes rapid self-protective responses to danger without examining one's emotions, consulting other people or seeking to receive help from them [13]." The implicit script is, "If I am in distress, I will carry on with other activities." In contrast, the anxious approach is described as always being on guard for threat, and having difficulty receiving comfort. The implicit script is, "If I am in distress, I will reach for you and reach for you and reach for you, endlessly and to no avail."

Attachment anxiety and avoidance are natural responses to the lack of confidence in the parents' emotional availability. Drawing from attachment theory, the EFFT therapist conceptualizes distress in terms of attachment dilemmas in which ineffective responses to attachment needs fuel miscommunication, creating parenting dysfunctions and exacerbating symptoms associated with individual psychopathology [14]. The therapist must obtain a clear understanding of symptoms that generate distress in the family and furthermore, evaluate the parent(s) availability and their children's confidence in their availability. These observations will provide the therapist with information about the attachment quality in the parent-child relationship. Insecure attachment is evident when the parent's capacity for empathy is blocked, giving precedence to feelings of anxiety and anger, thus viewing the child as difficult, antagonistic or uncooperative. In such instance, parents tend to blame the adolescent or child as solely the identified patient and remain oblivious to the underlying emotions, of fear, or sadness that are at play [15]. The EFFT therapist connects the child/adolescent's symptoms to their perception that the caregiver is unavailable and detached. This perception increases a child's anxiety, anger and defensiveness that contributes to the presenting problem [9, 16]. The goal of the EFFT therapist is to work through a series of interventions that reframe the family problem as one arising out of an attachment crisis, and subsequently works to normalize family difficulties without blaming anyone [17]. Key to the EFFT process is understanding and integrating these core theoretical principals.

3. EFFT process: Steps and stages

The process of EFFT is categorized into three stages and nine treatment steps. In the initial four treatment steps, the therapist carefully focuses on assessing the interactive styles of the family and judiciously works to deescalate any conflicts as they emerge. In the middle phases of treatment (steps five, six, and seven), the therapist and family, work in concert to find new ways to establish more secure familial relationships. In the final two steps of treatment, the therapist highlights and validates new patterns of positive interaction. As importantly, the therapist reinforces family members confidence to handle future conflicts and issues now that they are armed with greater empathy and understanding for one another. The stages and steps of EFFT are outlined and discussed below.

3.1 Stage one: Deescalating family distress

Step 1: Forming an alliance and family assessment.

Step 2: Identifying negative interactional patterns that maintain insecure attachment.

Step 3: Accessing underlying emotions informing interactional positions/relational blocks.

Step 4: Reframing the problem in light of relational blocks and negative interaction patterns.

The primary focus in stage one is for the therapist to identify and track behaviors and secondary emotions that fuel attachment insecurities. The therapist guides the family away from focusing on the content of their presenting conflicts, to developing a more attentive awareness about what underlies their expressed difficulties. The therapist accomplishes this task by tracking familial behaviors driven by intense emotion. As therapists understand, in times of distress, family members commonly deal with their feelings and interpersonal behaviors in unproductive ways. Some may withdraw, argue, submit, explain, or engage in other behaviors designed to minimize and distract from their emotional pain. In this stage, the therapist pays close attention to the interactive behaviors of the family and reframes maladaptive or secondary emotional responses in efforts to bring into awareness their negative cycle of interactions. A negative cycle is defined as a predictable interactional pattern that gets repeated and organizes the family around insecurity, rather than vulnerability. Negative cycles are fatiguing and destructive for family functioning. Tracking the cycle interrupts the behavior and reveals for the first time to the family their true underlying emotions and how their current behaviors serve as protective mechanisms to avoid discomfort and pain. Accessing primary emotions such as fear, hurt, and sadness creates empathy among family members, facilitates responsiveness, and helps the family deescalate [18]. During this phase of treatment, the therapist often returns to utilizing tracking interventions to reemphasize to the family the importance of understanding and dealing with the underlying issues of their discontent in order to enhance family stability and healthy functioning.

3.2 Stage two: Restructuring family interactions

Step 5: Accessing and deepening a child's disowned aspects of self and attachment needs.

Step 6: Fostering acceptance of child's new experience and attachment related needs.

Step 7: Restructuring family interactions focusing on sharing attachment needs and supportive caregiving responses.

In stage two, the focus is on deepening and expanding primary emotions and unmet attachment needs, in order to reshape attachment bonds between family members that are more secure and connected. The change event in stage two involves the therapist accessing the needs embedded in the newly expanded primary emotions that drive the negative family cycle; and helping family members learn to identify and request that previously unexpressed core attachment needs be addressed. The therapist intentionally structures interventions known as enactments that function to restructure attachment bonds between family members [14]. Typically, these requests are for direct care, contact, or comfort and the shift is premised on the parent(s) ability to respond to their children's vulnerability. It is very common in this stage to observe parents having the desire to respond in a more emotionally connected way to their child, but their empathy may be restricted. In such instances, the EFFT therapist will work with the parents to develop their capacity and ability to respond in a way that shifts family relationships toward more secure bonds, replacing negative and harmful cycles of interactions.

3.3. Stage three: Consolidation

Step 8: Exploring new solutions to past problems from more secure positions.

Step 9: Consolidating new positions and strengthening positive patterns.

Finally, in stage three of EFFT, positive cycles of bonding are consolidated and integrated into the life of the family. At the end of this stage, the family is best able to integrate new ways of engaging in discussions and investing in greater security [18]. Discussions are characterized by more openness, responsiveness, and engagement among family members. It is imperative for the family to learn how to repair failed attempts to connect outside of sessions. Before termination, the therapist affirms that the family is now able to handle its issues and conflicts by examining and resolving them in new and more effective ways. The therapist also focuses on amplifying the family's vision to include more mindfulness of positive affect, vulnerable reaching, and connection.

4. Core interventions

There are two primary sets of interventions utilized by EFFT clinicians to help families navigate through the various stages of the treatment process. These core interventions are designed to direct families toward developing relational bonds that enhance their security, communication and strength. The first set are interventions for accessing, expanding and reprocessing of emotional experience. The second set are interventions for restructuring the family interactions.

The EFFT techniques used within these categories are described below, followed by an example of a therapist's response to highlight and reinforce a more concrete understanding of the techniques deployed. For a more detailed explanation the reader is referred to the EFT manual [3].

4.1 Accessing, expanding and reprocessing emotional experience

4.1.1 Empathic reflection

Reflect (name, order, or distill) emotional processing as it occurs. Slows down the process, directs and focuses attention inward, helps the therapist attune to the client experience, thus conveying understanding and helps in creating alliance. Empathic reflections need to be specific and vivid in order to move the client into a deeper awareness of their emotional experiencing.

Therapist: "I think I hear you say that you become so anxious about his future that you find yourself wanting to control, wanting to know what he has in mind because not knowing or not having 'a say' is so overwhelming. Is that it? And then you become very critical with your son. Is that right?"

4.1.2 Validation

Conveys that the client is entitled to their experience. Such statements function to affirm, and legitimize, the client's experience as understandable, given the attachment relationship context. Validating statements start with, "it makes sense that you would feel this way, given (state specific context)".

Therapist: "That makes sense to me, that when you feel that things are about to escalate between you and your mom, you go away, and you avoid any conversation. Is that right?"

4.1.3 Evocative responding

Through the use of questions, evocative language, and metaphors the therapist opens up the client's experience and encourages them to take another step toward it

Therapist: "What's happening right now as you hear him say that?" "What's it like for you when she follows you around the house, pushing for your attention?"

4.1.4 Heightening

This intervention intensifies, clarifies, and deepens an emotion through persistent focus, reflection or enactments. Thus, allowing the client to identify and accept their emotional experience. The therapist's pacing, tone and timing are significant. The acronym RISSSC, implying emotional risk [3], represents how this intervention is done: with repetition, images, speaking simply, softly, slowly, and using client's words. The soft tone heightens vulnerability and soothes the dysregulated brain, so the client can process clearly.

Therapist: "This sounds really important, can we stay here for a bit, I think I hear you say that deep down you really go to a bad place, a place where you get the message that you are nothing but a failure in their eyes. A real disappointment for a son, and that makes you feel so sad, so hurt inside."

4.1.5 Empathic conjecture

Therapist offers an interpretation of client's experience, or a hunch seen through the attachment lens. This facilitates a more intense experiencing from which new meanings may arise and an expanded awareness. It is important to convey tentativeness when offering a conjecture and to check if what is communicated matches the client's experience.

Therapist: "As I listen to you, I hear you saying that you are angry about her lack of concern for you, but I see the tears in your eyes and I wonder if you are also saying that you are hurt by her lack of concern. Does that seem to fit?"

4.2 Restructuring interventions

The following interventions are used in EFFT to address the restructuring task:

4.2.1 Tracking, and reflecting interactions

Reflections that track family members behaviors slow down and clarify the interactional process.

Therapist: "So, when Alex gets frustrated and walks away ignoring what you say, you get angry too and follow him. You need him to listen to you. And, when your mom follows you around wanting your attention it makes you shut down even more."

4.2.2 Reframing

Reframing interactions in the context of the negative cycle, and attachment needs. An attachment reframe functions to access a positive meaning or intention for a seemingly negative response. It shifts the view of the member to a positive portrayal.

Therapist: "You don't experience that the louder she gets, the more desperately she is trying to find you. It sounds as if she is upset with you, but she is doing everything she can to get close to you."

4.2.3 Creating enactments

The therapist requests direct sharing of a clearly distilled message from one family member to another. Enactments, the most powerful intervention in EFFT, their function is to heighten emotional experience and reshape new interactions among family members which lead to positive cycles of accessibility and responsiveness.

Therapist: “Can you tell her, ‘I go away because I don’t want things to get worse between the two of us.’ Can you tell her this?”

5. Case illustration

To help illustrate EFFT treatment in action, a case study of a family recently seen by the author is provided below:

The Aldo Family: Presenting Concern and Relevant History

The family is composed of James and Penny (names and identifying information have been altered), a professional couple in their early 50s, married for 28 years. They have two children; Ellie (23) and Alex (19). The couple has been on and off in couple therapy for a year. The presenting problem described by the parents focused on their son Alex, who had told them at the end of his third semester in college that he wanted to drop out because “this kind of education” was not for him, and he did not see how it would help him get a job. Both parents were very upset and after much discussion, hesitantly agreed to allow him to take a “gap year.” It was their understanding that after the year break, Alex was to resume his studies. During that time Alex worked as a waiter, earning spending money while living at home. His work hours provided him with the flexibility to develop an online business that in the long run became a source of income. Alex enjoyed being independent and learning about the world through travel, reading and much YouTube video viewing. A year later, his goal was to be an entrepreneur and not re-enroll in university. Both parents were extremely upset with Alex and had tried to talk “some sense” into him, but to no avail. It was at this point that Penny- the mom requested a family session.

During the first two sessions the therapist met once with the entire family in order to assess they viewed the problem; and once individually with Alex, in order to develop an alliance and get to know him better. Alex, was a slender young man with short blond hair, and green eyes. He appeared younger than his years and was soft spoken as he stated that he was eager to start the process. Alex perceived his mother as critical, with strong opinions about a college education and persistent about him returning to school. This made him angry and he said that he frequently avoided conversations with her because they always ended up on the topic of his future. Mom viewed her son as unreasonable, and disrespectful because he ignored her questions and refused to engage with her. She experienced him as spoiled, entitled and selfish; this made her feel frustrated. James agreed with his wife and said that the tension between Alex and his mother stressed him, but he did not know what to do to resolve the issue.

Right from the start the EFFT therapist aims to understand the ways family members react to each other and tracks their interaction pattern. As family members discuss how they each perceive their concerns, reactive emotional responses are expressed or suppressed, thus allowing the therapist to witness the negative interaction pattern firsthand. The therapist tracks and reflects the behaviors that elicit the negative response and begins to identify the family pattern that is associated with the problem [3, 4]. It was obvious that this family was caught in a reactive pattern of defensiveness, which escalated with increasing anger and frustration. The family’s escalation included mom trying to advise Alex and Alex avoiding the conversation.

The more mom insisted in engaging him the more Alex ignored her and she would get so upset that she would turn to her husband for help. James, not knowing what to do would try to calm her by promising he would talk to Alex. However, his approach was not successful either. The more they tried to talk to him or present him with consequences for his actions, the more Alex pulled away. The more he pulled away, the less valued they felt. It appeared to be a hopeless situation.

5.1 EFFT therapeutic interventions

5.1.1 Stage one: Family De-escalation

What follows is an actual dialog from the initial sessions with the family. This excerpt highlights the goal of stage one treatment to track the cycle between Alex and his mom and attempt to deescalate the tensions between family members.

ALEX: Well, yes... she is unbelievable. She asks me questions, a lot of questions about what I am going to do with my life and I do answer her but a few days later she is asking me the same questions!

THERAPIST: all these questions coming your way, regarding your future and you answer them, and then she asks again. Is that right?

ALEX: Yes, it's so frustrating because it's like, does she not remember? What's going on?

THERAPIST: I can understand your frustration- because, you wonder 'isn't what I say important enough to remember' Is that right?

ALEX: yes, that's exactly right.

THERAPIST: When your mom asks the same question, what happens inside you? What do you say to yourself?

ALEX: I hear myself saying, what is the point? I get frustrated.

THERAPIST: Are you feeling frustrated right now?

ALEX: Yes!

THERAPIST: Would you be willing to stay curious with me for a moment about this part that feels frustrated? Do you notice it somewhere in your body? (*staying with emotion in his body slows him down and intensifies the feeling*).

ALEX: I feel tightening in my chest and my shoulders.

THERAPIST: you hear your mom asking another question about your plans, you get frustrated, which you notice as a tightening in your chest and shoulders, is that right?

ALEX: yes.

THERAPIST: And then what does this frustrated part want to do or say to mom?

ALEX: It wants to avoid her.

THERAPIST: How do you do that?

ALEX: By ignoring her and eventually leaving the room.

THERAPIST: What would happen if you did not ignore her and did not leave; if you stayed and talked with her?

ALEX: Nothing good would come out of that. I will only disappoint her again. There is no point.

THERAPIST: So, if talking makes it worse and you worry that you will disappoint her, then it makes sense that you do not want to engage. It sounds like when these fights happen there is nothing more to do but leave. Is that right?

ALEX: That seems to be the best option, right then and there.

THERAPIST: It makes sense to me that you leave the conversation to avoid making things worse between the two of you and, not disappoint your mom. Do you

think your mom knows this? Can you tell her that you leave in order to not escalate things between the two of you?

ALEX: (turning to mom) I do not get into it with you and I walk away because I do not want us to fight and I do not want to disappoint you.

MOM: I had no idea.

THERAPIST: Yes (nodding). This is something new you are learning about Alex.

The therapist also works with mom to identify her behaviors, thoughts and feelings as they relate to the negative cycle.

THERAPIST: And when he walks away what happens to you?

MOM: I get fired up and I follow him, and I ask again. I insist that he listens to me and not ignore me.

THERAPIST: Would you be willing to stay curious with me for a moment about this part that gets all fired up? Do you notice it somewhere in your body?

MOM: I feel tense all over.

THERAPIST: you see Alex walk away, you get very angry, which you notice as a tension all over your body, is that right?

MOM: Yes.

THERAPIST: And then what does this angry part do or say to Alex?

ALEX: It gets very focused, very energized, and follows him relentlessly to get his attention.

THERAPIST: What would happen if you did not do that?

ALEX: I would not know what he is up to and I would not be able to help him. I have good advice- I have been where Alex is now, and I can possibly spare him the heartache if he would talk with me. I worry that he will make a mistake, but he does not value my input.

THERAPIST: You want Alex to value your advice. So, you get angry and you insist on engaging in a conversation in the hopes that you can help him see the value in what you say. Is that right?

MOM: That's right.

THERAPIST: What does it feel like when you think that Alex does not value you?

MOM: (deep sigh) It feels sad.

THERAPIST: You want him to value you and your input and when he does not that makes you feel sad. Is that right?

MOM: (in soft voice) yes.

THERAPIST: Do you think Alex knows that? What would it be like to share a little bit of that with him? That underneath your anger you feel sad because you think that he does not value you? Can you tell him that?

5.1.1.1 Treatment focus and progress in stage one

In the above excerpt the therapist looks at the pattern as it unfolds in the room between Alex and his mom. Family de-escalation occurs as Alex and his mom begin to understand their part in the negative interaction pattern and how their attachment-driven behaviors trigger predictable responses in each other. In this case every time mom needed to be assured that Alex was on the right path regarding his future, she asked questions which in turn triggered Alex and made him feel that an argument was imminent and he would disappoint his mother. He then pulled away to avoid the argument, leaving mom to feel sad and not valued and fearful that she was failing as a mother. This triggered mom and she then followed Alex around the house insisting that he engage with her. Alex would get more frustrated and eventually would leave the room thus confirming mom's fear of not

being valued. The therapist helps both uncover these deeper emotions and then invites them to do an enactment. In other words, to turn toward each other and engage in a different conversation. Until now, neither was aware how they protected themselves in their relationship nor had they been able to talk about their underlying feelings. The enactment is successful, and both Alex and mom have a new understanding about each other's behavior. He expresses that he values her and wants to be able to talk with her without arguing because it does not feel good to either of them. They both share in the new experience of staying engaged. This awareness shifts the focus from blaming each other to owing their contribution in the negative cycle. In turn, this begins to alter their experience; they feel calmer and more open. A level of safety is created that will allow us to go deeper into vulnerabilities in the next stage.

5.1.2 Stage two: Restructuring family interactions

What follows below is an example of actual dialog used to illustrate the process of restructuring family dynamics:

THERAPIST: A few sessions ago you talked about feeling sad because you see yourself as a disappointment for your parents. Do you remember?

ALEX: Mhmm.

THERAPIST: I guess, I am curious to know, more about this place that you go to... when you feel that... you are a disappointment. Is it okay for us to go to that place?

ALEX: Sure. (pause) It's pretty bad. I try not to think about it. Instead, I just try to focus and work harder.

THERAPIST: It's so bad that you try to not think about it? Right now as we are thinking about it, talking about, notice what happens in your body.

ALEX: I feel flushed and I feel tightness in my throat. It's a bad feeling. That's why I do not like to think about it.

THERAPIST: Sure, it makes sense. And... who sees you in that place? Who knows about that?

ALEX: Nobody knows. Nobody sees how much I try to make them proud of me. Instead I am told that everything I do is wrong. My whole approach is wrong, I am all wrong! (eyes closed).

THERAPIST: That's really painful—it's hard for you.

(Long Pause)

ALEX: Sometimes it feels that I might be running out of time... you know... my dad had problems with his heart last year. (At this point Alex, with his eyes closed and tears running down his cheeks, can hardly speak. After a long pause he continues). I am afraid that I might not have the chance to prove myself and it will be too late. And that maybe I should give up on my ideas and listen to theirs because it will be faster, but then I get conflicted and I think that, it's not right to do something that I do not believe in. And I really believe in this. I do not want to disappoint them but I do not want to disappoint myself either.

THERAPIST: Wow! It feels like you are running against time and you have to choose - your parents or yourself. Neither is a good option; and so you go here and you struggle, and you are confused and scared and alone trying to figure things out.

Alex is sobbing, and his dad reaches over and hugs him. His mom moves over and she too, sits beside him and hugs him.

THERAPIST: Alex, your parents are right beside you. They want to understand. Can you let them in to that place where you are alone and sad?

ALEX: I am scared when I think that something suddenly might happen to dad or to you (mom) like last year- and then you would not have the chance to see what I

accomplished and be proud of me. Then you will never know that I am capable and that it's ok to do it my way.

THERAPIST: That is scary, to think that something might happen to either of your parents and trying to prove yourself, trying to get it right and not disappoint while you still have time.

DAD: I am so sorry that you are so hurt. I am, *we* are not disappointed in you and *we* do not want to “fix you” or “change you”. We love you no matter what you do and now that I know I will do anything to be there for you. I am sorry that our pushing-our way of trying to help you caused you so much pain. We love you and want to support you, in a way that is best for you.

ALEX: I could leave the house, but I really want to work on our relationship, because it is important that I, have both of your “blessings” as I move on. It is important, that I leave “the nest” as you say, knowing that you are proud of me and you love me, even if I failed. It's like, the baby bird trying to fly out of the nest. The parents have to trust that he can do it- although they may not know for sure. If the baby bird falls, he needs his parents to lovingly encourage him to try again. Sometimes, he flops around for a little bit before the parents rush in to help, and that is ok. The little bird is learning even if he falls, even if he breaks a wing. Keeping the bird in the nest or constantly giving him directions how to fly is constricting—he will not find *his* way. I guess what I am asking is... do you think you can be there as I try to figure things out? I want to find *my* way and can you trust that I will be okay—without flying in to help me or try to change my path?

DAD: “I had no idea that you felt this way; that you have been trying to fly out of the nest. I didn't see all this as your attempt in figuring things out. What I thought I saw, was a little bird taking advantage of the safety provided by our nest and unless we pushed, you were not going to fly. I see now how that hurt you and how it made you feel that we didn't trust you. I love you and want to support you and it's pretty incredible to hear what has been going on for you.”

At this point Alex is weeping in his father's arms. Mom joins in the hug and after a small pause, with tears in her eyes says:

MOM: “I am so sorry I hurt you. I get scared and I rush in to help you, to save you, to show you and that makes you feel that I don't believe in you. I want to be there for you. I don't want you to feel this way.”

5.1.2.1 Treatment focus and progress in stage two

In the above excerpt, Alex begins to talk about how scary it is to feel that he disappoints his parents and how he wants to make them proud before he loses either of them. His parents remain open hearted and open minded as he engages with them from a vulnerable place. They see his pain, hurt and fear. Dad not only sees from afar this terrible place that his son struggles in but can stand side by side with him there. His presence is felt, and his apology makes a huge difference to Alex. For the first time, Alex feels seen and feels understood at a much deeper level and therefore, this allows Alex to clearly articulate his attachment needs. Mom and dad worked together to respond to Alex. Often parents cannot empathize because they get caught up in their own secondary responses of fear. Staying present with Alex in his vulnerability allowed both parents to experience how Alex's problematic behavior was related to the family's negative cycle of interaction. In a later session, both parents were able to articulate their fear of failure and Alex was able to hear this and understand much of their stress as parents. He then reassured them, “you have been great parents, given me so much. I hope to be able to offer my kids what you have offered me. I love you both and I don't want you to feel that you have failed as parents.” Additionally, he expressed regret for his past behavior toward his mother.

Alex began to ask for contact, and this continued in following sessions which helped to bring them closer together.

5.1.3 Stage three: Consolidation

What follows below is an example of actual dialog used to illustrate the process of consolidation:

MOM: Things are good. Alex initiated a conversation earlier this week where he confided in me and asked for my advice. He was telling me about an incident that happened at work and how he handled it. And then asked for my opinion—how I would have handled it.

ALEX: (smiling) “That was nice, and different than times in the past. She did not do anything, other than just listen.

(Turning toward his mom) You did not try to fix or problem solve with me the way you used to with all the questions. You listened to me for a long time and then I remember that I asked you for advice. You said that you agreed with how I handled the matter and you would have done the same. It really felt good to talk to you like an adult without running away or avoiding you. I want to say, thank you for that because I feel less tense and more relaxed.

THERAPIST: That’s really great Alex that you felt good to approach your mom and discuss something that was important to you and ask for her input. And it sounds that you both had this conversation in a different way than before. In a way that even feels different in your body.

ALEX: Yes. Growing up and doing things differently than the way your parents expect is hard and can be kind of scary. Knowing that they are open and that my mom is there without judging me feels great.

MOM: I am so glad that we turned a corner. I am always here for you, no matter what and I want to be the mom you want me to be.

5.1.3.1 Treatment focus and progress in stage three

In the above excerpt mom discovers during treatment that she could help her son by her attentive presence. She understands that she did not have to solve Alex’s problems or go “undercover” to find out what he was doing and, as a result, this helped her stay more connected with him. The relationship became safer, closer, and more equal. Both were able to confide in and support each other which is the desired outcome for stage three treatment.

6. Conclusions

Treating families in distress is extremely challenging for family therapists. Professionals working with families, especially neophytes, commonly feel uncertain and discouraged as they attempt to navigate the vast landscape of family dynamics encompassing multiple, complex interpersonal processes between members. As a result, family therapists find themselves negotiating or offering solutions to presenting problems, rather than focus on the underlying issues that are at the root cause of the dysfunction. Unfortunately, they soon realize the techniques used are not effective, and before long the family members cycle back where they started from. This makes the therapists feel inefficient and ineffective and therefore may shy away from doing family work.

Having access to a practical, organized and effective model for working with families is pivotal if practitioners are to make meaningful differences in the lives of

people they serve. EFFT arose from the realization that the change principles used in EFT could be applied to family relationships thus changing the cycles of interaction [3]. EFFT is a powerful and efficient way to assess and create positive change within the family system. At its core, EFFT views family distress as a result of attachment insecurity where family members fail to get their attachment needs met. Such families do not possess the skills necessary in expressing their attachment needs and protect themselves by becoming defensive, beginning a negative cycle of interaction which prevents healthy family functioning and stability. Accessing underlying attachment-related emotions and the needs associated with these emotions opens the family to address needs in new ways [3]. Corrective emotional experiences create safety that change family relationships and most likely impact future generations. Tapping into parents' unconditional love is powerful; it offers families great hope and holds tremendous promise in revitalizing the field of family therapy.

IntechOpen

Author details

Katherine Stavrianopoulos
John Jay College of Criminal Justice, The City University of New York, New York,
USA

*Address all correspondence to: stavros@jjay.cuny.edu

IntechOpen

© 2019 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. 

References

- [1] Bloch L, Guillory PT. The attachment frame is the thing: Emotion-focused family therapy in adolescence. *Journal of Couple & Relationship Therapy*. 2011;**10**(3):229-245
- [2] Stavrianopoulos K, Faller G, Furrow JL. Emotionally focused family therapy: Facilitating change within a family system. *Journal of Couple & Relationship Therapy*. 2014;**13**(1):25-43
- [3] Johnson SM. *The Practice of Emotionally Focused Couple Therapy: Creating Connection*. 2nd ed. New York (NY): Brunner-Routledge; 2004
- [4] Johnson SM. *The Practice of Emotionally Focused Marital Therapy: Creating Connection*. New York (NY): Brunner/Mazel; 1996
- [5] Rogers CR. *Client-Centered Therapy*. Boston: Houghton-Mifflin; 1951
- [6] Minuchin S, Fishman HC. *Family Therapy Techniques*. Cambridge (MA): Harvard University Press; 1981
- [7] Bowlby JA. *Secure Base*. New York (NY): Basic Books; 1988
- [8] Karen R. *Becoming Attached: First Relationships and how they Shape our Capacity to Love*. New York (NY): Oxford University Press; 1994
- [9] Bowlby J. *Attachment and Loss: Separation*. Vol. 2. New York (NY): Basic Books; 1973
- [10] Johnson SM. *Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds*. New York (NY): Guildford Press; 2002
- [11] Kobak R. The emotional dynamics of disruption in attachment relationships: Implications for theory, research, and clinical intervention. In: Cassidy J, Shaver P, editors. *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guildford Press; 1999. pp. 21-43
- [12] Shaver PR, Mikulincer M. Attachment-related psychodynamics. *Attachment & Human Development*. 2002;**4**:133-161
- [13] Mikulincer M, Shaver PR. *Attachment in Adulthood: Structure, Dynamics, and Change*. 2nd ed. New York: Guildford Press; 2016
- [14] Johnson SM. Listening to the music: Emotion as a natural part of systems theory. *Journal of Systemic Therapies*. 1998;**17**:1-17
- [15] Kobak R, Mandelbaum T. Caring for the caregiver: An attachment approach to assessment and treatment of child problems. In: Johnson S, Whiffen V, editors. *Attachment Process in Couple and Family Therapy*. New York: Guildford Press; 2003. pp. 144-164
- [16] Miccuci JA. *The Adolescent in Family Therapy: Breaking the Cycle of Conflict and Control*. New York: Guildford Press; 1998
- [17] Palmer G, Efron D. Emotionally focused family therapy: Developing the model. *Journal of Systemic Therapies*. 2007;**26**:17-24
- [18] Johnson SM, Bradley B, Furrow J, et al. *Becoming an Emotionally Focused Couple Therapist; the Workbook*. New York: Brunner-Routledge; 2005