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ABSTRACT

One year after receiving 12 sessions of Emotionally Focused Couples Therapy (EFT), 9 of the original 14 voluntary, moderately distressed couples in James (1988) study, were tested to determine whether or not treatment gains were maintained or increased over a one year span of time after receiving therapy.

It was hypothesized that couples who received an EFT treatment would show improvement on the mean scores of the Dyadic Adjustment Scale (DAS), the Psychosocial Intimacy Questionnaire (PIQ), the Communication Scale (CS) and Target Complaints (TC), over a one year span of time after receiving therapy. More specifically, a trend was anticipated. The trend was expected to be that of an increase on mean scores between pre-test and post-test followed by a decrease between post-test and four months follow-up and then a recovery or improvement between four months and one year after receiving therapy.

The 9 couples completed four self-report measures and participated in a structured interview. The hypothesis was supported by the research findings. Results indicated that post-treatment regression subsided between four months follow-up and one year follow-up.

As a replication of Remple's (1986) study, this
investigation did not show the dramatic increases to post-treatment levels between four months and one year after therapy that Remple (1986) found. However the results of this study do support the notion that EFT is effective in maintaining increased marital satisfaction over a one year span of time.
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CHAPTER I: INTRODUCTION

BACKGROUND:

Marriage is important in providing a means of meeting the adult needs of closeness, contact, and intimacy. Marriage has the ability to enhance partner's satisfaction by fulfilling these primary adult needs. As James (1988) points out, "people who are married have better physical and emotional health, live longer and are more satisfied with life than are people who are separated or divorced." (James, 1988, p.1) Lending support to James' (1988) statement, Lowenthal and Haven (1968) analyzed life histories and found that the happiest, healthiest people in later years were people who were involved in at least one close personal relationship during their lifetime.

Although marriage is important to well-being, in North America, one third of marriages end in divorce (James (1988)). Evidence suggests that the implications of marital distress are far reaching. Gurin, Veroff and Feld (1960) report marital distress as the most common reason people seek the help of mental health professionals. Sager, Gundlach, Kremer, Levy and Royce (1968) surveyed clients who received individual psychotherapy. They found that 50% of these clients disclosed serious marital problems through the course of therapy. A further 25% had marriage related difficulties.
History of Marital Therapy:

Although marital therapy is currently considered a subspeciality of family therapy by the majority of clinicians, its history of development stems farther back than family therapy. (Gurman et al., 1986) Marital therapy developed independently with its roots "in the marriage counselling tradition and in the psychoanalytically oriented practices of interpersonally oriented psychiatry in the third and fourth decades of this century" (Gurman et al., 1986, p.566). For example, marital therapy was used in the psychiatric treatment of schizophrenia and of symptomatic children and adolescents (Gurman et al., 1986).

With the development of psychotherapy came a change in causal thinking from one of linear causality to the more current view of circular causality. This shift in thinking lead to the development of a systemic view in which connectedness, inter-dependence and context are viewed as important ingredients, all of which interact to create the environment in which an individual, couple or family exist and function. Thus, in the systemic tradition, marital therapy is now considered a sub-speciality of family therapy. Marital therapy is now practised in the treatment of adult disorders as well as interpersonal conflicts.

Currently there is enough evidence to support the effectiveness of psychotherapy including marital therapy. As Gurman et al. (1986) say: "(Research has) now established
convincingly that in general the practice of family and marital therapy leads to positive outcomes." (p.570)

There has been a lack of long-term follow-up on treatment outcome studies in psychotherapy. Gottman and Markman (1978) reviewed 55 studies on systematic desensitization conducted between 1970-1976. Of the 55 studies reviewed, only 25 had any follow-up at all and only 6 studies included retesting after a period of 6 months. Gottman and Markman's (1978) review exemplifies the lack of follow-up studies in research and reminds us of an important gap which research should address. Bergin (1971) highlights the importance of follow-up studies which exam the client's situation on more than one occasion. Remple (1987) supports this view. As Remple (1987) says: "Behaviour can vary over time, showing either improvement or deterioration, and multiple follow-up assessment isolates the patterning or configuration of effects, thereby providing detailed information on the specific consequences of treatment...follow-ups need to allow adequate opportunity for the effects of the treatment forms that are employed in therapy to emerge (Remple, 1986, p.10). Gottman and Markman (1978) stress the importance of implementing the same assessment procedures at long term follow-up as are used at pre-test and post-test. As a replication of Remple's (1986) study, this study addressed the issue of the effectiveness of Emotionally Focused Couple's therapy in increasing couple's
marital satisfaction over a one year span of time after receiving therapy.

THE PROBLEM:

Emotionally Focused Couple's Therapy is a contemporary treatment package which focuses on the role of affect and intrapsychic experience in couple interactions (Greenberg and Johnson, 1976). This approach is designed to increase the level of satisfaction and intimacy in couple relationships. The efficacy of EFT has been determined in four outcome studies to date: Johnson and Greenberg, 1985a, and 1985b; Goldman, 1987; James, 1988. Only one study (Remple, 1987) to date has addressed the issue of the long-term effectiveness of EFT.

Johnson and Greenberg (1985a) compared the effectiveness of EFT to a Cognitive Behavioral Marital Therapy (CBMT) and a wait-list control group. Although both the EFT and CBMT treatments showed significant gains over the wait list control group, EFT was superior to CBMT on measures of marital adjustment, intimacy and reduction of target complaints at post-treatment. At 10 week follow-up, EFT was superior on measures of marital adjustment. Adding support to their findings, Johnson and Greenberg (1985b) conducted a partial replication of their original study (i.e. Johnson and Greenberg, 1985a). Wait-list controls were given eight sessions of EFT. Although the overall effect was less than
one half of that found in the original study, significant changes were noted on most of the dependant variables.

Goldman (1987) compared the outcome of EFT to an Integrated-Systemic therapy (IS) and a wait list control. At post-test, both treatment groups showed significant gains over untreated controls on measures of marital adjustment, goal attainment, conflict resolution and reduction of target complaints. No differential outcome effects were found between treatment groups at post-test. Although the IS group maintained post-test gains at the four-month follow-up, the EFT group deteriorated significantly on all measures except conflict resolution. Remple (1986) conducted a one year follow-up study of Goldman's (1987) study. Interestingly, at the one-year follow-up, Remple (1986) found the EFT group had improved from the 4 month follow-up back to levels comparable to post-treatment scores. Remple speculated that this finding suggests a "sleeper" effect in EFT.

In an attempt to determine how EFT might be enhanced, James (1988) compared the outcome of a treatment group receiving 12 sessions of EFT to a group receiving 8 sessions of EFT plus four sessions of Communication Skills Training (CT) and a wait list control group. James (1988) found that both the EFT and the EFT+CT groups achieved significantly higher gains than the waiting list control group at post-test on the measures of marital adjustment (DAS) and target complaint improvement (TC). James (1988) found trends
towards significance on measures of intimacy (PIQ), and passionate love (PLS) although no significant differences were found on these measures. On the measure of communication (CS), only the EFT+CT group achieved significantly higher scores than the waiting list control group. No differential effects were found between the 2 treatment groups at post-test. Like Goldman (1987), James (1988) found some deterioration of the two treatment groups at the four month follow-up.

This study was a replication of Remple's (1986) study. The problem that this study attempted to address was what the effect of time would be for couples who received 12 one hour sessions of EFT in James (1988) study.

PURPOSE AND HYPOTHESIS: In order to assess the long-term effectiveness of EFT, the purpose of this investigation was to conduct a one year follow-up of the EFT active treatment group in James' (1988) study. Specifically, this investigation assessed the effects of 12 one hour sessions of EFT on the dependent measures of marital adjustment, communication, intimacy, and target complaints over a one year span of time after receiving therapy.

The researcher hypothesized that couples who receive Emotionally Focused Couples Therapy (EFT) would show improvement on the mean scores of the Dyadic Adjustment Scale (DAS), the Psychosocial Intimacy Questionnaire (PIQ), the
Communication Scale (CS) and Target Complaints (TC) over a one year span of time after receiving therapy. More specifically, the trend was anticipated to be that of an increase on scores between pre-test and post-test followed by a decrease on scores and then a recovery or improved marital satisfaction after four months.
CHAPTER II: LITERATURE REVIEW

The focus of this literature review will be on follow-up studies of outcome research in marital therapy. First, follow-up studies on various approaches to marital therapy will be considered. Second, conceptual models for an Emotionally Focused Treatment Approach will be discussed. Finally, outcome research on Emotionally Focused Couples therapy will be reviewed.

FOLLOW-UP STUDIES IN MARITAL THERAPY:

Few outcome studies in marital therapy provide follow-up data beyond post-treatment assessment. Remple (1986) says: "In fact, in couples therapy, little follow-up, short or long term has been done" (Remple, 1986, p.10). Without follow-up data it is impossible to determine the long-term effectiveness of therapeutic approaches in marital therapy. Follow-up studies in psychotherapy research are "either absent or too brief to catch the long term effects" (Luborsky, Singer, and Luborsky, 1975,p.1005). Some of the studies which have addressed the issue of long-term effectiveness by providing follow-up data are discussed below.

Crowe (1978) conducted a comparative outcome study which included follow-up data. 42 couples were assigned to three groups: (1) a directive therapy group which primarily
utilized contracting, (2) an insight oriented marital therapy group, and (3) a control condition where couples met with a therapist who avoided giving advice or interpretation.

Using a 16 question self report global measure of marital adjustment, Crowe (1978) found the insight group was significantly superior to the control group at 9 month follow-up. This was not the case at post-therapy, 3 month follow-up or 18 month follow-up. Crowe (1978) found no differences between the insight group and the control group on improvement of sexual adjustment, general individual adjustment or specific target complaints. Yielding more promising scores, Crowe (1978) found that the contracting group was more effective in reducing marital distress at the 9 month and the 18 month follow-up as indicated by the marital adjustment scale. On the measure of sexual adjustment, the contracting group was significantly superior to the control group at post-test, at 9 month follow-up and at 18 month follow-up. On the measure of individual adjustment, the contracting approach was significantly superior to the control group at post-treatment assessment and nine month follow-up. Inter-personal and intra-personal target complaints both showed greater improvement for the contracting group as compared to the control group. Overall the contracting group scored higher on 11 out of 20 opportunities to differ from the control condition following therapy.
Boelens et al. (1980) conducted a study comparing 10 sessions of group-based behavioral contingency contracting and a strategic therapy which was modelled after Haley's (1976) approach to strategic therapy. Haley's treatment was designed to provide insight into overt and covert power struggles. Boelens et al. (1980) randomly assigned 21 couples to one of three therapy conditions: a behavioral contracting group, an insight oriented group, and a wait list control group. The assumption made was that insight would lead to changes in the interactions and communication patterns of couples. Assessment of outcome was based on: (1) the Maudsley Marital Questionnaire (MMQ), a marital adjustment scale; (2) the Marital Deprivation Scale (MDS), a marital attitude scale; (3) partner ratings of the severity of their three main marital problems; (4) therapist ratings of the couple's relationship and (5) an observational rating scale of negative and positive verbal behaviour (MICS). In comparing pre and post-test scores, both the behavioral contracting and the insight oriented approaches were significantly higher than the wait-list control group on the MMQ, the MDS, partner ratings, therapist ratings and observational measures of verbal interactions. At one month follow-up, the insight-oriented group had deteriorated so that no significant differences were noted between this group and the control group.

In comparing the findings of Crowe (1978) to the
findings of Boelens et al. (1980) Beach and O'Leary (1985) point out that Boelen's et al (1980) used more structured interventions than were used in the Crowe (1978) study. This could account for the success of the insight-oriented group in Boelens et al. (1980) study. Since Boelens et al. (1980) only provide follow-up data at one month after treatment it is not possible to compare the long-term effectiveness of their insight-oriented group to the effectiveness of the Crowe (1978) insight-oriented group where data was provided at the 3 month and 18 month follow-up. Gurman et al. (1986), point out that the Boelens et al. (1980) study and the Crowe, (1978) study do not provide adequate measures because their therapeutic interventions do not fit with the therapy intended. As Gurman et al. (1986) say, "therapist provision of insight is almost never an aim of strategic therapy" (Gurman et al., 1986, p.583). In terms of a substantial contribution to knowledge, the studies offer little. The only significant finding is that insight is not very effective no matter if it is the result of the interpretation of conflicts and defenses (Crowe, 1978), or insight into overt and covert power struggles (Boelens et al., 1980).

Baucom (1982) investigated the use of contracting in marital therapy by randomly assigning 72 maritally distressed couples to four treatment conditions: (1) quid pro quo contracting only; (2)communication training plus contracting; (3) communication training only and a wait-list control
group. Measures of outcome were based on observer rating of positive and negative behaviour and two self-report measures of global marital satisfaction: (1) areas of change (Wiess et al. 1973) and (2) the Locke-Wallace marital adjustment scale (Locke & Wallace, 1959).

Results proved the contracting only group to be superior to the wait-list control group on 3 of the 4 measures: the 2 self-report measures and observer ratings of negative behaviour. These treatment effects were maintained at the three month follow-up. Baucom (1982) concluded that contracting is effective in reducing marital distress. The communication training plus contracting group was superior to the control group on all four dependent measures. 13 of the 17 couples who provided follow-up data showed no deterioration of post-therapy gains. The communication only group also yielded superior results compared to the control group on all dependent measures except observer rating of positive verbal behaviour. Once again, treatment effects were maintained at follow-up.

Baucom's findings suggest that not only were all of the treatments effective but that the treatment effects lasted over time. It could be argued that 3 months is a relatively short follow-up time. Longer periods of time between treatment and follow-up that show maintenance of treatment gains would yield even more convincing evidence in support of the treatments imposed by Baucom (1982).
Jacobson (1977) conducted a one year follow-up of a controlled outcome study which evaluated the long-term effectiveness of a combination of problem-solving contracting on marital satisfaction. Married couples were randomly assigned to either a problem-solving and contingency contracting group or a minimal contact wait-list control group. Negative and positive verbal behaviour was measured using trained observers (MICS). Couple's were also asked to report on marital satisfaction using Locke and Wallace's Marital Adjustment Scale. At post-test, all couples who received the communication and contracting training performed better than the control group couples. At the one year follow-up, couples were asked to complete the self-report marital inventories. At this time gains on global marital satisfaction were maintained.

Subsequently, Jacobson (1978) investigated the outcome of two different kinds of problem-solving and contracting treatment approaches on marital distress. In this study, 32 couples were randomly assigned to one of four groups: (1) a problem-solving and good faith contracting group; (2) a problem-solving and quid pro quo contracting group; (3) a wait list control group; and (4) a placebo control group. As in the Jacobson (1977) study, trained observers rated positive, negative and neutral verbal behaviour (MICS). In addition, two self-report measures: the Marital Adjustment Scale (Locke and Wallace, 1959) and the Marital Happiness
Scale (Hops, Wills, Patterson and Weiss, 1971) were administered as global measures of marital satisfaction.

Change in rate of negative verbal behaviour for both of the problem-solving/contracting groups was significantly better than for wait-list controls and placebo controls at post-test. Both of the treatment groups improved significantly on the two self-report measures as compared to controls. At one year follow-up, the Locke-Wallace (1959) Marital Adjustment Scale was administered to assess couples. Gains in marital adjustment were maintained at one year follow-up.

Jacobson et al. (1984) conducted a re-analysis of four previously published studies on Behavioral Marital therapy. The authors classified BMT (n=148) couples into three categories: improved, unimproved and deteriorated. They base their criteria of clinical significance on post-test scores falling outside the range of marital distress. The authors used a reliable change index based on standard error of measurement. At post-test, they found slightly less than one third of the subjects moved from the distressed to the non-distressed range. At six month follow-up, 60% maintained this status while 28% deteriorated. This re-analysis shows that two thirds of couples who receive BMT remain clinically distressed after therapy. Since there is no equivalent data analysis of non-behavioral marital therapies, it is not possible to make any comparisons (Gurman et al., 1986).
Jacobson et al., (1987) conducted a two year follow-up study on the effects of a complete behavioral marital therapy package (CO) compared to two of its components: behaviour exchange (BE) and communication problem-solving training (CPT). Data was collected on 34 couples who had completed the treatment and were available at 2 years after treatment for follow-up. Couples were randomly assigned to one of the three treatment groups. A global measure of marital satisfaction and a checklist of presenting problems were used to assess change. The authors found no significant differences between the treatment groups on these measures. Couples in the CO group however, were most likely to be happily married and least likely to be separated or divorced at 2 year follow-up. Jacobson et al., (1987) used an interesting approach which warrants consideration. They attempted to identify variables which might predict long-term outcome. The authors conducted standardized telephone interviews. Although largely unsuccessful in this attempt, the interviews indicated neither therapist attributes nor maintenance of skills derived through treatment were associated with long-term marital satisfaction. However, stressful life events subsequent to the termination of treatment seemed to have a negative impact on the degree of marital satisfaction (Jacobson et al., 1987).
EMOTIONALLY FOCUSED COUPLES THERAPY:
Theoretical Background:

Developed by Greenberg and Johnson (1986), Emotionally Focused couples therapy (EFT) is an approach which combines experiential theory and systemic theory into an integrated model of marital therapy. The approach "emphasizes the role of affect in change and the role of communication and interactional cycles in maintaining problem states" (Greenberg and Johnson, 1986, p.253).

Experiential therapy grew out of humanistic-existential theory. Gestalt therapy (Perls, 1951), a major experiential therapy is a holistic approach which views resolution of "organism-environment and mind-body dualities [as] vital to healthy functioning" (Greenberg and Johnson, 1986, p.253). Greenberg and Johnson (1986) speculated that Gestalt views would "lend themselves to an integration with systemic perspectives in which context is regarded as an important determinant of behaviour" (Greenberg and Johnson, 1986, p.253).

According to systemic theory, the nature of the relationship between the individual and the environment determines behaviour. Context and perception are both seen as important determinants of behaviour. Gestalt therapy "attempts to overcome both organism-environment and mind-body dualities by adopting a field conception of human functioning that leads to focusing on what is occurring between the
organism and the environment at the contact boundary" (Greenberg and Johnson, 1986, p.253). The focus of Gestalt therapy is on blocks to experiencing and awareness (ie. restrictions on awareness, avoidance and disowning aspects of current experience) which are believed to result in individual dysfunction (Greenberg and Johnson, 1986).

In terms of human functioning, experiencing is seen as the primary referent of data. The therapist's role is to enter the client's frame of reference and explore the reality of the world as the client experiences it (Greenberg and Johnson, 1986). "Acceptance of 'what is', by both therapist and client, is a cornerstone of this phenomenological approach. As blocks to experiencing and restrictions of awareness are encountered, the client is helped to identify with and integrate these aspects of functioning, thereby expanding the scope of experience and making available potentially adaptive organismic feelings and needs" (Greenberg and Johnson, 1986, p.254). Greenberg and Johnson (1986) believe that "at any given moment, there are a large number of internal processes out of which an individual's conscious experience emerges" (Greenberg and Johnson, 1986, p. 255).

Greenberg and Johnson (1986) acknowledge their indebtedness to Satir's (1967) approach. Staying in the experiential realm, Satir (1967) developed the affective-systemic approach. As a family systems theorist, Satir (1967)
believed that the family functions as a system and regarded the feeling or emotional system of the family as of primary importance. This system is expressed through communication and therefore Satir (1967) endeavoured to have people communicate congruently. Satir (1967) believed that a mature person is able to: (a) be in touch with feelings and needs, (b) communicate these feelings and needs clearly and (c) accept others as different. Satir (1967) believed that self-esteem and self-concept are reciprocally related to communication dysfunction in couples. Satir (1967) used support and nurturing to facilitate change: "the supportive emphasis helps people experience and express feelings congruently." (Greenberg and Johnson, 1986, p.256).

As mentioned earlier, EFT combines the experiential as well as the systemic views. In the experiential tradition, EFT emphasizes the role of affect in change (Greenberg and Johnson, 1986). In the systemic tradition, EFT emphasizes the role of communication and interactional cycles in the maintenance of problem states. EFT deals with both the individual sub-system and the couple system. Individual processes and how they influence the couple system are seen as central. Thus, EFT views the individual sub-system and the couple system as interdependent and varying simultaneously and reflexively. The organizational equilibrium of these individual and couple systems is maintained simultaneously via negative interaction cycles.
(typically pursue-withdraw in character) and by some individual processes being more dominant in focal awareness (Greenberg and Johnson, 1986; James, 1988).

Change in couples' interactions is brought about by reframing negative interactional cycles in terms of underlying emotional experiences in each partner. In EFT attention is paid to current interaction and the current experiential process within the individual. Change occurs by changing the client's view of self and by a change in their context (ie partner's communication). Following the experiential tradition, insight into "self" is not enough. The client must experience on an emotionally meaningful level. Partners must encounter each other in the session and participate in a corrective emotional experience. This process re-establishes the possibility of having a positive human relationship with each other (Greenberg and Johnson, 1986).

This approach assumes that partners have healthy feelings, needs and wants that will emerge with the help of the therapist. A major hypothesis of EFT is that accessing and expressing primary feelings, needs and wants by spouses can aid adaptive problem-solving and produce intimacy. EFT recognizes that major needs for couples include closeness, contact, comfort and intimacy. EFT strives to meet these needs by exploring intra-psychic fears of closeness and interactional patterns that prevent closeness. These
interactional patterns are major targets for change.

In EFT, therapist intervention involves establishing a trusting relationship with both partners and then encouraging each to make explicit statements to their partner of current experiencing of feelings and needs. A distinction is made between talking about feelings and the experience of feelings in a live manner in the present. Good skills in communication are seen as developing out of change, in that emotionally oriented encounters change the style of couple's communication. Experiencing new feelings (underlying feelings) helps motivate problem-solving and good communication practices. Seeing the partner as more receptive and accessible also facilitates open communication. Through disclosure of underlying fears the spouse develops a new perception of their partner's underlying feelings (Greenberg and Johnson, 1986).

In summary, the deepening of experience brings new aspects of the self into focal awareness. Interactional behaviours are positively reframed in terms of underlying emotional states. This leads to a change in the sequence of interactions. The change process is as follows:

1. The individual perceives him/herself differently by bringing experiences into focal awareness.
2. The spouses witnesses this leading to them seeing their partner differently.
3. The individual's personal reorganization leads to
different behaviour in their interaction with their spouse. For example, the individual shares their vulnerability and now asks for reassurance from their spouse rather than blaming their spouse.

4. The spouses new perception leads to different responses (ie. comforts rather than withdraws).

5. The individual sees himself differently as a result of spousal responses.

The therapist role in this process is to establish a therapeutic alliance with both partners and then to facilitate accessing of the client's emotional experience. The therapist reframes the couple's interactions and helps the clients to symbolize and integrate this new experience in a way that will enhance the couple's responsiveness to one another. The therapist achieves this by continually focusing the client inward and by focusing on the here and now, thus heightening the clients' experience.

Greenberg and Johnson (1986) identify nine treatment steps:

1. Delineating conflict issues in the core struggle.
2. Identifying the negative interactional cycle.
3. Accessing unacknowledged feelings.
4. Reframing the problem, in terms of underlying needs.
5. Promoting identification of disowned needs.
6. Promoting acceptance of the partner's experience.
7. Facilitating expression of needs and wants.
RESEARCH STUDIES ON EMOTIONALLY FOCUSED COUPLES THERAPY:

The following studies bear particular significance to this research study as they investigate the effects of EFT. A review of EFT outcome research yields promising results and calls for further investigations into the effectiveness of this approach.

One of the first investigations into the efficacy of EFT was a comparative outcome study conducted by Johnson and Greenberg (1985a). In this study, the researchers compared Cognitive-Behavioral marital therapy (CBMT) and Emotionally Focused couples therapy (EFT). Johnson and Greenberg (1985a) randomly assigned 45 couples to two active treatment groups and to a wait-list control group. Results showed that after eight sessions both treatment groups showed improvement over wait-list controls on measures of goal attainment, marital adjustment, level of intimacy and target complaints. EFT was superior to CBMT on marital adjustment, level of intimacy and reduction of target complaints.

To add further support to these findings, Johnson and Greenberg (1985b) conducted a partial replication of their original study by giving the wait-list control group eight sessions of EFT. Significant changes were noted on most of
the dependent measures used in the original study. Interestingly, the overall effect was less than one half of that noted in the main study (i.e., Johnson and Greenberg, 1985a). The authors attributed this to the use of novice therapists in the replication study. The results of the Johnson and Greenberg (1985a) and (1985b) studies are more promising than the other studies of non-behavioral marital therapy reviewed above. As Gurman et al. (1986) state:

"When attention to out of awareness experience and feelings is paired with active therapist efforts to reframe and modify overt behaviour and to translate the connection between inner experience and overt behaviour as in the Johnson and Greenberg (1985a, 1985b) studies, much more impressive outcomes are achieved." (p. 584)

Goldman (1987), conducted an outcome study of the differential effects of EFT and Structural Strategic therapies on couples' conflict resolution. Goldman utilized interventions distinctive to each approach. Clients were given 10 sessions of either EFT or Structural Strategic therapy. Client's were assessed at termination of treatment and at 4 month follow-up. Although significant gains were noted at post-test, at 4 month follow-up both groups had regressed.

Remple (1986) conducted a one year follow-up on the Goldman (1987) study. Implementing the same measures as were used in the Goldman study, Remple (1986) found that at one
year after receiving EFT therapy, couples had improved their scores from the four month follow-up suggesting a "sleeper effect". These findings are of particular interest to this researcher given the findings in the James (1988) study.

As mentioned earlier, James (1988) conducted an outcome study which measured the effects of EFT. When compared to a wait list control group, couples who received 12 sessions of EFT showed significant increases on the measures of marital satisfaction (DAS) and reduction of target complaints (TC) at post-test. Although there were trends toward significance on measures of intimacy (PIQ) and communication (CS), no significant differences were found. Like Goldman (1987) had discovered, James found that couples had regressed when measured at four month follow-up. The question left to be answered then was whether couples would experience gains to post treatment levels when measured at one year follow-up as they did in Remple's (1986) one year follow-up of the Goldman (1987) study. By conducting a partial replication of the Remple (1986) study (in conducting a one year follow-up of the James (1988) study) this question was addressed by the researcher in this study. The James (1988) study provided a unique opportunity not only to conduct a long-term follow-up study on the effectiveness of a bona fide psycho-dynamic experiential marital therapy, that is, Emotionally Focused therapy, but also to replicate the Remple (1986) study.
CONCEPTUAL HYPOTHESIS:

The review of the literature indicated that the general trend found in EFT marital therapy outcome studies is that couples regress from post-treatment levels after the termination of therapy. Because Remple (1986) discovered that the EFT group in the Goldman (1987) study recovered to post-treatment levels between the four month and the one year follow-up, a finding which is contrary to the general trend of post-treatment regression, this researcher questioned whether couples who received EFT in James' (1988) study might show a similar trend.

It was hypothesized that couples who receive EFT would show improvement on the mean scores of the Dyadic Adjustment Scale (DAS), the Psychosocial Intimacy Questionnaire (PIQ), the Communication Scale (CS), and Target Complaints (TC) over a one year span of time after receiving therapy. More specifically, the trend was anticipated to be that of an increase, followed by a decrease and then a recovery, or improved marital satisfaction after four months.
CHAPTER III: DESIGN AND METHODOLOGY

Design of Original Study:

The basic design of the James (1988) study was a three factor, 3x7x3 treatment by therapist by occasion, mixed model. This design assumed the couple as a unit of analysis as determined by the combined score of the male and the female within the dyad divided by two. The original study took the following form:

01 R T1 02 03
01 R T2 02 03
01 R 02 03 T2

Where:
T1= 12 one hour sessions of Emotionally Focused couples therapy
T2= 8 one hour sessions of Emotionally Focused therapy plus four one hour sessions of communication skills training. Wait list controls were given T2 after the completion of the main experiment.

Subjects:

Subjects were obtained via a newspaper article in the Vancouver sun, Vancouver Courier, and the Province. Subjects went through an initial telephone screening interview followed by an assessment interview. Couples were screened based on the following criteria:
1. Partners must have co-habitated for a minimum of twelve months and be currently living together.
2. Partners must have had no immediate plans for divorce.
3. Partners must not have received any psychiatric treatment or psychiatric hospitalization within the last two years.
4. Partners must have had no reported problems with drugs or alcohol.
5. Partners must have had no reported primary sexual dysfunction.
6. Partners scores on Dyadic adjustment scale must not have fallen in the severely distressed range. (Note, James (1988) followed Burger and Jacobson's (1979) criteria of at least one partner scoring below 100, and Spanier's (1976) norm which was determined by studying 70 divorced couples).
7. Partners had to consent to research procedures, testing and audio-video taping.
8. Partners must not have been currently involved in any other psychologically oriented treatment, on either an individual or a couple basis, (James, 1988).

In the original study there were 42 couples (n=42). From this group, 14 couples were randomly assigned to the three treatment groups: EFT, EFT plus CT, and the wait list control. Couples in the wait list control group were advised that there would be a three month waiting period before counselling would begin.

Demographics were collected for the 42 couples in the original study. Demographic data for the ten couples to be used in the proposed study are:
1. The number of years living together ranged from 2-26 years with the average for the group being 9.4 years.
2. The number of children per couple ranged from 0-4 children with the average number being 1.5.
3. 30% of the couples had received previous marital counselling.
4. The average age=42.6 years.
5. The couples gross income ranged from under 15,000 to above 55,000 per anum.
6. The average number of years of education was 13.95 years.

Therapists:

Therapists were volunteer graduate students from the Department of Counselling Psychology at The University of British Columbia. Therapists were randomly assigned to treatments. In the EFT treatment there were two male therapists and five female therapists. In EFT+ CT treatment there were three male therapists and four female therapists. Data were gathered concerning the following therapist characteristics gender, general experience in counselling, experience in couples counselling, amount of training in marital/family therapy.

Therapist Training:

All therapists received training using the EFT Manual (see James, 1988). Training consisted of instruction,
modelling, tape presentations of interventions, and behavioral rehearsal of the EFT interventions. Training was conducted by the investigator (Paul James) under the supervision of Dr. John Friesen, Department of Counselling Psychology, U.B.C. Therapists were given twelve hours of training followed by six two and one half hour group supervision sessions. These were held bi-weekly, combining therapists from both treatment groups. Therapists assigned to the EFT treatment group were given two further two and one half hour group supervision sessions as an intact group. Therapists assigned to the EFT+CT treatment group were given four such supervision sessions. Supervision consisted of video tape analysis and discussion.

Therapist Integrity:

Therapist accuracy in implementing EFT treatment interventions was ensured by having two independent raters rated randomized segments of EFT audio-taped sessions. The raters were two magisterial students from the Department of Counselling Psychology U.B.C. The raters were given ten hours of training. There were two phases in the rating. During phase 1 sessions 2-8 were analyzed. In phase 2 sessions 9-11 were analyzed.
DESIGN OF THE ONE YEAR FOLLOW-UP STUDY:

As mentioned above, the original study took the following form:

01 R T1 02 03
01 R T2 02 03
01 R 02 03 T3

The design of the one year follow-up study took the following form:

01 T1 02 03 04

Where T1 = 12 one hour sessions of EFT.

As in the James (1988) study, the unit of analysis in the one year follow-up study was the couple as determined by the combined score of the male and the female within a dyad divided by two; i.e., the average score for the dyad.

Subjects:

The one year follow-up study considered only one treatment group from the original study; that was, T1, the group which received twelve sessions of Emotionally Focused Therapy. Nine of the 14 couples in T1 of the original study served as subjects (n=9). A letter recruiting these subjects for the follow-up study study was sent out to all 14 couples who participated in the original study. Although all 14 couples responded to the letter, 5 were unable to participate. 3 of the couples offered no explanation for not wishing to participate. One
couple chose not to participate because they were now separated. One couple initially agreed to participate in the one year follow-up study but moved out of province prior to the study and consequently contact with them was lost.

The criteria for screening the couples for the one year follow-up study was that couples must be willing and able to participate in a one and one half hour follow-up interview and to complete the follow-up instruments.

Assessment Procedures:

The couples were asked to participate in a one and one half hour interview to take place at their residence one year after the termination of treatment in the original study. The nine couples were assessed by administering the four primary instruments used in the original study (one secondary measure, the Passionate Love Scale, was not used). The measures were:

1. Dyadic Adjustment Scale (DAS) (Spanier, 1976):

The DAS is a commonly used measure of marital adjustment. Although the scale measures individuals' adjustment to the relationship it also offers the ability to measure the couples' level of adjustment to the relationship. "Although developed primarily out of the family-sociological tradition, the DAS can be used meaningfully within a wide range of therapeutic orientations" (Spanier & Filsinger, 1983, p.
The DAS includes four subscales: Dyadic Consensus, Dyadic Cohesion, Dyadic Satisfaction and Affectional Expression. For the purposes of this study, only the total scores were considered. The DAS has 32 items and a range of possible scores of between 0-151. The reliability for the entire 32 item scale is .96. Spanier (1976) established the validity of the DAS in three ways: "First, judges determined content validity based on the theoretical dimensions. Second, the scale discriminated between married and divorced samples, suggesting criterion related validity.... Third, the DAS has the construct validity of conforming to a theoretical structure". (Spanier & Filsinger, 1983, p.162) The types of validity offered by the scale include content validity, criterion related validity (scale discriminates between married and divorced couples), concurrent validity (scale correlated with Marital Adjustment Test, Locke and Williamson, 1950) and construct validity (scale conforms to a theoretical structure). Spanier's (1976) norms for married couples are 114.8 (SD 17.8) and for divorced couples are 70.7 (SD 23.8).

In the original study, the DAS was used as a screening and a pre-treatment measure as well as "a general measure of outcome at termination and follow-up" four months after treatment (James, 1988, p.70). The DAS was administered one year after treatment as a long-term follow-up measure in the one year follow-up study.
2. Communication Scale (CS) (Olson, Fournier and Drunkman, 1985): This ten item subscale of the ENRICH Marital Inventory (ENRICH) stands for: Evaluating and Nurturing Relationship Issues, Communication and Happiness. The scale assesses the individual's feelings, beliefs, and attitudes about marital communication. This is a standardized measured which is based on a sample of 672 couples. Olson et al. (1985) report an internal consistency (Chronbach's alpha) of .68; based on a sample of 115 individuals and a four week interval testing occasion, they report a test-re-test reliability of .90.

3. Psychosocial Intimacy Questionnaire (PIQ) (Tesch, 1985): The PIQ assesses the construct of psychosocial intimacy in adult and adolescent relationships and can be used as a construct in friendship, dating, or marital relationships. The psychometric properties of this measure were based on three studies of college aged samples. In terms of construct validity, the scale correlates both positively and negatively on scores of measures of similar and dissimilar constructs respectively. Reliability of the measure for opposite sex relationships shows an internal consistency of .98 and a test-re-test reliability of .84. According to Tesch (1985), psycho-social intimacy is contingent upon three major factors:

I. Romantic Love: items pertaining to love, emotional expression, physical intimacy and interdependence.
II. Supportiveness: Items pertaining to respect, helpfulness and acceptance.

III. Communication Ease: Items pertaining to being oneself, communicating, and a lack of ambivalence about the relationship. As in the original study, three items were excluded (#25, #34, and #60) because these items seemed inappropriate to the couples under consideration.

4. Target Complaints (TC) (Battle, Imber, Koehn-Saric, Stone, Nash, & Frank, 1966): TC is used to measure the effectiveness of treatment in relation to presenting problems in therapy. TC is an individualized measure which assesses individuals' spontaneously expressed presenting complaints or target complaints. TC ratings of improvement have been shown to be effective outcome measures in many different types of therapy studies (Mintz and Keisler, 1982). The reliability of Target Complaints was based on two studies by Battle et al., (1966). The first study showed a correlation of .68 between rankings of complaints before and after an assessment interview with no significant change in the severity of ratings. The second study showed no significant differences in target complaints reported to different interviewers. Validity of the measure is shown by the fact that TC correlated significantly with other outcome measures. Also, target complaints were congruent with pre-testing complaints in an independent psychiatric assessment. Mintz and Kiesler (1982) report good face validity because target complaint items are obtained
from spontaneous reports.

In the original study couples were asked at the assessment interview to write down 3 relationship issues in order of priority which they hoped to resolve in therapy. At the post-test interview couples were asked to rate the degree of improvement of these three complaints. Data analysis was based on the degree of improvement of the primary target complaint. This was done because Mintz and Keisler (1982) noted that the variation in the severity of the primary initial problem is likely to be smaller than the variation in the severity of the second and third complaints (James, 1988, p.73). In the one year follow-up study, couples were asked once again to rate their stated target complaints in terms of perceived improvement.

OTHER MEASUREMENT PROCEDURES:

Structured Interview:

In addition to the quantitative data, a structured interview was conducted in order to gather qualitative data. This interview was designed to elicit information with regard to life events which may have had an influence on the level of marital satisfaction (ie. loss of employment, deaths, financial situation etc.) The interview attempted to assess how the couples felt the Emotionally Focused therapy may have influenced their degree of marital satisfaction. Following is the list of questions which were asked.
Questions:
1. Do you perceive your relationship as having improved, deteriorated or remained the same since the end of counselling in the Couple's Project?
2. To what do you attribute this improvement, deterioration or maintenance?
3. What stressful life events or life changes have occurred since the end of counselling in the "Couple's Project"? (i.e. change of job, deaths, births, moves, etc.)
4. To what degree do you think these stressful life events or life changes have influenced how you are doing in your relationship now? Circle the appropriate response. not at all very little somewhat moderately a great deal
5. How much has your relationship changed as a result of these stressful life events or life changes? Circle: not at all very little somewhat moderately a great deal
6. What further counselling, if any, have you received since the end of counselling in the "Couple's Project"? (Type, length)
7. If you have received further counselling, has this counselling influenced how you are doing in your relationship now? Explain.
Operational Hypothesis:

The hypothesis under investigation in this study was that couples who receive EFT would show a trend of improvement on the mean scores of the Dyadic Adjustment Scale (DAS), the Psychosocial Intimacy Questionnaire (PIQ), the Communication Scale (CS), and Target Complaints (TC) over a one year span of time after receiving therapy. More specifically, the trend anticipated was one of improvement from pre-test to post-test followed by regression at four months follow-up and then an improvement at one year follow-up.

DATA ANALYSIS:

This study investigated the effect of an experientially focused marital therapy, EFT, on the dependant measures of marital adjustment, communication, intimacy and reduction of target complaints over a one year span of time.

It was hypothesized that the outcome of receiving EFT would be improved marital satisfaction as measured by the four dependant variables: the DAS, PIQ, CS and TC. Remple's (1986) one year follow-up study suggests that the EFT treatment may have a "sleeper effect"; that is, with time, the treatment may influence increased marital satisfaction by showing increases on the dependant variables between four month follow-up and one year follow-up. Therefore, the hypotheses will be stated as follows:
HI: It was hypothesized that couples who received Emotionally Focused Couples Therapy would show improvement on the mean scores of the Dyadic Adjustment Scale (Spanier, 1676), the Psychosocial Intimacy Questionnaire (Tesch, 1985), the Communication Scale (Olson et al., 1985), and Target Complaints (Battle et al., 1966) over a one year span of time after receiving therapy.

DATA ANALYSIS PROCEDURES:

A preliminary analysis was followed by analysis of quantitative and then qualitative data. A description of each analysis is presented below.

Preliminary Analysis:

Because only 9 of the 14 original EFT couples from James' (1988) study participated in the one year follow-up study, there existed the possibility that subject selection bias might confound the interpretations of treatment results. Assumptions of group equivalence (participants versus non-participants) were tested by comparing the mean scores at four month follow-up on the DAS for the two groups. This comparison was done by using a t-test to compare the 2 independent group means.

Analysis of Quantitative Data:

The data on the 4 criterion measures were analyzed.
Couples' mean scores on the DAS, PIQ, CS and TC were plotted on line graphs. A repeated measures analysis of variance was then conducted in order to determine the existence of significant increases on mean scores of the DAS, PIQ, CS, and TC over four occasions i.e., pre-treatment, post-treatment, four months after treatment and one year after treatment. Only post-treatment, four month follow-up and one year follow-up scores were available on the Target complaints measure. This was because Target Complaints measures amount of improvement of primary complaints as measured at pre-test. Therefore, the analysis took the following form:

1. Analysis A: a one group (EFT) by four occasions (pre-test, post-test, four month follow-up and one year follow-up) repeated measures analysis of variance on the DAS (total score), CS and PIQ.

2. Analysis B: a one group (EFT) by three occasions (post-test, four month follow-up, and one year follow-up) repeated measures analysis of variance on TC.

Since the analysis of variance indicated significant differences, a post hoc analysis was conducted. The Student Newman-Keuls method of pair-wise comparisons was used to determine significant differences on couple mean scores across occasions on the four measures: DAS, CS, PIQ, and TC.
the importance of using this method is that it allowed pairwise comparisons (differences between all possible pairs of means) on the first, second, third and fourth occasions.

Because a trend of improvement was anticipated over time, a trend analysis was conducted on the data. This analysis provided an overall picture of the data by identifying points of inflection in the data and thereby revealing patterns of change on mean scores over time.

Analysis of Qualitative Data:

The structured interview provided additional information as to the changes couples experienced over a one year span of time after receiving EFT. The information gathered from the interviews was compiled and summarized. A summary of the results is presented in Chapter IV.
CHAPTER IV: RESULTS AND DATA ANALYSIS

Results of Preliminary Analysis:

In order to check if any statistically significant differences existed between couples who participated in the one year follow-up study (group 1) and couples who chose not to participate (group 2), a t-test was used to compare the mean scores of the two groups at four month follow-up. The DAS was selected as the criterion measure because it was the measure used to determine inclusion in the original (James, 1988) study, and because a graphical analysis, as can be seen in Figure 1, indicated the largest spread between the groups as compared with differences between mean scores for the other standardized measures (ie. CS, PIQ, TC). Results indicated no significant differences between the group of participants ($M = 101.2$) and the group of non-participants ($M = 91.2$), $t(12) = .00286$, $p < .05$.

Results of Quantitative Data:

Dyadic Adjustment Scale:

A repeated measures analysis of variance was conducted using the DAS scores as measured on four occasions: pre-test, post-test, four month follow-up and one year follow-up. These scores can be seen in Table I. A line graph representing these scores can be seen in Figure 2. A summary Anova table for all four dependent variables used in the study is represented in Table II. The analysis showed a
Figure 1: Participant vs. Non-Participant Mean Scores on Self-report Measures
Table I: Data Gathered on Dyadic Adjustment Scale
Raw Score, Mean and Standard Deviation
Across Four Occasions

<table>
<thead>
<tr>
<th>Couple #</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Four Mo. Follow-up</th>
<th>One Year Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>85.5</td>
<td>104</td>
<td>99.5</td>
<td>96.5</td>
</tr>
<tr>
<td>2</td>
<td>84</td>
<td>100.5</td>
<td>97</td>
<td>101.5</td>
</tr>
<tr>
<td>3</td>
<td>85.5</td>
<td>104</td>
<td>99.5</td>
<td>78.5</td>
</tr>
<tr>
<td>4</td>
<td>78.5</td>
<td>104</td>
<td>89.5</td>
<td>89.5</td>
</tr>
<tr>
<td>5</td>
<td>103.0</td>
<td>116</td>
<td>113</td>
<td>114</td>
</tr>
<tr>
<td>6</td>
<td>80.5</td>
<td>110.5</td>
<td>109</td>
<td>110.5</td>
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<td>7</td>
<td>76.5</td>
<td>96</td>
<td>93</td>
<td>87</td>
</tr>
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<td>8</td>
<td>104.5</td>
<td>124.5</td>
<td>108.5</td>
<td>113</td>
</tr>
<tr>
<td>9</td>
<td>81</td>
<td>102.5</td>
<td>102</td>
<td>97.5</td>
</tr>
<tr>
<td>X</td>
<td>86.5</td>
<td>106.8</td>
<td>101.2</td>
<td>98.1</td>
</tr>
<tr>
<td>SD.</td>
<td>10.21</td>
<td>8.73</td>
<td>7.75</td>
<td>12.32</td>
</tr>
</tbody>
</table>
Figure 2: Mean Scores on the Dyadic Adjustment Scale at Pre-treatment, Post-treatment, 4 Month Follow-up & 1 year Follow-up
<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Four mos.</th>
<th>Follow-up</th>
<th>F</th>
<th>PR F</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS</td>
<td>86.55</td>
<td>106.88</td>
<td>101.22</td>
<td>98.11</td>
<td>25.56</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>(10.21)</td>
<td>(8.73)</td>
<td>(7.75)</td>
<td>(12.13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIQ</td>
<td>228.22</td>
<td>264.11</td>
<td>249.94</td>
<td>246.94</td>
<td>6.20</td>
<td>0.0029</td>
</tr>
<tr>
<td></td>
<td>(19.95)</td>
<td>(24.36)</td>
<td>(26.30)</td>
<td>(33.27)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CS</td>
<td>26.22</td>
<td>34.27</td>
<td>29.50</td>
<td>31.22</td>
<td>28.33</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>(3.29)</td>
<td>(4.38)</td>
<td>(3.96)</td>
<td>(4.19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TC</td>
<td>4.61</td>
<td>4.11</td>
<td>4.05</td>
<td>6.28</td>
<td>0.0097</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.416)</td>
<td>(.416)</td>
<td>(.634)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. n=9 for Emotionally Focused Therapy treatment
2. Statistics (F,P) represent across time analysis
3. DAS= Dyadic Adjustment Scale, PIQ= Psychosocial Intimacy Questionnaire, CS= Communication Scale, TC= Target Complaints
significant difference in the mean scores over time, \( F(3,24) = 25.56, p < .0001 \). Thus, the Ho of no significant effect was rejected. Therefore the hypothesis that the couples exposed to the EFT treatment will show a significant increase in marital satisfaction as measured by scores on the DAS over a one year span of time was held as tenable.

To determine the difference between all possible pairs of means on the four occasions: pre-test, post-test, four month follow-up and one year follow-up, the Student Newman-Keuls method of pairwise comparisons was used. This method revealed significant increases on DAS scores between pre-test and post-test, pre-test and four month follow-up, pre-test and one year follow-up, post-test and 4 month follow-up and finally, between post-test and one year follow-up. There were no significant differences found between four-month follow-up and one year follow-up.

Trend analysis on the DAS scores across the four occasions indicated a significant cubic trend, \( F(3,24) = 14.20, p < .0009 \).

Psychosocial Intimacy Questionnaire:

Data was gathered on the PIQ and can be seen in Table III. Mean scores were plotted on a line graph to provide a visual picture of the data (see Figure 3). A repeated measures analysis of variance was used to analyze scores on the PIQ across four occasions: pre-test, post-test, four
### Table III: Data Gathered on Communication Scale  
Raw Score, Mean and Standard Deviation Across Four Occasions

<table>
<thead>
<tr>
<th>Couple #</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Four Mo. Follow-up</th>
<th>One Year Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>32.5</td>
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<td>32</td>
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<td>2</td>
<td>25</td>
<td>34.5</td>
<td>29.5</td>
<td>28.5</td>
</tr>
<tr>
<td>3</td>
<td>28.5</td>
<td>37.5</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>22.5</td>
<td>29.5</td>
<td>25</td>
<td>28</td>
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<td>5</td>
<td>26.5</td>
<td>41</td>
<td>32</td>
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<td>6</td>
<td>28</td>
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<td>7</td>
<td>26.6</td>
<td>36.5</td>
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<td>25</td>
<td>33.5</td>
<td>30</td>
<td>33.5</td>
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<td>9</td>
<td>21.5</td>
<td>26</td>
<td>22.5</td>
<td>23</td>
</tr>
<tr>
<td>X</td>
<td>26.2</td>
<td>34.27</td>
<td>29.7</td>
<td>27.1</td>
</tr>
<tr>
<td>SD.</td>
<td>3.29</td>
<td>4.38</td>
<td>3.96</td>
<td>4.19</td>
</tr>
</tbody>
</table>
Figure 3: Mean Scores on the Psychosocial Intimacy Questionnaire at Pre-treatment, Post-treatment, 4 Month Follow-up & 1 Year Follow-up
month follow-up and one year follow-up. The analysis indicated the following.

There were significant therapy effects over time on PIQ scores, $F(3,24) = 6.20, p < .0029$. Therefore, the hypothesis that couples exposed to EFT will show a significant increase in marital satisfaction as measured by scores on the PIQ over a one year span of time was held as tenable.

As before, the Student Newman-Keuls method of pair-wise comparisons was used to determine the differences between all possible pairs of means on the four occasions: pre-test, post-test, four month follow-up, and one year follow-up. A significant difference was found between pre-test and each of the other three occasions: post-test, four month follow-up and one year follow-up. No significant differences were seen between post-test and four month follow-up, post-test and one year follow-up, and four months follow-up and one year follow-up.

Trend analysis indicated a significant cubic trend, $F(3,24) = 5.29, p < .03$.

Communication Scale:

Data was gathered for scores on CS across the four occasions and is represented in Table IV. Mean scores were plotted on a line graph (see Figure 4). The repeated measures analysis of variance conducted on the communication Scale scores across the four occasions (pre-test, post-test,
Table IV: Data Gathered on Psychosocial Intimacy Scale
Raw Score, Mean, and Standard Deviation
Across Four Occasions

<table>
<thead>
<tr>
<th>Couple #</th>
<th>Pre-test</th>
<th>Post test</th>
<th>Four Month Follow-up</th>
<th>One Year Follow-up</th>
</tr>
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<tbody>
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<td>1</td>
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<td>3</td>
<td>227</td>
<td>270.5</td>
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<td>242.5</td>
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<td>245.5</td>
</tr>
<tr>
<td>8</td>
<td>252</td>
<td>281.5</td>
<td>256.0</td>
<td>267.5</td>
</tr>
<tr>
<td>9</td>
<td>213.5</td>
<td>258.5</td>
<td>222.5</td>
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<td>229.3</td>
<td>235.38</td>
<td>249.94</td>
<td>246.2</td>
</tr>
<tr>
<td>SD</td>
<td>19.86</td>
<td>24.36</td>
<td>26.30</td>
<td>33.27</td>
</tr>
</tbody>
</table>
Figure 4: Mean Scores on the Communication Scale at Pre-treatment, Post-treatment, 4 Month Follow-up and 1 year Follow-up.
four month follow-up and one year follow-up) indicated that there was a significant increase on CS scores over the four occasions, $F(3, 24) = 28.33, p < .0001$ (see Table 1). Therefore, the hypothesis that couples exposed to EFT treatment will have a significant increase in marital satisfaction as indicated by scores on the Communication Scale as measured over a one year span of time after receiving therapy.

The Student Newman-Keuls method of pair-wise comparisons indicated a significant difference in mean scores between pre-test and post-test, pre-test and four months follow-up, pre-test and one year follow-up, post-test and four month follow-up and post-test and one year follow-up. No significant differences were found between four month follow-up and one year follow-up.

Trend analysis showed no significant trends of the mean score.

Target Complaints:

Data was gathered for scores on the Target Complaints measure and can be seen in Table V. The data was plotted on a line graph and can be seen in Figure 5. A repeated measures analysis of variance was used to analyze scores on Target Complaints as measured at post-test, four month follow-up and one year follow-up. Pre-test scores were excluded because the Target Complaints instrument measures the reduction of
Table V: Data Gathered on Target Complaints
Raw Scores, Mean and Standard Deviation Across Three Occasions

<table>
<thead>
<tr>
<th>Couple #</th>
<th>Post-test</th>
<th>Four Month Follow-up</th>
<th>One Year Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td>2</td>
<td>5.0</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td>3</td>
<td>5.0</td>
<td>4.0</td>
<td>3.0</td>
</tr>
<tr>
<td>4</td>
<td>4.5</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>5</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>6</td>
<td>5.0</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>7</td>
<td>4.5</td>
<td>4.0</td>
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<tr>
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<td>4.5</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>9</td>
<td>4.0</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>X</td>
<td>4.6</td>
<td>4.1</td>
<td>4.05</td>
</tr>
</tbody>
</table>

SD.  .416   .416   .634

Figure 5: Mean Scores on Target Complaints at Post-treatment, 4 Month Follow-up & 1 Year Follow-up
primary complaints which couples identified at pre-test by applying a numerical value to the degree of change noted by couples after treatment.

The analysis indicated a significant improvement on mean TC scores over a one year span of time, $F(3, 24) = 6.28$, $p < .0097$. Therefore the Ho of no significant treatment effect was rejected and the hypothesis that couples exposed to EFT treatment will show a significant increase in marital satisfaction as measured over a one year span of time was held as tenable.

The Student Newman-Keuls method of pair-wise comparison showed a significant difference between mean scores as measured at post-test and four month follow-up and post-test and one year follow-up. No significant differences were found between four month follow-up and one year follow-up.

Trend analysis showed no significant trends of the mean scores.

Results of Qualitative Data:

A structured interview was conducted at one year follow-up. The interview was designed to flush out possible extraneous variables which might have influenced the results. The interview consisted of 7 questions. A descriptive summary of the results of the structured interviews will be presented.

In response to the question of whether couple's
perceived their relationships as having improved, deteriorated or remained the same since the end of counselling in the Couple's Project, 7 of the 9 couples (78%) reported that they felt their relationship had improved. 2 of the 9 (22%) reported that they felt their relationship had deteriorated. When asked what they attributed this improvement or deterioration to, of the couples who reported improvement, 6 of 7 reported that they were able to communicate better; 5 of 7 reported having a better understanding of their partner's needs; and 4 of 7 reported having a stronger commitment to the relationship and to working on relationship issues. Of the two couples who reported deterioration since the end of counselling, one couple blamed a lack of time together while the other couple felt they had missed the support of counselling and were lacking in communication skills.

In response to the question of what stressful life events or life changes had occurred since the end of counselling, 5 couples mentioned job related stress or changes. 2 couples reported having a baby, one couples' daughter got married, one couple reported family illness and one couple reported the loss of close friends who had moved out of the country. Of the two couples who reported deterioration in their relationship, only one of the couples reported stressful life events or changes. This is interesting as it seems to contradict the findings in the
Jacobson et al. (1978) study. Jacobson et al. (1978) analyzed standardized telephone interviews of 34 couples 2 years after receiving marital therapy. The authors concluded that "stressful life events subsequent to therapy termination were negatively related to marital satisfaction" (Jacobson et al. (1978, p. 187). When asked to what degree couples felt these events or changes had influenced how they were currently doing in their relationships, 2 couples reported "not at all", 2 couples chose "very little", 2 couples said "moderately", while 3 couples said "a great deal".

When asked how much their relationship had changed as a result of these stressful events or life changes, 3 of the 9 couples reported "not at all", 1 of the 9 reported "very little", 1 of the 9 reported "moderately" and 3 of the 9 reported "a great deal". One couple reported no changes.

Couples were asked if they had obtained further counselling since the end of the Couple's Project. 4 of the 9 couples reported that they had received further counselling. Two of these couples obtained individual counselling for issues unrelated to their relationship, while two couples attended group workshops; one focused on communication skill development while the other focused on parenting. Of the four couples who had received further counselling, only the couple who attended the parenting group felt that the counselling had influenced their relationship.
CHAPTER V: DISCUSSION OF RESULTS

Positive treatment effects are rarely maintained over the long term (Remple, 1986, pp. 54 & 55). The literature indicates a lack of research concerned with the maintenance of treatment gains over time. Remple (1986) notes that in her review of the existing research on the long term effects of psychotherapeutic treatment "it appears that the rate of positive outcomes, though high at termination of therapy, was much lower at follow-up: 85 percent of studies reported positive results at termination, only 14 percent reported transfer or maintenance effects. [It would appear] that maintenance is the exception rather than the rule" (Remple, 1986, pp. 54 & 55). Despite these unlikely odds, Remple (1986) found that couples who had received EFT and had regressed at four month follow-up, recovered to post-treatment levels when measured one year after therapy. Remple (1986) concluded that her study "strongly supports the occurrence of positive outcomes at follow-up and clearly established the power of...the EF therapy...in the treatment of marital discord and the maintenance of change over a one year period" (Remple, 1986, p. 55).

James (1988) questioned what results might be found one year after treatment for the couples who received EFT therapy in his study. He cited Remple's (1986) findings and speculated that EFT may have long-term self-generating effects. The goal of the current research was to replicate
Remple's (1986) study in order to determine whether treatment gains through receiving Emotionally Focused Couple's Therapy in James' (1988) study were maintained or improved over a one year span of time after receiving therapy.

In this study, the researcher conducted follow-up interviews with 9 of the original 14 couples who had received the EFT treatment in the James (1988) study. At the follow-up interview, couples were given a package of instruments which they were asked to complete independently and return to the researcher immediately. Instruments given to the couples were: the Dyadic Adjustment Scale, the Psycho-social Intimacy Questionnaire, the Communication Scale and Target Complaints questionnaire. After completing the measures, couples were interviewed with regard to qualitative information which may have influenced the results.

In analyzing the quantitative data, the couple score, an average of partner's scores, as opposed to the individual scores were used as the unit of analysis. This is consistent with other research in marital therapy (Remple, 1986, p.59). It is also consistent with the analysis in the original James (1988) study. James (1988) used the average score as of partners as the unit of analysis and then repeated the analysis using individual scores in order to examine gender differences. This was not done in the one year follow-up since gender differences were not applicable to this study.

A concern of the researcher was that couples who had
not achieved much improvement through the EFT treatment may have chosen not to participate in the follow-up study while those couples who gained the most chose to be included. This explanation would imply that the results of the follow-up study could only be considered generalizable to couple populations which were most responsive initially to this type of therapy. The qualitative data of this study might support this view. At one year follow-up, a very high percentage, 78 percent of the subjects (7 of 9 couples) reported that their relationship had improved while only 22 percent (2 of 9 couples) felt their relationship had deteriorated. However, a comparison of the mean scores of the participants versus the non-participants indicated no significant differences between these two groups at four month follow-up. Therefore it was assumed that couples who participated in the one year follow-up study were essentially no different than the couples who chose not to participate.

The results of this study supported the hypothesis. EFT was demonstrated to effective in significantly increasing couple's marital satisfaction over a one year span of time. A repeated measures analysis of variance indicated a statistically significant increase on the measures of marital adjustment (DAS), communication (CS), intimacy (PIQ), and target complaints (TC) over a one year span of time.

The Newman-Keuls pair-wise comparisons indicated no significant differences for couple's mean scores between four
month follow-up and one year follow-up on any of the four criterion measures. This finding may not be contradictory to the hypothesis were an improvement was anticipated between four months after treatment and one year after treatment. The lack of significant differences between mean scores at four months after treatment and at one year after treatment may reflect a decline in post-treatment regression as couples mean scores stabilize. Trend analysis indicated a significant cubic trend for the mean scores on the DAS and the PIQ. A significant cubic trend must be interpreted independently of the Newman-Keuls pair-wise comparison: "...by using trend analysis one can examine statistically the shape of the curve that results when the means of the dependent variables Yj, [in this case, scores on the DAS, PIQ, CS, and TC] are plotted for the J levels of the factor (independent variable. In such situations, the use of trend analysis is usually more informative than multiple comparisons" (Glass & Hopkins, 1984, p.386).

Significant cubic trends were evident for the mean scores on the DAS and the PIQ. Thus, in both of these cases there was no longer a decline in scores after four months follow-up. Hence, the quantitative results of this study supported the power of EFT in not only increasing marital satisfaction, but also in maintaining the effects over a one year span of time. The results of the trend analysis support the notion that EFT may have long-term self-generating
effects as there was evidence that mean scores for the DAS and the PIQ began to improve after four months follow-up.

The results of the qualitative data lend further support to the hypothesis. A large percentage (78%) of couples reported improvement in their relationships since counselling in James' (1988) study.

The goal of EFT is to bring intra-psychic experience into awareness and determine how these experiences are brought into the relationship through interaction. EFT facilitates partners understanding of how past experiences are brought into the relationship and how they affect interaction. The goal therefore is to have partner's view one another's behaviour in a new way so that they may be more supportive of one another. This may explain why couples experienced an improved ability to communicate. Partner's may be reacting in a more supportive manner when they realize the roots of their spouse's behaviour. Thus, rather than reacting in a defensive manner, they may be more willing to accept or acknowledge and listen to their partner.

This explanation seems plausible in light of the responses given in James (1988) structured interview. In James' (1988) study, 50% of couples identified the category "coming to new understandings or realizations (often deeply felt) about myself, my partner, or the relationship" and 25% identified "seeing my partner experience feelings (often with real intensity) that he or she does not show typically in our
relationship" as major components of change (James, 1988, p. 114). In this study, 6 of the 7 couples who felt their relationship had improved attributed this to improved communication. These results support Remple's (1986) speculation that there may be processes operating in an EFT treatment which allow for open and honest communication between partners.

It is important to consider other factors which may have influenced couples' perceived improvement. One possible factor which might influence improvement is seeking additional counselling. However, less than half (4 of 9) couples engaged in further counselling after counselling in the original study. Of these four couples, only one couple reported that the additional counselling had any influence on their relationship. This couple was one of the two couples that reported relationship deterioration at one year follow-up. Assumptions made about the lack of impact of further counselling are only speculation.

One might think that increased stress or life changes might influence marital satisfaction. All but 3 of the 9 couples reported stressful events or life changes had occurred since the end of counselling. Three of these couples reported that these events or changes had a great deal of influence on changes in their relationship. Three of 9 couples represents about 33% of the subjects felt that stress/changes influenced their relationship. This is not a
large percentage. It is likely that most of the couple's experienced success in managing these stressful events/life changes as indicated by reports that their relationship had improved. Perhaps this could be attributed to the EFT they received.

SUMMARY:

The results of this study support Remple's (1986) findings in that regression was not seen to continue after four months follow-up. However, results of this study did not show the dramatic increases to post treatment levels at one year follow-up that Remple (1986) found. It could be argued that this study reinforces the view that EFT is a powerful form of treating marital discord in that couples scores on the DAS and PIQ stopped declining after four months follow-up were seen to maintain treatment effects between four month follow up and one year follow-up. Trend analysis showed a significant cubic trend on the measures of marital adjustment (DAS), intimacy (PIQ), and reduction of target complaints (TC). Adding further support to this view, the qualitative data revealed that the majority of couples felt their relationships had improved over a one year span of time after therapy.
LIMITATIONS:

A limitation of this study is the sample size. There was a reduction in the number of couples who met the follow-up criteria from the number who participated in the original study (James, 1988). In the original study (James, 1988), there were 42 couples randomly assigned to two treatment groups (EFT and EFT+CT) and a waiting list control group. In this study only 9 of the 14 couples who received the EFT treatment in James' (1988) study were assessed. These 9 couples represent a particular sub-sample of the couples who participated in the original study. However, a comparison of the two groups on 4 month follow-up scores indicates no significant differences between the group of 9 participants and the group of 5 non-participants. Scores on the DAS for this sub-sample at pre-treatment (M=86.5, SD=10.21, range=76.5-104.5) indicate moderate to severe distress levels and therefore the results from this study only apply to this population.

Another limitation of this study is the therapist skill level. James (1988) notes that "the therapists in this study were somewhat less advanced than therapists in earlier studies [on EFT] in terms of level of academic achievement and degree of clinical experience with couples [M=1.93 years]" (James, 1988, p.127). Thus, the results of this follow-up study would only apply to couples receiving EFT from therapists who had similar skill levels as the

The time factor might be seen as a limitation. Over the course of a year it is possible that environmental influences or events may have influenced the results. The structured interview was an attempt to address the impact of such confounding variables.

RECOMMENDATIONS:

There is a need for more long-term follow-up studies on the effectiveness of EFT. Since the results of this study supported the findings in Remple's (1986) follow-up study, a replication of these two studies might shed further light on these outcomes. Follow-up studies on EFT that took place over a longer period of time (i.e., two years or longer) were couples could be tested in more detail over more occasions would provide valuable information with regard to the self-generating effects of EFT treatment. In addition, follow-up studies of EFT which included a larger sample size and/or all of the couples who receive the treatment might provide more conclusive results. In light of the environmental factors which may influence the results of such long-term follow-up studies, it would be advisable to collect both qualitative and quantitative data. Given that many couples in this study reported the occurrence of stressful life events and life changes, more detailed interviews which focus on the impact of such events on couples' marital satisfaction might be useful.
REFERENCES


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