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EMOTION-FOCUSED COUPLES THERAPY AND THE FACILITATION OF FORGIVENESS

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The goal of this study was to evaluate the effectiveness of an emotion-focused couple therapy intervention for resolving emotional injuries. Twenty couples acting as their own waitlist controls were offered a 10–12-session treatment to help resolve unresolved anger and hurt from a betrayal, an abandonment, or an identity insult that they had been unable to resolve for at least 2 years. Treated couples fared significantly better on all outcome measures over the treatment period compared to the waitlist period. They showed a significant improvement in dyadic satisfaction, trust, and forgiveness as well as improvement on symptom and target complaint measures. Changes were maintained on all of the measures at 3-month follow-up except trust, on which the injured partners deteriorated. At the end of treatment, 11 couples were identified as having completely forgiven their partners and six had made progress toward forgiveness compared with only three having made progress toward forgiveness over the waitlist period. The results suggest that EFT is effective in alleviating marital distress and promoting forgiveness in a brief period of time but that additional sessions may be needed to enhance enduring change.

Many couples encounter life events with their partners in which they experience specific relational injuries that affect basic trust and result in feelings of anger and sadness that they are unable to resolve. Even years after the incident has passed, they still harbor bad feelings and no longer feel as connected to, or validated by, their partners. These relational injuries occur around the major sets of concerns on which couples, emotional bonds are formed—their attachment security and their identity validation (Greenberg & Goldman, 2008; Johnson, Makinen, & Millikin, 2001). When partners feel abandoned or invalidated, their trust in their partners' reliability and supportiveness is shattered, they feel betrayed, and this has a deleterious effect on the relationship bond and leaves partners with unresolved hurt and anger. This constitutes an emotional injury. Salient incidents such as a husband being nonattentive to a wife's needs during or after childbirth, a wife criticizing her husband's ability to provide for her in front of his family, one partner not accompanying the other to visit a dying parent, or one partner ignoring or disparaging a major success, when perceived as a loss or violation of some cherished aspect of a relationship with the other, result in emotional injury. An affair constitutes an even more major emotional injury, shattering trust and threatening the worth of the injured partner.

Couples with emotional injuries such as these may appear similar to other distressed couples, in that they get caught in negative cycles of attack-blame and defend-withdraw. However, the defining feature of these couples is that the injured partner cannot forget the incident nor

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get over the hurt and anger from the injury. The injurious events remain as a symbol of all that is wrong with the relationship and now define relationship safety and trust. It is true that these injuries often are specific events that only serve to crystallize more general couple dissatisfaction, but what is important is that at least one of the partners experiences the incident as a pivotal event that leads to a change in view of the trustworthiness of the partner and to the feeling that the other has violated some fundamental aspect of the relational bond on which the partner could depend. Another major difference between couples presenting for general couples therapy and those presenting with a target emotional injury is that in the latter at least one partner is identified as having injured the other and thus is seen as the perpetrator of a wrong. Resolution requires an understanding by the perpetrator of the wrong done and an apology. The couples seen in this treatment therefore differed from the general population of couples seeking treatment for concerns such as insufficient closeness, hostility, or lack of communication in that there was a specific betrayal, an identified unforgiving partner, and an identified offender or injurer. Undisclosed injuries of this type, however, often do emerge during therapy for couples who present with more general issues, and so the issues of resolving emotional injuries is relevant to many couples who harbor unresolved resentment.

In previous exploratory studies of attachment injuries (Millikin, 2000; Naaman, Pappas, Makinen, Zuccarini, & Johnson, 2005), the process of change was studied in mildly to moderately distressed couples who had undergone 15 sessions of emotionally focused therapy and successfully resolved these injuries. The authors report that the attachment injury only came alive as a block to intimacy in these treatments after the negative interactional pattern between partners had de-escalated, indicating a similarity in the process among couples with attachment injuries to more general couples in that both had to first de-escalate. In a study by Maniken and Johnson (2006) of the process of resolution of attachment injuries, 24 couples with an attachment injury received 13 weeks of treatment. At the end of treatment, 15 of the 24 couples were identified as resolved. Resolved couples were found to be significantly more affiliative and achieved deeper levels of experiencing than nonresolved couples. They also showed a significant improvement in dyadic satisfaction and made more significant progress toward the work of forgiveness than nonresolved couples.

Gordon and Baucom (1998; Gordon, Baucom, & Snyder, 2004) have proposed a three-stage model of forgiveness within the context of couple therapy. At the basis of their conceptualization of forgiveness is the notion that major relational betrayals (e.g., infidelity, significant deceptions, and other violations of trust) represent interpersonal trauma and that recovery from forgiveness parallels aspects of recovery from more general traumatic events (Gordon, Baucom, & Snyder, 2000). There is preliminary empirical support for this model based on data from a community sample (Gordon & Baucom, 2003) and the single case studies of six couples (Gordon, Baucom, & Snyder, 2004).

For the current study of the effectiveness of emotion-focused therapy for couples (EFT-C; Greenberg & Johnson, 1986a, 1986b, 1988; Johnson, 2004) on promoting forgiveness, emotional injuries were operationalized in a slightly different manner to the betrayals in the studies above in that they were defined as one partner carrying hurt and anger, for at least 2 years, from some delimited actions by the other partner that were experienced as a betrayal, or a violation of basic trust. The injurious incident led to an emotional injury that remained unresolved after the 2 years and created an impasse that blocked relationship repair. In this study the partners were not in the crisis stage of the betrayal, and the issue of staying in the relationship or leaving because of the injury was not figural. In fact in one couple the betrayal was an affair from 30 years ago. These couples had what can be conceptualized as couple unfinished business (UFB) that was characterized by unforgiveness, defined as the combination of a set of negative feelings toward an injurer, an inability to let go of these, and a desire for the partner, or something else, somehow to change the past.

Forgiveness has recently been proposed as an important aspect of emotional recovery following an interpersonal injury (Worthington, 1998, 2001). Forgiveness also has been shown to have indirect links with physical, relational, mental, and spiritual health (Harris & Thoresen, 2005; Lawler et al., 2005; Toussaint & Webb, 2005). Unforgiveness can be distressing and may leave people ruminating about their injuries and feeling hostile toward those who injured them (Witvliet, Lud-

wig, & Vander Laan, 2001). Anger has been shown to decline following a forgiveness intervention (e.g., Freedman & Enright, 1996), thereby setting the stage for possible reconciliation with the transgressor. Forgiveness then occurs in response to an interpersonal violation and involves mending emotional wounds, restoring trust, and repairing the relationship bond.

Such findings suggest that forgiveness may have substantial implications for relationship outcomes (Worthington & Wade, 1999) and relationship processes such as conflict resolution. In support of this view, there is initial evidence to suggest that forgiveness is related to relationship well-being (e.g., Fincham, 2000; McCullough et al., 1998). In couples, forgiveness has been found to increase marital satisfaction, psychological closeness, relationship investment, and to rebalance the couple's power distribution (Fincham, Beach, & Davila, 2004; Friesen, Fletcher, & Overall, 2005; Gordon & Baucom, 2003; Gordon et al., 2004; Worthington & DiBlasio, 1990). Couples, who have recovered from the impact of a relationship betrayal, such as affairs, often allude to the role of forgiveness in the resolution process (Gordon et al., 2000; Holeman, 2004).

Most researchers agree that forgiveness involves emotional, cognitive, and behavioral components. Processing the bad feelings to completion and letting go of the anger, hurt, shame, and fear, however, seem crucial to forgiveness. As Sells and Hargrave (1998) note, the process of letting go may focus on anger (Davenport, 1991; Fitzgibbons, 1986), revenge (Cloke, 1993), and resentment (Enright & Fitzgibbons, 2000; North, 1987). Clinicians suggest that facilitating forgiveness requires an acknowledgment of the legitimacy of emotions such as resentment and hatred toward the offender and emphasize the value of facilitating in-session expressions of adaptive anger at violation (Akhtar, 2002; Baures, 1996; Enright & Eastin, 1992). The danger in short-circuiting expressions of anger in forgiveness is that the client may end up condoning or excusing the injurer's hurtful behavior, or inappropriately take too much responsibility for the unfolding of events that surrounded the injury. In promoting forgiveness, therapists also need to facilitate the process of grieving the loss of, or damage to, a significant relationship, as well as helping the injured partner reveal the full impact of injury so the offending partner can see the hurt caused. Akhtar (2002) addresses the importance of mourning to forgiveness, and Greenberg and Paivio (1997) emphasize that work with betrayal and abandonment often involves a process of facilitating normal grieving in which anger and sadness play central roles.

Other theorists focus on the positive effects that come with forgiveness, primarily the prosocial changes in one's motivations toward an offending relationship partner (McCullough, Worthington, & Rachal, 1997; McCullough et al., 1998). Forgiveness thus appears to involve two important emotional processes: resolving the painful hurt and anger involved in the injury; and the possible generation of positive feelings of compassion, loving kindness, and empathic concern for the injurer. People thus may be able to resolve emotional injuries by reducing their bad feelings and by increasing positive feelings.

Emotionally focused therapy for couples, focusing as it does on the experience, expression, and processing of emotion, is well suited to dealing with the unresolved emotions that block forgiveness. EFT-C (Greenberg & Johnson, 1986a, 1986b; Johnson, 2004; Johnson & Greenberg, 1988) is an empirically validated approach to marital therapy and is recognized as one of the most effective approaches in resolving relationship distress (Alexander, Holtzworth-Munroe, & Jameson, 1994; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Johnson, Hunsley, Greenberg, & Schindler, 1999). It has demonstrated a very large effect size of 1.3 with recovery rates between 70% and 73% (Johnson et al., 1999). Numerous studies of EFT-C report clinical improvements in terms of relationship distress as measured on the Dyadic Adjustment Scale (DAS; Spanier, 1976), both at the end of therapy and at follow-up (Johnson et al., 1999).

One of the assumptions of EFT-C that makes it so appropriate for dealing with emotional injuries is that the blocking of primary biologically adaptive emotions subverts attachment and healthy identity maintenance and boundary setting, and that the adequate processing by the couple of their sadness at loss and self-empowering anger at violation leads to emotional transformations that promote closeness and respect in relationships. Encouraging such primary emotional expressions in a therapy dealing with emotional injury is not the same thing as promoting outer-directed blaming or hurling of insults (Greenberg, 2002). In encouraging clients to speak from their inner experiences of abandonment and violation, the therapist is promoting

ownership of a client's emotional experience and is empowering clients to appropriately assign responsibility for harm done. Ownership of primary emotion also helps clients focus on their own needs and concerns rather than getting stuck in blaming the other or feeling victimized. Finally, responsive affective attunement by a partner to the other's hurt, which is the cornerstone of EFT-C, is encouraged to promote relationship repair.

The main purpose of this study was to evaluate the effectiveness of EFT-C in the treatment of couples where one partner had been unable to overcome an emotional injury of at least 2 years, duration. The effectiveness of EFT-C in facilitating emotional resolution and forgiveness was examined in this study by comparing a treatment to a no-treatment waitlist control period using couples as their own control. Twenty couples, assessed as having unresolved interpersonal emotional injuries, therefore, were assessed before and after a waitlist period and after treatment. The primary hypothesis was that EFT-C would produce better outcomes than a no-treatment waitlist period on measures of forgiveness, trust, and marital satisfaction, as well as on other indices of outcome.

METHOD

Participants

The sample for this study consisted of 20 couples who were assessed as having unresolved interpersonal, emotional injury with their partner that had occurred at least 2 years prior to commencing treatment. The requirement that the injury needed to have occurred at least 2 years prior to treatment was to ensure that the natural process of recovering from hurts had been given time to work and that the injured partner was not in the midst of coping with the immediate aftermath of the injury. Thus, the couples in this treatment had been unsuccessful in resolving their injuries on their own and were at an impasse. The couples were recruited through advertisements in local newspapers and then screened and excluded if any of the following were present: evidence of violence or physical abuse in the relationship, suicidal ideation, substance abuse, and severe psychological disturbances such as dissociation or psychosis or borderline or narcissistic personality disorder in either partner. Couples who were already in psychotherapy elsewhere were also excluded. Additional selection criteria were as follows: both partners had to be 18 years of age or older; the couple must have cohabited for at least 2 years; at least one partner was experiencing unresolved anger or hurt from a target injury seen as perpetrated by the partner; and both partners expressed a sufficient desire to stay together to enter therapy to work toward this goal.

Twenty couples completed the course of therapy and the pre- and posttreatment questionnaire packages. The couples were distressed with a mean couple DAS of 83 (SD = 19.17). The majority of couples were Caucasian, with 1 Indo-Canadian and 1 Caribbean-Canadian couple and 1 biracial couple. Their ages ranged from 25 to 74 years (M = 45.15, SD = 10.75), they had been living together for 4–53 years (M = 16.53, SD = 9.99), and the couples on average had two children. Of the 40 individuals, 30 (75%) had a postsecondary college diploma or university degree. The gross family income for the entire sample ranged from 37.5K to 400K (M = 112,380). Fifteen (37.5%) partners were nonreligious/spiritual, 11 (27.5%) were Protestant, 6 (15.0%) were Catholic, 4 (10%) were Jewish, 2 (5%) Islamic, and 1 (2.5%) each were Buddhist and New Age.

All of the couples reported an emotional injury. These injuries included affairs, abortions (had or not had), perceived abandonment (e.g., an unanticipated change in religion that led to nontrivial changes of lifestyle and values, and Internet pornography), and perceived humiliations (e.g., salient events involving humiliation, diminishment, or control). Twenty-four injuries were reported in the 20 couples because in 4 couples both parties reported an injury. The injuries were classified as affairs (9; 37.5%), abandonment (7; 29.2%), invalidation (4; 16.7%), deception (2; 8.3%), and alliance/triangle (2; 8.3%).

Therapists

There were 11 therapists in the EFT-C condition, two of whom were male and nine female. Three of the therapists were registered psychologists, one had a doctorate in psychology, two

were marriage and family therapists, and five were advanced doctoral students in clinical psychology. Prior to training for the treatment study, all therapists were required to have at least 1 year of basic EFT therapy training and 1 year of experience as a therapist. The therapists received an additional 30 hr of specialized training in EFT-C based on a treatment manual for resolving emotional injuries developed for this project. One therapist saw 3 couples, seven saw 2 couples, and three therapists saw 1 each. The therapists received weekly supervision throughout the study to promote adherence to treatment.

Treatments

Emotion-focused couple therapy. EFT-C is an affective systemic approach that aims to modify distressed couples' constricted interaction patterns and emotional responses to promote the development of a secure and validating emotional bond (Greenberg & Goldman, 2007; Greenberg & Johnson, 1986a; Johnson, 2004; Johnson & Greenberg, 1988). In this approach, negative cycles are changed by accessing the underlying emotions experienced by each partner in attempts to create new corrective emotional experiences that change interaction (Greenberg & Johnson, 1986b; Johnson & Greenberg, 1988). The treatment has been delineated in a nine-step (Johnson & Greenberg, 1988), three-stage (Johnson, 2004) model as follows:

Stage 1: Cycle De-escalation. The first step is key and involves establishing a strong working alliance with the couple at the beginning of therapy. This is followed by the identification and naming of the negative interactional cycle that maintains the distress in the relationship. Step three involves accessing the underlying feelings and needs of each partner's position. Once underlying feelings have been accessed in step four, the couple's problem is reframed in terms of the cycle and these newly accessed emotional experiences.

Stage 2: Restructuring the Interaction. The focus in step five is on promoting identification with the disowned aspects of experience that may arise in the redefined cycle. Step six focuses on the facilitation of each partner's acceptance of the other's newly experienced aspects of self and emotional responses. The expression of specific needs and wants to restructure the interaction occurs in step seven.

Stage 3: Consolidation and Integration. The focus in step eight is on facilitating the emergence of new solutions to old problematic relationship issues that precipitated the couple's entry into therapy. The final step involves consolidating the new positions partners have taken in the relational interactions and integrating new perspectives on each partner's sense of self and the relationship.

Couples Injury Treatment Manual

A specialized EFT-C treatment manual was developed for this project to focus on facilitating the resolution of emotional interpersonal injuries. The treatment protocol was summarized in the following seven steps, which were implemented within the general EFT-C framework.

1. Identify the idiosyncratic impact of the injury and the painful emotions felt by the injured partner.
2. In identifying the negative interactional cycle and each partner's position in the cycle, both the cycle that is the way of handling the current problem of betrayal as well as the cycle that is the source of prior relationship problems was focused on.
3. Promote expression of empathy from the offending partner for the other's pain resulting from the injury.
4. Access unacknowledged vulnerable attachment and identity-related feelings underlying each partner's interactional positions in the most pervasive problematic cycle.
5. Reframe the problem in the relationship in terms of underlying feelings, and attachment and identity needs, and connect this to the injury.
6. Promote expression of a heartfelt, authentic apology and remorse and regret by the offender.
7. Promote steps toward rebuilding trust.

In addition, if the couple did not bring up the concept of forgiveness in relation to the injury in the sessions, the term *unforgiveness* in relation to the injury was introduced at an appropriate time by the therapist before Session 6. The therapist might say, "It's like you have

never forgiven him for what he said or did that night," or "You have never quite forgiven her for not responding and since then you have pulled away." The term *unforgiveness* catches a lot of the feelings of pain and unresolved anger for the injured partner and validates the injurer's experience of being blamed, and as well, gives meaning to the whole situation. Forgiveness, however, was focused on explicitly in Session 6 when homework was given related to defining forgiveness.

Homework. Couples were asked to complete homework at three points in the treatment. The first homework assignment was given at Session 6 (or Session 7 at the latest, if it seemed more suitable). Partners were asked to complete a handout that gave them several definitions of what forgiveness usually involves (e.g., giving up a desire for revenge and new view of other) and what forgiveness is not (e.g., forgetting and condoning). The handout then asked what they thought forgiveness involved for them, and whether forgiveness was relevant or important to them with respect to their emotional injuries. Their responses were discussed in the next session. Toward the end of Session 7 or 8, the partners were asked to write letters to each other over the following week. There were different instructions for the letters for the injured partner and for the injurer. Therapists helped the couples decide who was going to write which letter and instructed them to exchange their completed letters, to then read them in private, and not to discuss the letters with each other but to bring them, along with an extra copy for the therapist, for discussion at the next session. In couples where both partners were identified as injured each partner wrote letters from both points of view. The instructions for the letters are described below.

The injurer was asked to write a letter to the partner apologizing for the hurt he or she caused. This was to include three components in the letter: (a) Regret: Expressing what they regretted and specifying their understanding of how they had hurt their partners. (b) Responsibility: Taking ownership for their role in the injury by specifying what they were taking responsibility for. (c) Remedy: Expressing what they would do now to help their partner heal from the hurt. The injured partners were asked to write a letter saying where they were in the process of resolving, forgiving, and letting go of the hurt and anger toward their partner. They were asked to express what they did not forgive, or were not able to let go of, and why it was difficult for them to resolve the injury and to express what they presently needed from their partners to help them let go of the hurt and anger and to forgive. If they had already let go of the hurt and anger or forgiven their partner, they were to write about where they were emotionally around the injury and whether they felt they were able to reconcile.

The third set of homework given in one of the remaining sessions required that the partners respond to a structured questionnaire about what they *needed to feel* to rebuild trust and what they *needed from their partner* to help them *feel* this. They again were asked to not discuss their responses with their partners until the session. An example of an imaginary couple's answers to this questionnaire was given as a guide.

Measures

A battery of self-report measures was administered before and after treatment to assess changes in specific domains. All clients were assessed approximately 1 week prior to treatment and 1 week following treatment. Clients were also assessed at a 3-month follow-up on measures of, forgiveness, trust, marital satisfaction, global symptoms, and target complaints (TC).

The Enright Forgiveness Inventory. The Enright Forgiveness Inventory (EFI; Enright, Rique, & Coyle, 2000) is a measure of the degree to which one person forgives another who has hurt him or her deeply or unfairly. The first part of the inventory instructs individuals to visualize the emotional injury, focus on the offending person, and remember what happened. The participant is asked to write a description of the injury in his or her own words. The second part of the inventory is comprised of 60 items from three 20-item subscales measuring affect, behavior, and cognition in relation to forgiveness. Participants are asked to rate each item on a 1- to 6-point Likert scale (ranging from 1 = *strongly disagree* to 6 = *strongly agree*). The authors report a stability coefficient for total EFI scores of .86 during a 4-week test–retest reliability study. The subscale test–retest coefficients ranged from .67 to .91. With respect to concurrent validity, the EFI has been positively associated with other measures of forgiveness. There is also support for the EFI's divergent validity (Enright et al., 2000).

Forgiveness measure. This single-item measure (Enright et al., 2000) derives from the EFI and it directly asks clients to what extent they have forgiven the person who injured them. Responses are indicated on a 5-point Likert scale (1 = *not at all*, 3 = *in progress*, and 5 = *completely*). This item is used in addition to the EFI because to avoid creating conceptual biases, the term *forgiveness* was not used in any item of the EFI.

Trust Scale. The 26-item Trust Scale (Rempel, Holmes, & Zanna, 1985) was designed to measure levels of trust within close interpersonal relationships. Items were tailored to represent predictability, dependability, and faith in the partner. Both partners respond to items on a 7-point scale (ranging from 1 = *strongly disagree* to 7 = *strongly agree*). A high overall score indicates a higher level of trust. Cronbach's coefficient alpha for the total scale was established at .89. Inter-item reliability coefficient for the total scale was .96.

Unfinished Business Empathy and Acceptance Scale (UFB EA). Singh (1994) developed the UFB Scale to measure resolution of UFB with a significant other. For this study, items were extracted from this scale and adapted to create the UFB EA Scale. The UFB EA Scale is comprised of six items and measures the extent to which clients feel acceptance and empathy toward the individual who injured them. Clients were asked to indicate their agreement with the statements of empathy or acceptance on a 5-point Likert scale (ranging from 1 = *not at all* to 5 = *very much*). For example, empathy items consisted of statements such as "I feel compassionately understanding of my partner" or "I have a real appreciation of my partner's own personal difficulties." Acceptance items included statements such as "I feel accepting toward my partner" and reverse-scored items like "I see my partner negatively." The items on this subscale have been found to intercorrelate highly and the overall scale has been found to correlate with other treatment outcome measures. A UFB EA-Other (UFB EA-O) form of this scale was constructed for this study to tap each partner's perception of the other's perception of him or her. All items were changed to reference the partner, for example, "My partner feels compassionately understanding of me." In this study, Cronbach's alphas were .84 and .79 for the self and other scale, respectively.

Unfinished Business Feelings and Needs Scale (UFB FN). This scale was adapted from Singh's (1994) UFB Scale. It measures the resolution of FN as they relate to the injurer, and positive changes in the perception of self. This measure is comprised of eight items on a 5-point Likert scale (ranging from 1 = *not at all* to 5 = *very much*). The UFB FN Scale contains three sets of items that refer to either feelings, needs, or the self. The feelings subscale contains items such as "I feel unable to let go of my unresolved feelings in relation to my partner." The needs subscale includes items like "I feel frustrated about not having my needs met by my partner." Finally, self items included statements such as "This person's negative view or treatment of me has made me feel badly about myself" or "I feel worthwhile in relation to my partner." This subscale of the UFB FN Scale has inter-item reliability and has been found to correlate with other treatment outcome measures. A UFB FN-Other (UFB FN-O) form of this scale was constructed for this study. All items were changed to reference the partner, for example, "My partner feels unable to let go of his or her unresolved feelings toward me." Cronbach's alphas were .89 and .80 for the self and other scale, respectively.

Dyadic Adjustment Scale. To assess the level of marital distress, both partners completed the DAS (Spanier, 1976). The DAS is a widely used, 32-item self-report measure of marital satisfaction with internal consistency ranging from .84 to .96. All items were answered using a Likert-type response format. Total scores can range from 0 to 151, with higher scores indicative of greater marital satisfaction. The marital distress cutoff is 97.

Target Complaints Discomfort and Change Scale. The TC Discomfort and Change Scale (Battle et al., 1968) asks clients to specify three problems they would like to see change as a result of treatment. Only the first specified problem was used in the analyses as it captured the key complaint. Clients were asked to rate each problem on a 13-point Distress Scale (ranging from 1 = *not at all* to 13 = *couldn't be worse*), in terms of how distressing the problem was at four points in time (prewaitlist, pretreatment, posttreatment, and 3-month follow-up). In addition, at two points in time (posttreatment and 3-month follow-up), clients were asked to rate, on a 9-point scale, how much they felt the problem had changed since the beginning of treatment. Battle et al. (1968) reported high correlations of the TC with

other outcome measures and test–retest reliability (r = .68) between pre- and postpsychiatric interviews.

Global Symptom Index (GSI) of the Symptom Checklist 90 Revised (SCL-90-R). The SCL-90-R (Derogatis, 1983) is a well-known instrument that measures general symptom distress, with high internal consistency (.77–.90) and test–retest reliability (.80–.90) over a 1-week interval (Derogatis, Rickels, & Roch, 1976). Calculations of change on the GSI were used as an outcome measure at four points in time (prewaitlist, pretreatment, posttreatment, and 3-month follow-up).

The Couples Therapy Alliance Scale. The Couples Therapy Alliance Scale (CTAS; Pinsof & Catherall, 1986), a 28-item measure designed to assess the perception of the therapeutic alliance, was administered to each partner to ensure differences between resolved and nonresolved groups could not be attributed to the therapeutic alliance. Partners respond to each item on a 7-point scale (ranging from 7 = *completely agree* to 1 = *completely disagree*). High scores reflect a higher quality of the alliance between the couple and therapist. A 12-item short form of the Couples Working Alliance Scale was given after Session 3. Internal consistency for the total test in this study was Cronbach's alpha = .94.

Structured Clinical Interview for DSM-III Axis II (SCID-II) Personality Questionnaire. The SCID-II (Spitzer, Williams, Gibbon, & First, 1990) incorporates this self-report screening questionnaire, reducing the number of items needing evaluation by the interviewer. Different items in the questionnaire assess for signs of the different *DSM* personality disorders, and if any items are answered in the affirmative, the interviewer pursues assessing for that disorder with further questioning.

Procedures

Clients were recruited through advertisements in local community newspapers in a large urban district and flyers were distributed to the general and university community. The advertisements announced that the study was being conducted at the university psychotherapy research clinic and that treatment was available for couples who had experienced an emotional injury by their partner at least 2 years prior and were still experiencing unresolved feelings of hurt or anger toward their partner in relation to the injury.

Fifty-six participants who called were first briefly interviewed over the telephone to assess initial suitability regarding general inclusion and exclusion criteria, and to determine whether they were presenting with a specified unresolved target injury from 2 years prior and were willing to participate in a videotaped research treatment proceeding to further interviews. They also were informed that they would need to wait for treatment and would be assessed again in approximately 3 months just prior to being assigned to treatment. Thirty-four of the suitable potential participant couples underwent a 2-hr assessment interview to obtain consent to be assessed and to further ensure that the proposed treatment program could meet their treatment needs, to again check that they could specify an unresolved target injury, and to obtain a description of the nature of the injury. The partners were given the SCID-II personality questionnaire and if any signs of borderline or narcissistic disorders were present they were further assessed on these disorders. If this initial assessment supported the appropriateness of the proposed treatment for the couple, they were invited to participate in the treatment study. All subjects gave their informed consent to participate in the treatment study and to be video- and audiotaped as well as to fill out all session process and outcome questionnaires. Partners were then asked to complete the rest of the pretreatment measures. Eight of the couples were found to not meet inclusion criteria and two were unable to come because of scheduling difficulties or moves. Twenty-two couples were assigned to the waitlist for treatment and all began treatment, although two couples dropped out before Session 3.

The waitlist period prior to treatment was approximately 10–12 weeks per couple (M = 10.4, SD = 2.2) prior to entering treatment. After the waitlist period, couples attended a 1.5-hr assessment meeting and again filled out the pretreatment measures. They then were randomly assigned to therapists and were seen the following week for a series of 10–12 one-hour weekly couple therapy sessions. They completed postsession questionnaires following each treatment session and were assigned homework at approximately the same

time intervals over the second half of treatment. A short form of the Couples Working Alliance Scale was given after Session 3. Therapists completed a postsession questionnaire after each session. Partners completed outcome measures at termination of treatment and during a posttherapy interview, and completed a subset of the measures at a 3-month follow-up interview.

ANALYSES AND RESULTS

Adherence to the therapy treatment manual was monitored by therapist and supervisor reports on a postsession adherence rating form specifying the nine main steps of emotion-focused couples therapy. This form asked whether the therapist empathized with and validated feelings, identified a negative interactional cycle, identified or accessed feelings underlying the partners, interactional positions, promoted the expression and acceptance of needs, or restructured interactions. Therapists reported the degree to which they judged themselves overall to have adhered to the treatment steps, on a 5-point scale ranging from *not at all* to *completely*, and also reported whether their clients had dealt with forgiveness in a session. The supervisor reported an adherence judgment based on supervision of the session using the same 5-point scale. Mean and standard deviations of therapist adherence scores were 4.5 (0.9), averaged across Sessions 2–9. The supervisors' ratings were 4.3 (0.6), indicating good adherence to the model. The therapeutic alliance showed that all partners had at least a satisfactory alliance with the therapist, with average scores ($M = 5.76$, $SD = 0.84$), ranging from 4.3 to 7 on the 7-point scale. Injured and injurers were not significantly different in their alliance scores.

All analyses of treatment effects were conducted for both the injured and the injuring partner. Correlations were conducted between all major pretreatment variables. The pretreatment EFI for injured partners correlated significantly with pretreatment Trust ($r = .45$, $p < .05$) and residual change in forgiveness correlated only with residual gains in trust ($r = .06$, $p < .001$). For injurers, pretreatment EFI correlated significantly with DAS ($r = .65$, $p < .01$) and with Trust ($r = .56$, $p < .05$). The pretreatment GSI did not correlate with any of the other pretreatment variables. The alliance for injured partners correlated only with residual change on forgiveness ($r = .351$, $p = .03$) and, of the alliance subcomponents, it was task alliance that was the strongest predictor of change in forgiveness ($r = .410$, $p = .009$).

Outcome

There were 24 partners who reported having felt injured and they were classified as injured, leaving 16 who were classified as injurers. The means for each of the measures at prewaitlist, pretherapy, posttherapy, and follow-up for injured and injuring partners are provided in Tables 1 and 2. The effect of treatment was assessed using a repeated measure 2×3 ANOVA with partner (injured and injurer) and occasion (prewaitlist, pretreatment, and posttreatment) as the two factors. There was a significant effect of time for both partners on all variables and interaction effects of time and partner for EFI $F(2, 76) = 3.34$, $p = .05$; Trust $F(2, 76) = 4.29$, $p = .025$; SCL $F(2, 76) = 3.98$, $p = .023$; and Self-UFB FN Scale $F(2, 76) = 5.17$, $p = .017$. Post hoc analyses were conducted using Bonferonni's adjustments for multiple comparisons, and both injurer and injured were found to differ significantly between pre- and posttreatment on all of the outcome measures. The interaction effects between time and partner for EFI, Trust, SCL, and Self-UFB FN Scale all were accounted for by the injured changing more over treatment than the injurer.

Injured Partners

Injured partners changed significantly over treatment compared to no significant change over the waitlist period on EFI ($t = 6.45$, $p < .001$); Trust ($t = 3.4$, $p < .05$); DAS ($t = 5.2$, $p < .001$); the GSI of the SCL-90-R ($t = 9.4$, $p < .001$); the Self-UFB EA Scale ($t = 5.2$, $p < .001$); the Self-UFB FN Scale ($t = 6.98$, $p < .001$); the UFB EA-O Scale ($t = 5.06$, $p < .001$); the UFB FN-O Scale ($t = 5.51$, $p < .001$); the TC Discomfort Measure ($t = 6.46$, $p < .001$); and the TC Change Measure ($t = 5.06$, $p < .001$).

Table 1
Prewait, Pretreatment, Post, and Follow-Up Mean and Standard Deviations of Outcome Measures for Injured and Injuring Partners

	Prewait		Pretreatment		Post		Follow-up	
	Injured $n = 24$	Injurer $n = 16$	Injured $n = 24$	Injurer $n = 16$	Injured $n = 24$	Injurer $n = 16$	Injured $n = 22$	Injurer $n = 13$
Measure	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)
Enright Forgiveness	263.6 (32.0)	297.5 (38.3)	267.7 (33.2)	305.3 (39.9)	309.3 (37.9)	313.8 (36.1)	302.6 (46.7)	320.4 (32.3)
Trust	73.6 (17.3)	85.6 (16.1)	72.5 (18.4)	85.9 (16.6)	86.2 (18.4)	88.9 (18.2)	81.48 (13.0)	88.92 (14.6)
Dyadic Adjustment	85.2 (18.7)	90.1 (18.5)	85.7 (17.4)	89.6 (22.6)	98.1 (17.7)	100.5 (22.0)	95.61 (22.2)	103.5 (21.9)
GSI	0.733 (0.558)	0.464 (0.408)	0.72 (0.605)	0.407 (0.37)	0.456 (0.443)	0.372 (0.324)	0.530 (0.578)	0.352 (0.313)
Self-UFB Empathy and Acceptance	19.17 (5.3)	24.9 (4.8)	19.5 (4.6)	24.6 (4.6)	26.6 (7.9)	29.06 (7.1)	—	—
Self-UFB Feelings and Needs	17.7 (3.4)	20.1 (3.2)	17.6 (3.6)	19.8 (3.0)	24.2 (5.0)	22.8 (3.9)	—	—
Other UFB Empathy and Acceptance	20.83 (5.1)	18.9 (5.7)	21.6 (5.12)	20.2 (6.2)	26.7 (5.8)	24.4 (7.1)	—	—
Other UFB Feelings and Needs	15.15 (4.9)	16.1 (4.6)	16.3 (4.6)	16.1 (4.1)	21.6 (6.5)	21.3 (5.6)	—	—
TC Discomfort	10.3 (1.9)	9.1 (2.6)	9.3 (2.6)	8.9 (2.5)	5.3 (3.1)	5.4 (2.6)	5.2 (3.0)	4.7 (2.5)
TC Change	—	—	3.9 (1.5)	4.1 (1.0)	7.0 (2.0)	6.8 (1.8)	7 (2.0)	7.1 (1.9)

Table 2
Frequency of Forgiveness After Waitlist and Treatment

	Forgive	
	Waitlist	EFT
Yes	3	17
No	21	7

Injurers

Injurers changed significantly on DAS ($t = 3.48$, $p < .001$); the Self-UFB EA Scale ($t = 2.66$, $p < .05$); the Self-UFB FN Scale ($t = 5.9$, $p < .05$); the UFB EA-O Scale ($t = 3.3$, $p < .01$); the UFB FN-O Scale ($t = 4.23$, $p < .001$); the TC Discomfort Measure ($t = 4.69$, $p < .001$); and the TC Change Measure ($t = 4.56$, $p < .001$). There were no significant changes over the waitlist period on any of the dependent measures.

Follow-Up

An important question was whether changes from treatment lasted over the 3-month waitlist period; in other words, did the partners remain improved or did they relapse? A repeated measure 2×2 ANOVA was performed to test for relapse at 3-month follow-up. Measures on DAS, EFI, Trust, GSI, and TC were obtained at follow-up on 35 of 40 partners treated, 22 injured and 13 injurers. The partners whose scores were not obtained over the follow-up did not differ significantly from the remainders on any of the pre- or posttest measures. There were no significant differences at the .05 level between posttreatment and 3-month follow-up for either group on the DAS, EFI, GSI, TC Discomfort, or TC Change. There was, however, significant deterioration effects on Trust ($t = 3.48$, $p = < .01$) at 3-month follow-up in the injured partners.

Relationship Between Change in Forgiveness and Other Variables

Pre–posttreatment changes were calculated as the standardized residuals by regressing initial scores onto final scores for forgiveness, marital satisfaction, and symptom measures (Cronbach & Furby, 1970). Changes in the EFI for injured over treatment correlated significantly with change in DAS ($r = .453$, $p < .001$) and change in trust ($r = .558$, $p < .001$) but not change in symptoms ($r = .3$, $p > .05$). Thus, an increase in forgiveness was related to a reduction in marital distress and an increase in trust but not to a reduction in symptoms.

Forgiving

A cutoff score of above three was used on the single-item 5-point Forgiveness Scale of the EFI to classify clients as having either partially or totally forgiven their injurers or not. The majority of partners (17) partially or totally forgave over the treatment period, with 11 rating completely forgiving, while hardly any partners (3) had rated any progress over the waitlist period, and none had completely forgiven.

DISCUSSION

The results of this study indicate that in couples in which both partners expressed sufficient desire to stay together to enter treatment, injured partners *showed* significantly more improvement during the EFT-C treatment than in the waitlist period, on all measures of change. These partners reported being significantly more forgiving and trusting after treatment, and also reported positive changes and reductions in distress on key TC. In addition, injured partners reported significantly improved marital satisfaction after treatment. Moreover, improvement was reported on the GSI of the SCL-90-R. Taken as a whole, this study provides support for

the effectiveness of an EFT-C approach for treating the injured partner's marital distress related to past emotional injuries. More specifically, it shows its effectiveness in promoting forgiveness in the injured partner. A similar pattern of findings was found for injurers except that they did not improve in symptoms, forgiveness, and trust, but this is understandable given they were not the injured party and they entered with higher levels on these variables.

In addition to the immediate effects of treatment, improvement was primarily maintained at 3-month follow-up for both partners. It is important to note that although there was deterioration in trust in injured partners over the 3-month follow-up period, all other outcomes were still significantly improved at follow-up in comparison with pretreatment scores. The injured partner also improved significantly more from pretreatment to follow-up than over the waitlist period on all measures of change, except trust, so treatment had an enduring positive effect. Some of this deterioration in trust can be attributed to one couple who suffered a major relapse in both forgiveness and trust during the follow-up period because of a significant life event in that the wife gave birth to a child. The presenting injury had been one in which the wife had felt abandoned by the husband after their first child had been born, and it appears at follow-up that having another child had resulted in reinjury. Even though this one couple accounted for a good proportion of the deterioration over follow-up, there still was a significant decline in trust when this couple was excluded from the analyses. The significant deterioration over follow-up in trust suggests that a longer treatment process, or booster sessions, might facilitate more enduring relapse prevention.

Contrary to what some of the forgiveness literature suggests, forgiveness in the injured partner was not significantly correlated with the pretreatment variable measuring emotional health, the GSI of the SCL-90-R, nor did change in forgiveness in these partners correlate significantly with change in symptoms. Thus partners who were more forgiving were not psychologically healthier as indicated by fewer symptoms, nor did greater forgiveness promote greater symptom reduction. This may have been because of lack of range on the GSI and to the small *n*.

In the present couples study, change in forgiveness, however, did correlate significantly with improved marital satisfaction and trust. Forgiveness at least 2 years after the injury in couples may have more effect on marital satisfaction and trust than on other indices of psychological distress. The finding of no relationship between forgiveness and GSI in this study differs from findings in the literature where forgiveness has been shown to have health benefits and is contrary to findings found in a study of individual therapy (Greenberg, Warwar, & Malcolm, 2008) suggesting that forgiveness of one's intimate partner in couple therapy may not have the same psychological health benefits as forgiveness, in individual therapy, of someone with whom clients are not in an ongoing intimate relationship. This may be because the injuries dealt with in individual and couples therapy may be different, with the unresolved emotional injuries focused on in individual therapy possibly being more traumatic, such as sexual abuse by a parent resulting in these people having more psychological symptoms at the time of treatment. Furthermore, clients in individual therapy experience these unresolved feelings of hurt and anger even though they are no longer in close contact with the person who injured them, whereas in couples the partner is present and attempting to resolve the injury. The presence of the partner in the relationship and his or her effort to reconcile may protect the injured partner from greater psychological symptoms.

Couples clearly improved significantly in this treatment and despite some loss of gains on trust after 3 months for the injured partner, there was no significant loss of gains on measures of marital satisfaction, TC, or psychological symptoms. In addition, a substantial number of partners (17) reported forgiving their partners. In this treatment, the process began with the injured partner expressing blame, complaint, or hurt and the offender being defensive about having committed the injury, or minimizing its severity. In those couples who forgave, the injurer first shifted to a nondefensive position of acceptance for the responsibility of the injury, and the injured partner expressed a primary emotion related to the injury to which the offender responded empathically. This was followed by the offender expressing shame, remorse, or empathic distress and offering a heartfelt apology, and this appeared to lead to a shift in the injured partner's position and the later steps opened the path to forgive-

ness. Over the course of this treatment a number of couples thus forgave their partners, reconciled, and constructed a new, more positive relational narrative that helped transcend the injury. This mapped very closely onto the process described by Maniken and Johnson (2005) in the resolution of attachment injuries in which the process of resolution begins with the emergence of an attachment injury which then was discounted or denied by the injurer. If, however, the injured partner could stay in touch with the injury and began to articulate its impact and attachment significance and the offending partner began to hear and understand the significance of the injurious event, the partners reengaged. Then there was an expression of underlying vulnerable feelings and the offender expressed empathy, regret, and/or remorse. This led to forgiveness and reconciliation. This process was highly consistent with the general model of change in EFT-C but emphasizes the importance of an apologizing process in which the injurer expresses shame, remorse, or regret.

Further rigorous study of the process of couples who forgive, and comparing them with couples who did not forgive, will help illuminate the process of forgiveness.

The Treatment of Couple Unfinished Business

It is important to note the difference between treatment of emotional injuries of the type described and treated in this study and the treatment of trauma. In this treatment of UFB, the couples are no longer dealing with the shock of betrayal and have chosen to continue to live together. A treatment that focuses on gaining access to underlying hurt and anger that has been avoided, to let go of it, is appropriate to the situation of unresolved injury from the past rather than treatment that focuses on coping with the immediate crisis of, for example, the discovery of an affair.

Limitations

A limitation of the study was that by using couples as their own control we do not know if the couples put working on their problems on hold until they began their treatment. The advantage of having couples as their own control, however, is that the study actually compares the same people to themselves, thereby controlling for individual differences in couples. The disadvantage, however, is we do not know if the promise of future treatment impeded any natural processes of resolution that might have occurred over a no-treatment control period. However, given that the injuries were at least 2 years old and were still unresolved, it is unlikely that resolution would have occurred over the brief waiting period. Another limitation of the study is that the clients were volunteers who responded to advertisements, and they may not be representative of the general population of couples seeking help for emotional injuries. Furthermore, the type and intensity or type of injury was not taken into consideration as a variable that may have affected treatment outcome. In addition, it is important to recognize that forgiveness is a process rather than a single event and one might expect movement back and forth on this variable, so measuring forgiveness on a number of occasions rather than just once would be useful. In addition, these couples were moderately distressed (scores on the DAS, mean was 87), and these results will not necessarily generalize to more distressed couples.

Conclusion

Couples who suffer from unresolved emotional injuries of the type we have described often are unable to let go of the anger and hurt that results, and this can severely damage their relationship. Emotionally focused couples therapy appears to hold promise in healing these injuries, improving marital satisfaction, and promoting greater trust and forgiveness.

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