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PREDICTORS OF SUCCESS IN EMOTIONALLY FOCUSED MARITAL THERAPY

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This study examined client variables expected to predict success in emotionally focused marital therapy (EFT), now the second most validated form of marital therapy after the behavioral approaches. The relationship of attachment quality, level of emotional self-disclosure, level of interpersonal trust, and traditionality to the therapy outcome variables, marital adjustment, intimacy, and therapist ratings of improvement, was examined. These variables were chosen for their relevance to the theory and practice of EFT and to intimate relationships in general. Overall, therapeutic alliance predicted successful outcome; the task dimension of the alliance in particular predicted couples' satisfaction. More specifically, one dimension of female partners' trust, their faith in their partner, predicted couples' satisfaction at follow-up. Females' faith also significantly predicted males' level of intimacy at follow-up. Males who were most likely to be nondistressed at termination indicated higher levels of proximity seeking on an attachment measure at intake, and older males and males whose partners had higher levels of faith in them were more likely to be nondistressed at follow-up. Traditionality was not found to be significantly related to outcome. Couples who made the most gains at follow-up also indicated lower initial marital satisfaction and included males who indicated lower levels of use of attachment figure on the attachment measure at intake. Males who made the largest gains at termination were older and were rated as less expressive by their partner on self-disclosure measures at intake. Age was the only variable significantly related to males' gains in satisfaction at follow-up. Implications for the practice of marital therapy and future research are delineated.

The efficacy of emotionally focused marital therapy (EFT) has been empirically demonstrated, and at present this approach is recognized as the second most empirically validated extant marital intervention (Alexander, Holtzworth-Munroe, & Jameson, 1994). EFT focuses upon the compelling emotional responses and constricted interactional patterns that characterize marital distress. The EFT therapist assumes that these responses and patterns

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are reciprocally determining and focuses upon reprocessing emotion to facilitate shifts in interactional positions and upon restructuring interactions to create corrective emotional experiences for partners. EFT interventions have been clearly specified (Greenberg & Johnson, 1988; Johnson, 1996) and implemented with a variety of populations (Gordon-Walker, Manion, & Johnson, 1996). The model of marital distress used in this approach is supported by empirical research on the nature of marital distress (Gottman, 1994), as is the perspective on adult love, which is seen here as an attachment process (Bartholomew & Horowitz, 1991). Distressed relationships are viewed as insecure bonds in which attachment needs cannot be met due to patterns of emotional processing and interaction that block emotional engagement.

Given that EFT is generally an effective intervention for marital distress, there is still variability in couples' responses to this intervention; although most couples improve and effect sizes for EFT are relatively high (Johnson, Hunsley, Greenberg, & Schlindler, 1997), some couples do not improve. It was deemed important, therefore, to conduct a study that focused on predictors of success in EFT rather than on treatment effectiveness, for which substantial evidence already exists. Such research would begin to delineate which couples are suited to EFT and also to enhance understanding of the factors which are associated with a lack of response to EFT interventions so that the EFT therapist can, whenever possible, modify interventions to suit the couple and optimize clinical effectiveness.

On a more general level, it is important that the field of marital therapy moves beyond demonstrating general effectiveness for specified treatments and toward stipulating which interventions work best for which couples (Baucom & Hoffman, 1986; Jacobson, Follette, & Pagel, 1986). To date, however, the research on predictors of success in marital therapy has focused on the more behavioral interventions (BMT). There is a particular need for more dynamic approaches, such as EFT, to identify factors related to responsiveness to these approaches. Of the factors that are viewed as influencing therapy outcome—client characteristics, therapist interventions, and client/therapist interactions—client variables have been identified as perhaps the most important (Prochaska & Norcross, 1982). In addition, previous researchers have suggested that it is important to examine the association between treatment outcome and variables that are deemed particularly pertinent to the theory and practice of a particular approach, rather than general demographic or relationship variables (Snyder, Mangrum, & Wills, 1993). In this study partner characteristics that were considered particularly relevant to EFT, attachment quality, level of interpersonal trust, and emotional self-disclosure, were related to outcome; other factors, such as age and couple traditionality, were also examined.

Previous studies have focused on predicting success in BMT (except for one study [Snyder et al., 1993] which focused upon predictors of success in insight-oriented marital therapy) and have considered demographic variables, personality factors, relationship characteristics, and symptom correlates of marital distress as predictors of success in marital therapy. Demographic variables have not generally predicted success in the above approaches, although age has been found in some studies to be related to outcome in BMT (Baucom 1984; Baucom & Hoffman, 1986). Relationship characteristics such as emotional affection, which includes tenderness and sexual frequency, have been found to relate to success in BMT (Hahlweg, Schindler, Revenstorf, & Brengelmann, 1984), and high levels of negative affect at intake have been found to predict distress at termination and follow-up for BMT and insight-oriented therapy (IOMT) (Snyder et al., 1993). The most consistent predictor of outcome has been found to be pretreatment levels of marital satisfaction. For

example, this variable accounted for 37% of the variance in one BMT outcome study (Jacobson et al., 1986). Greater power inequality between the couple at intake has also been found to be related to positive gains in marital satisfaction following BMT (Whisman & Jacobson, 1990), and problem-solving deficits have been found to predict negative outcome in BMT and IOMT (Snyder et al., 1993).

Partners' levels of masculinity/femininity and affiliation and independence have also been related to marital therapy outcome. Two studies found femininity, that is, valuing relationships and attending and responding to the needs of others, to be related to outcome (Baucom & Aiken, 1984; Snyder et al., 1993). Specifically, Snyder et al. (1993) found that lower femininity scores predicted marital distress at follow-up, concluding that couples showing less emotional responsiveness were less likely to improve after therapy. However, Jacobson and his colleagues (1986) found that neither masculinity nor femininity predicted marital satisfaction after BMT. In the same study, affiliation and autonomy patterns, in which one partner sought to affiliate with the other who in turn sought independence, were related to outcome in BMT. Highly affiliative wives and highly independent husbands (as measured by scores on the Edwards Personal Preference Scale) were less likely to benefit from BMT. It was concluded that the degree of traditionality of the couple related negatively to successful outcome in BMT. In terms of symptom correlates of marital distress, high levels of depressive symptomatology have been found to be negatively related to successful outcome in BMT and IOMT (Snyder et al., 1993).

The most pertinent implications of this literature appear to be that couples with high levels of negative affect and/or high emotional disengagement (frequency of sexual contact, sense of togetherness, tenderness, and emotional responsiveness) seem to benefit less from BMT and IOMT (Jacobson & Addis, 1993); that traditional couples showing conflicting preferences for affiliation and independence (who might be expected to have compelling pursue/withdraw patterns of interaction) are less likely to benefit from BMT and an orientation toward others' needs and feelings seems to increase the likelihood of success in IOMT and BMT; and that pretreatment levels of distress are perhaps the most significant predictor of success in BMT (Jacobson et al., 1986; Whisman & Jacobson, 1990).

Variables chosen for inclusion in this study, the quality of attachment, levels of emotional self-disclosure, trust, and couple traditionality, were considered to be relevant to the theory and fundamental processes of EFT, as well as to the understanding of intimate relationships in general (Hansen & Schuldt, 1984; Hazan & Shaver, 1987; Holmes & Rempel, 1989). Change in EFT has been found to be associated with heightened emotional experience and expression, an increased willingness to engage emotionally, and increased affiliative responsiveness (Johnson & Greenberg, 1988). The goal of EFT then is to use the experience and disclosure of emotional experience to modify interactional positions so that new relationship events foster the growth of trust and evoke accessibility and responsiveness, the building blocks of a secure bond. A strong positive therapeutic alliance is also posited as essential to the therapy process. In EFT individual differences in aspects of attachment, such as the tendency and/or willingness to reach for the attachment figure when distressed, would seem to be crucial elements since EFT focuses specifically on attachment issues and attempts to create bonding events. An unwillingness or inability to access and disclose emotional experience might also be expected to hamper such a process. Low levels of trust might also hinder the reprocessing of emotion and the initiation of new, more engaged interactions. From the EFT perspective, a lack of trust also maintains the rigidity of the negative interaction patterns and makes the disclosure of vulnerability, a key element in

EFT, more difficult. Traditionality was included because it is a variable that reflects the interaction of partners' preferences rather than simply individual characteristics and it might be expected to predict the more extreme pursue/withdraw pattern of interaction that renders emotional engagement more difficult.

In this study couples seeking marital therapy were assessed on the above variables and given 12 sessions of EFT. The therapist alliance was assessed at the end of the third session. At the end of treatment and at 3-month follow-up, the couples' marital adjustment and intimacy level were assessed. A therapist rating of marital adjustment was also completed at the end of treatment. Intake levels of the above variables were then assessed for their ability to predict treatment outcomes after the initial level of marital satisfaction was accounted for. Both gains, that is, the amount of change achieved and the absolute level of satisfaction at the end of therapy and at follow-up, were analyzed. Couples with higher initial levels of secure attachment, affective self-disclosure, and interpersonal trust were expected to be less distressed at the end of therapy and at follow-up; couples with low scores on these variables were expected to make gains but not to be nondistressed at the end of treatment. Couples with higher scores on these variables were also expected to be more intimate after therapy and to be more likely to be rated as improved by the therapist. Higher levels of traditionality in couples were also expected to be negatively related to positive outcome.

METHOD

Subjects

Subjects were recruited through newspaper advertisements describing a research project for couples wishing to improve their relationship. Thirty-six couples met the inclusion criteria for the study, namely, that partners had cohabited for at least 1 year, that they were free of alcohol or drug-related problems, had received no psychiatric or psychological treatment in the last year, and scored less than 97 on the Dyadic Adjustment Scale (DAS) (Spanier, 1976), which is the cutoff point for marital distress. Two couples dropped out during therapy so that 34 couples were included in the study.

The average length of relationship for these couples was 13 years (range 1-42, SD = 11.5), and the average education level was 15.5 years (range 10-22, SD = 1.6). The average number of children was 1.4 (range 0-4, SD = 1.5). The mean age of partners was 42 (range 22-60, SD = 11). In terms of income, 65% of the couples made over $55,000 a year. These couples were, in general, financially secure. The mean pretreatment level of marital satisfaction was 88 on the DAS (range 68-97, SD = 7.9), thus this sample can be considered moderately distressed.

Therapists

Thirteen therapists participated in this study. These therapists had an average of 13 months supervised EFT couples therapy experience and consisted of doctoral level students in clinical psychology. Weekly group supervision sessions were conducted by Dr. Susan Johnson, one of the originators of EFT. Treatment was conducted at the Centre for Psychological Services at the University of Ottawa, an APA accredited training facility serving a moderately large metropolitan area.

Measures

The Couples Therapy Alliance Scale (Pinsof & Catherall, 1986). This instrument was completed by each partner in private after the third therapy session. The measure contains three components based on the work of Bordin (1979): bond between therapist and client, agreement as to therapeutic goals, and perceived relevance of the tasks presented in therapy. These three components are rated in relation to self, other, and the relationship in three subscales. The partners respond to 28 items on a Likert-type 5-point scale. Reliability (internal consistency) in a previous outcome study (Johnson & Greenberg, 1985) was calculated at .96 for the total test and .88, .92, and .85, respectively, for each of the subtests referred to above.

Dyadic Adjustment Scale (Spanier, 1976). This well-known self-report questionnaire is widely used as an index of global marital adjustment (total score). It contains four subscales, Consensus, Satisfaction, Cohesion, and Affectional Expression. A reliability of .96 (Cronbach's alpha) has been reported for this test (Spanier, 1976). Most items involve a 5- or 6-point Likert-type scale defining the amount of agreement or frequency of an event.

Miller Social Intimacy Scale (MSIS) (Miller & Lefcourt, 1982). This is a 17-item self-report measure of the level of intimacy currently experienced in a given relationship. Reliability has been calculated at .91 (Cronbach's alpha) and .96 (test-retest). Validity data are reported by the originators of the test. Scores can range from 17 to 170. The mean score for clinic couples in the original sample was 126.3. Items are rated on 10-point scales and summed to obtain a total score.

Attachment Questionnaire (AQ) (West, Sheldon, & Reiffer, 1987). This is a 35-item self-report questionnaire designed to assess the quality of adult attachment in terms of seven criteria. These criteria form seven subscales: Secure Base (alpha coefficient of .84 reported in original sample), Separation Protest (.90), Proximity Seeking (.79), Feared Loss (.88), Reciprocity (.85), Availability (.86), and Use of Attachment Figure (.90). Each item is rated on a 5-point scale ranging from *strongly disagree* (1) to *strongly agree* (5). The theoretical range of scores is 35 to 175, and higher scores indicate more secure attachment.

The Relationship Trust Scale (RTS) (Holmes, Boon, & Adams, 1990). This is a 30-item self-report inventory designed to assess interpersonal trust in cohabiting couples. Five subscales emerged from a factor analysis: Responsiveness of Partner, Dependability/Reliability, Faith in Partner's Caring, Conflict Efficacy, and Dependency Concerns. Reliabilities were reported as .89, .83, .84, .84, and .83, respectively. Test-retest reliability was reported as .72 over a 3-year period. Partners respond to items on a 7-point scale, ranging from *strongly disagree* (1) to *strongly agree* (7). A high overall score indicates a higher level of trust.

The Emotional Self-Disclosure Scale (ESDS) (Snell, Miller, & Belk, 1988). The questionnaire assesses how willing people are to discuss eight specific emotions with friends and lovers. The scale consists of 40 items divided into eight subscales corresponding to the eight distinct emotions outlined by Izard (1977): Sadness/Depression, Happiness, Jealousy, Anxiety, Anger, Calmness, Apathy, and Fear. Cronbach alpha reliabilities for these subscales are reported as, .91, .93, .89, .91, .94, .86, .89, and .95, respectively. Acceptable test-retest reliabilities are also reported. Partners rate their own and their partner's level of disclosure. Higher scores indicate greater disclosure. In this test, as in the other measures, individual scores were summed and divided by 2 to arrive at an overall couple score. For the three predictor variables mentioned above, couples and individual male and female scores were analyzed.

The Affiliation (AFF) and Autonomy (AUT) subscales of the Edwards Personal Preferences Schedule (EPPS) (Edwards, 1959) were used to measure traditionality in couples. This measure was originally designed as a measure of Murray's interpersonal needs. It utilizes a forced-choice format and is designed to minimize social desirability. Reliabilities (internal consistency) for the subscales used here are reported as .70 (AFF) and .76 (AUT). Test-retest coefficients were rated at .77 (AFF) and .84 (AUT) (Edwards, 1959). Scores for traditionality were calculated by summing the female partner's total score on the EPPS affiliation subscale (AFF) and the male partner's total score on the EPPS autonomy subscale (AUT) as described in previous research (Jacobson et al., 1986).

Therapist Rating of the DAS Factors

This scale was designed for this study to provide a measure of the therapists' assessment of the improvement in the couples' dyadic adjustment and was based on the four factors that comprise the DAS. Four items on this scale measure satisfaction, and two items each measure consensus, cohesion, and affectional expression. Therapists rated items such as "Have this couple improved their general level of committment to the relationship" on a 5-point scale ranging from *very much improved* to *very much worse.* Higher numbers indicate a higher level of improvement. Reliability for this measure was calculated at .86.

Implementation Checklist

A checklist of 16 EFT interventions was adapted from those used in previous studies (Dandeneau & Johnson, 1994; Johnson & Greenberg, 1985). Eight interventions were classified as typical of EFT and 8 were considered to be divergent from EFT.

PROCEDURE

After telephone screening and assessment interviews, couples were assessed on the above instruments. They then received 12 free weekly 1.25 hour sessions. All sessions were audiotaped, and the alliance scale was completed after the third session. At the end of treatment couples were reassessed. Two couples withdrew from the study. Therapists were asked to complete the Therapist Rating Scale. A 3-month follow-up was conducted in the form of an interview and the DAS and MSIS were administered.

TREATMENT APPROACH

EFT is a synthesis of experiential and systemic approaches. Intrapsychic and interpersonal perspectives are combined in that interactional positions adopted by the partners are assumed to be maintained by both individual emotional experience and by the way interactions are organized, that is, by intrapsychic realities and the interactional patterns or rules of the relationship. The goal of therapy is then to access and reprocess the emotional positions underlying each partner's interactional positions and thereby facilitate a shift in these positions in the direction of increased accessibility and responsiveness. This then results in a more secure and satisfying bond. The process of EFT has been delineated in nine treatment steps and specified interventions (Greenberg & Johnson, 1988; Johnson, 1996). Transcripts of an EFT initial session and a crucial change event can be found in the literature (Johnson & Greenberg, 1992, 1995). Emotion is given a primary place in the EFT process and is both an agent and a target of change (Johnson & Greenberg, 1994).

RESULTS

Pearson correlation coefficients were calculated to assess the relationship between couple and individual predictor variables and marital satisfaction at termination and follow-up. Multiple regression analyses were then conducted for the predictor variables found to be significantly correlated with marital satisfaction. In this procedure the initial level of marital satisfaction was entered first and the predictor variable second. Such separate hierarchical multiple regressions are recommended in the literature in order to assess the unique contribution of the predictor variables beyond that of initial satisfaction level (Snyder et al., 1993). These analyses assessed the contribution of the predictor variables in predicting those couples who were most likely to be maritally satisfied or recovered at termination and follow-up. The same procedures were followed to assess the relationship between intimacy levels at these times and the predictor variables. Pearson correlation analyses were also conducted with each predictor variable and marital satisfaction change scores for the couple and each gender to determine the relationship between predictor variables and gains in treatment. These analyses were also used to assess the relationship between predictor variables and therapist ratings of improvement.

Clinical treatment effects in this study are reported, as suggested by Jacobson et al. (1984), in terms of the number of couples who could be considered recovered or maritally satisfied posttreatment and at follow-up and in terms of clinically significant change scores. Regression analyses were conducted to assess the relationship between predictor variables and marital satisfaction and intimacy for couples and individual partners. Pretreatment marital satisfaction was entered first in these analyses to assess the unique contribution of the predictor variables to outcome beyond that attributable to pretreatment satisfaction level. Therapist ratings of improvement were correlated with each predictor variable.

Preliminary analyses were conducted to check that variables met assumptions implicit in the statistical analyses. The only result of interest here was that the female level of secure attachment displayed significant positive kurtosis (2.81, $p < .01$), suggesting that the range of scores on this measure was limited. Reliability analyses were conducted for each measure and all subscales. These reliabilities were generally acceptable and consistent with the reported findings on these measures in the research literature. As part of these preliminary analyses, two trained raters rated 10-minute segments of therapy from six randomly selected sessions completed by each couple. Interrater reliability was calculated at 94% (Cohen's kappa), and of 832 coded interventions, 27 (3.2%) were found to be inappropriate for EFT. The most common of the interventions coded as inappropriate consisted of the therapist asking partners to disclose theories and opinions as to what had led to change in the sessions. Implementation checks suggested that EFT was faithfully implemented. Gender differences on all predictor and outcome variables were examined, and the only significant differences found were that females were more self-disclosing of all eight emotions at intake than were males (t (66) = -2.59, $p < .012$). All F ratios reported here are incremental ratios; that is, they indicate the results of a regression analysis after the variance attributable to pretreatment satisfaction has been accounted for. Analyses were routinely corrected using the Bonferroni procedure.

Treatment Effects

This study was not designed to test outcome; however, it is possible to describe treat-

ment effects, which appear to be consistent with previous studies of EFT (Johnson et al., 1997). Also, since the study predicts treatment success, it seems pertinent to specify success for this sample.

As suggested by Jacobson and Truax (1991), a cutoff point midway between the mean pretreatment level of marital satisfaction for this sample (88) and the norm for satisfaction on the DAS (114) was used as the criterion for nondistress, that is, recovery (101). Using this criterion, 50% of the couples were classified as recovered or satisfied at termination, and 70% at follow-up. A reliable change index (Jacobson & Truax, 1991) was also computed; 79% of the couples exhibited a clinically significant improvement at termination, and 82% (28 couples) did at follow-up. Two couples deteriorated (defined as a difference of 5 or more points between termination and follow-up) by -5.5 and -10.5 points on the DAS total score. The effect size calculated on the DAS scores for this sample (Howell, 1989) was 1.26. These results suggest that EFT was effective in alleviating distress in this sample.

In addition, pretreatment levels of marital satisfaction were significantly related to posttreatment marital satisfaction level, $r\,(32) = .35$, $p < .05$, but not significantly related to this variable at follow-up, $r\,(32) = .21$, $p > .05$. Initial level of marital distress was not significantly related to satisfaction at follow-up. Change scores at termination were not found to be related to pretreatment levels of distress, $r\,(32) = -.29$, $p > .05$, but were related at follow-up, $r\,(32) = -.39$, $p < .05$, suggesting that more distressed couples made the most gains on the DAS at follow-up rather than immediately after treatment. Therapist ratings were related to couples' satisfaction level at termination $r\,(32) = .59$, $p < .01$, and follow-up, $r\,(32) = .62$, $p < .01$. There was a relatively high level of consistency between couples' reports of marital satisfaction and therapist ratings of improvement.

If couples were divided into severely (one standard deviation from DAS initial mean satisfaction level, below 81), moderately (DAS scores of 82-91), and mildly distressed (92 and above), the percentage of these couples who improved and /or recovered (using Jacobson & Truax, 1991, criteria) at follow-up were as follows: of the severely distressed couples ($n = 7$), 57% recovered and 100% improved; of the moderately distressed ($n = 13$), 85% recovered and 85% improved; of the mildly distressed ($n = 14$), 79% recovered and 71% improved.

PREDICTOR VARIABLES

Demographics

The one demographic variable found to be related to outcome was male age. Older males were more likely to be maritally satisfied at follow-up and also exhibited more gains in satisfaction at termination and follow-up. Males' age accounted for 16% of the variance in their follow-up level of marital satisfaction, $F(1,31) = 6.46$, $p < .05$. Males' age was significantly related to their marital satisfaction change scores at termination, $r\,(32) = .38$, $p < .025$, and at follow-up, $r\,(32) = .38$, $p < .025$.

Attachment

Although a relationship was found between couples' termination satisfaction level and intake measures of couples' proximity seeking, $r\,(32) = .36$, $p < .05$ (accounting for 6% of the variance), and males' proximity seeking, $r\,(32) = .37$, $p < .05$ (accounting for 7% of the variance), incremental F ratios in the regression analysis were nonsignificant, $F(1,31) =$

2.71, $p > .025$, and $F(1,31) = 2.93$, $p > .025$. In terms of individual results, the only attachment variable to predict outcome over and above initial satisfaction was males' proximity-seeking behaviors at intake, $F(1,31) = 6.48$, $p < .016$, which accounted for 15% of the variance in marital satisfaction level at termination. Males were more likely to be maritally satisfied at termination if they indicated higher levels of proximity seeking at intake. Female initial attachment scores were not significantly associated with female satisfaction levels after therapy.

Although correlations tended to be in the hypothesized direction, in terms of treatment gains the only finding to reach significance (alpha corrected, set at .002) was that couples who were most likely to make gains in satisfaction at follow-up included a male partner who indicated a low level of use of his attachment figure at intake, $r(32) = -.51$, $p = < .002$. Thus, couples containing male partners who were reluctant to turn to spouses for contact and support were most likely to benefit from EFT. None of the attachment subscales significantly added to the prediction of intimacy outcome after the variance due to initial levels of intimacy had been accounted for (36%, $F(1,31) = 18.20$, $p > .05$). Couple, male, and female attachment scores were unrelated to therapist ratings of improvement at termination (-.26, -.18, -.21).

Self-Disclosure

Initial ratings of self-disclosure were found to be unrelated to couples' level of, or gains in, marital satisfaction at termination and follow-up. There was also no significant relationship between the disclosure of the various emotions and marital satisfaction levels for couples or for individuals. The only significant finding was that males who were rated by their partners as being less self-disclosing reported the largest gains at posttest, $r(32) = -.46$, $p < .007$; that is, males who were perceived as emotionally inhibited by their partners were most likely to have made gains in marital satisfaction by termination.

For intimacy, the only significant finding was that females' self-rating of apathy at intake predicted females' level of intimacy at follow-up, accounting for 11% of the variance, $F(1,31) = 4.69$, $p < .05$. Levels of self-disclosure for couples, females, and males were found to be unrelated to therapist ratings of improvement (-.14, -.16, -.07).

Trust

Although many elements of trust were positively associated with marital satisfaction at termination and follow-up, the only one of these variables to predict outcome over and above initial satisfaction level was females' initial level of faith, which was a significant predictor of couples' satisfaction at follow-up, accounting for 15% of the variance, $F(1,31) = 5.81$, $p < .025$. In individual analyses none of the trust variables significantly predicted male or female satisfaction scores at termination; however, females' level of faith in their partners' caring significantly predicted males' satisfaction level at follow-up, accounting for 30% of the variance, $F(1,31) = 13.79$, $p < .01$.

In terms of gains, although most correlations were in the hypothesized direction, there were no significant findings for this variable. Likewise, none of the trust variables added to the prediction of couples' or individuals' intimacy scores over and above the variance accounted for by initial intimacy levels (which accounted for 36%), except for females' level of faith, which significantly predicted males' intimacy scores at follow-up, accounting for 13% of the variance, $F(1,31) = 6.67$, $p < .016$. No significant association was found between initial trust scores and therapist ratings of improvement.

A categorical trust question, "Do you trust your partner, Yes or No," was included in the initial assessment. Seven couples (20%) included a partner who answered negatively. These couples were less likely to be recovered or improved (by Jacobson & Truax, 1991, criteria) at termination and follow-up than couples in which neither partner indicated a categorical lack of trust. At follow-up only 57% of the couples containing a no-trust partner recovered and 57% improved, compared to 74% recovery and 88% improvement for couples in which both answered affirmatively on this question.

Traditionality

Traditionality scores were not found to be significantly related to marital satisfaction posttherapy, $F(1,31) = 1.12, p > 0.5$ or at follow-up, $F(1,31) = 0.51, p > 0.5$, accounting for 0% of the variance in marital satisfaction at both times. These scores were also not significantly related to intimacy levels posttherapy, $F(1,31) = .22; p > .05$ or at follow-up, $F(1,31) = .01, p > .05$. In terms of gains, there were also no significant findings for this variable. To attain descriptive data, a median split was used to delineate low and high scores on traditionality. For couples classified as low in traditionality, 50% were categorized as recovered (a DAS score of 101) at termination; similarly, 50% of the highly traditional couples were recovered at that time. At follow-up, 67% of the low and 69% of the highly traditional couples were categorized as recovered.

Tables 1 and 2 present a summary of the results concerning marital satisfaction at termination and follow-up.

Therapeutic Alliance

Although the main focus of this study was client characteristics and treatment success, the quality of the therapeutic alliance is so prominent in the literature as a predictor of positive outcome that it was decided to consider it here, together with the other accepted predictor of outcome, the level of pretreatment distress. There are also those who stress the alliance as a reflection of individual client skills (Stiles, 1988).

The measure of alliance in this study was found to be significantly correlated with outcome, and multiple regression analyses were therefore conducted. Couples' pretreatment level of marital satisfaction accounted for 12% of the variance in couples' marital satisfaction posttreatment, $F(1,32) = 4.65, p < .05$, and 4% of the variance in this variable at follow-up, $F(1,32) = 1.54, p > .05$. Couples' alliance score, however, accounted for 22% of the variance in posttreatment satisfaction, $F(1, 32) = 10.39, p < .01$, and 29% of the variance at follow-up $F(1,31) = 12.73, p < .01$. Therapeutic alliance scores were also found to be significantly related to couples' gains in marital satisfaction at termination, $r\ (32) = .48, p < .01$, and follow-up, $r\ (32) = .50, p < .01$. Further analyses were conducted to determine if any of the subscales were more powerful in predicting outcome. This measure contains three content dimensions, bond, goal, and task. The task dimension, that is, the couples' perception that the therapist was helpful and that the tasks within therapy were relevant to presenting concerns, accounted for the most variance in satisfaction outcome. This subscale accounted for 27% of the variance in couples' posttreatment satisfaction level, $F(1, 31) = 13.11, p < .008$, and 36% of the variance in the couples' satisfaction level at follow-up, $F(1, 31) = 18.20, p < .008$.

Couples' alliance was also related to couples' intimacy at termination, $r\ (32) = .46, p < .01$, and follow-up, $r\ (32) = .50, p < .01$, accounting for 10% of the variance in the couples' posttreatment level of intimacy, $F(1,31) = 5.83, p < .05$, and 16% of the variance in the couples' follow-up level of intimacy, $F(1,31) = 7.83, p < .01$. Pretreatment levels of inti-

macy accounted for 37% $F(1,32) = 18.03, p < .001$, and 24%, $F(1,32) = 10.05, p < .01$, of the couples' posttreatment and follow-up levels of intimacy, respectively. Couples' alliance was also found to be related to therapist ratings of improvement at termination, $r(32) = .36$, $p < .05$, accounting for 13% of the variance, $F(1,32) = 4.75, p < .05$. A strong alliance at the end of the third session predicted higher levels of couples' marital satisfaction and amount of change (gains) in marital satisfaction at termination and at follow-up. It also predicted higher levels of intimacy at termination and follow-up and therapist ratings of improvement. A positive association between therapist experience and couple alliance level was found but was not statistically significant, $r(32) = .23, p > .05$.

Given the findings on alliance as a predictor of outcome, analyses were conducted to examine which couples established a strong alliance. Considering the predictor variables, only couples' initial trust score was found to be significantly related to level of alliance, accounting for 13% of the variance, $F(1,32) = 4.43, p < .05$. Initial level of marital satisfaction was not significantly related to the couple's alliance level, $r(32) = -.00, p > .05$. The level of distress did not hinder or facilitate the quality of the alliance made with the therapist.

Table 1
Multiple Regression of Predictor Variables on Couples' Posttreatment Marital Satisfaction Level

Variables	Cdas2(DV)	B	ß	R square change (incremental)
Couple Pretreatment Mean Marital Satisfaction Level	.35*	.542	.349	.12*
Couple Mean Alliance Level	.47**	.336	.475	.23**
Couple Mean Proximity Seeking (Attachment)	.36*	1.447	.271	.06
Male Proximity Seeking (Attachment)	.37*	1.182	.282	.07
Couple Mean Trust Level	.37*	.108	.234	.03
Male Trust Level	.34*	.078	.210	.03
Couple Mean Faith (Trust)	.41*	.556	.304	.07
Female Faith (Trust)	.40*	.537	.309	.08
Traditionality	.04	.318	.133	.01

Note. Cdas2 = Couple Mean Posttreatment Marital Satisfaction Level; separate regression analyses were conducted for each variable significantly correlated with Cdas2. Couple mean pretreatment marital satisfaction level accounted for 12% of variance in posttreatment marital satisfaction level. Alliance level (couple mean) accounted for 23% of variance in couple posttreatment marital satisfaction level. * $p < .05$. ** $p < .01$.

Table 2
Multiple Regression of Predictor Variables on Couples' Follow-up Marital Satisfaction Level

Variables	Cdas3(DV)	B	ß	R square change (incremental)
Couple Pretreatment Marital Satisfaction Level	.20	.316	.201	.04
Couple Mean Alliance Level	.53**	.383	.534	.29**
Female Faith Level (Trust)	.44*	.735	.416	.15**
Couple Mean Faith Level (Trust)	.35*	.597	.321	.08
Traditionality	.12	.304	.124	.05

Note. Cdas3 = Couple Mean Follow-Up Marital Satisfaction Level; separate regression analyses were conducted for each variable significantly correlated with Cdas3. Couple mean alliance level accounted for 29% of variance in couples' follow-up marital satisfaction level. Female level of faith accounted for 15% of variance in couples' follow-up marital satisfaction level. $*p < .05$. $**p < .01$.

DISCUSSION

Results of this study indicate that the couples most likely to be satisfied after 12 sessions of EFT and at follow-up were couples who made a positive alliance with the therapist and, more specifically, who saw the tasks of EFT, which promote emotional engagement, as relevant to their problems. Couples satisfied at follow-up tended to contain females who reported a higher level of trust in the form of faith in their partner at intake. Initial levels of marital satisfaction were found to be generally less predictive of outcome than might be expected on the basis of previous studies examining predictors of success in marital therapy. The most powerful predictors of intimacy levels at follow-up were pretreatment levels of intimacy and therapeutic alliance. At follow-up, females' faith in their partner predicted males' intimacy, and females' level of emotional self-disclosure of apathy predicted their own level of intimacy. Males were more likely to be satisfied at termination if they reported more proximity seeking on the attachment measure at the initial assessment. At follow-up, males who were satisfied tended to be older and to be perceived as more trustworthy by their spouse. The couples most likely to make gains that were significant at follow-up tended to report lower initial marital satisfaction and higher alliance levels and to contain male partners who at intake reported that they made less use of their attachment figure on the attachment measure. As individuals, older males were likely to show the largest gains in marital satisfaction; also, males rated by their partner as emotionally inexpressive on the disclosure measure tended to make the most gains in satisfaction by the end of treatment. Only alliance scores predicted therapist ratings of improvement.

It is interesting to note that older men made more gains and were more likely to be

maritally satisfied 3 months after therapy. This contrasts with some of the results predicting success in BMT, where age has been found to be negatively related to outcome (Baucom & Hoffman, 1986). It may be that as male partners become older, they are more focused on the importance of emotional connection and intimacy (Levinson, 1977) and therefore find EFT interventions more relevant, whereas younger males may prefer skill-oriented, exchange approaches to change that require less expression of emotional needs.

A positive alliance has been generally noted as a nonspecific factor influencing change in many interventions (Orlinsky & Howard, 1986), and in experiential therapies a strong alliance is considered particularly essential to treatment success (Greenberg, Rice, & Elliot, 1993). The more partners trusted each other, the higher the alliance level tended to be, perhaps because higher trust between partners made the therapy process generally less anxiety producing. Of the three elements in the alliance, bond, task, and goal, the task element was most significantly related to outcome. The more EFT interventions were perceived as on target and relevant to the couple's concerns, the better the results of therapy. EFT can thus be expected to be particularly beneficial with couples who identify problems in terms of lack of connection and an absence of accessibility and responsiveness. The results also imply that this is more important than the bond or the sense of shared goals between the couple and the therapist. The relationship between alliance and successful outcome has been noted in relation to BMT (Holtzworth-Munroe, Jacobson, DeKlyen, & Whisman, 1989). However, a direct comparison is difficult here since the nature of the alliance and the change process are conceptualized very differently in these two approaches.

The finding that alliance influences outcome in EFT may be interpreted in different ways. A strong alliance by the end of the third session may be an early outcome of successful therapy or a reflection of the level of the couple's interpersonal skills (Stiles, 1988). These results may also reflect the therapist's responsiveness in adapting interventions to a particular couple's frame of reference or interpersonal style.

One of the variables found to predict marital therapy outcome most reliably is the level of initial distress. Such distress levels have been found to account for a large percentage of couples' satisfaction after treatment (37%; Jacobson et al., 1986) and at follow-up (46%; Whisman & Jacobson, 1990). In contrast, in this study this variable accounted for only 12% of the variance at posttreatment and 4% at follow-up. Initial satisfaction levels may then be less important than other variables in predicting treatment success in EFT, although when severely distressed couples (scoring below 81 on the DAS) were considered separately from the mildly and moderately distressed, these couples were less likely to be classified as recovered at the end of treatment. Specifically, 57% of the severely distressed group ($n = 7$) were recovered at follow-up; that is, they scored more than 101 on the DAS. This result parallels other research findings that severely distressed couples are less likely to be maritally satisfied at the end of BMT and IOMT (Baucom & Hoffman, 1986; Snyder, et al., 1993).

This study was not designed as an outcome study per se and subjects acted as their own controls. It is perhaps worth noting, however, that 70% of the sample could be classified as maritally satisfied at follow-up, and 82% as improved. These figures compare favorably with percentages reported elsewhere. Jacobson and Addis (1993) suggest that tested marital therapies generally report no better than a 50% success rate.

In terms of the specific predictor variables considered in this study, overall levels of attachment security were not useful in predicting satisfaction after EFT. Overall levels of attachment security may not be specific enough here. It could be that attachment style would

be more predictive. Four such styles have been identified in adults: secure, preoccupied, avoidant fearful, and avoidant dismissive (Bartholomew & Horowitz, 1991). It may be, for example, that avoidant subjects who tend to discount dependancy needs and avoid intimacy would be more difficult to engage in therapy such as EFT and less likely to be maritally satisfied at termination.

In terms of treatment gains, the couples who made the largest gains contained males who reported at intake on the attachment measure that they were unlikely to "use," that is, to seek out, their partner for comfort and support. If it can be assumed that during the process of therapy these partners learned to ask for support, then this is consistent with research that suggests that the more likely males are to seek their partner for support, the higher the level of marital satisfaction for both partners (Kobak & Hazan, 1991). EFT specifically facilitates more withdrawn partners asking for support and comfort as an alternative to emotional disengagement, which has been found to predict marital dissatisfaction and instability (Gottman, 1991). One possible explanation for the lack of findings linking female attachment and outcome is that the range of female scores on the attachment measure used here was limited (significant positive kurtosis was found at the .01 level).

Couples' levels of self-disclosure and the levels of disclosure of specific emotions were not found to be useful predictors of marital satisfaction after treatment. Outcome in EFT was not significantly related to expressiveness. The expression of higher levels of negative affect has been associated with poorer outcome in marital therapy (Hahlweg et al., 1984; Snyder et al., 1993). The fact that this was not the case here may be an issue of measurement since the scale used to measure affect was different from those used in other studies and lacked a composite score of negative emotions. Since EFT works with and reprocesses affect and uses this reprocessed affect to create a positive shift in interactional positions, it may also be that higher levels of negative affect are not as problematic in this approach. In a sense, in EFT, negative affect can be part of the solution as well as part of the problem. Levels of positive affect also were not associated with the results of treatment. The ratio of positive to negative affect may be more relevant here than absolute levels of either (Gottman, 1994).

In terms of individual gains in treatment, males rated as inexpressive by their partners on the disclosure scale at intake made the most gains in treatment. Males' tendency to withdraw and become inexpressive has been found to be predictive of the other partner's hostility and the longitudinal decline in relationship satisfaction for both partners (Gottman & Krokoff, 1989; Roberts & Krokoff, 1990). The reversal or modification of this behavior would then logically tend to foster emotional engagement and increased satisfaction. The fact that inexpressive males made gains in treatment may also be associated with the finding that the couples' traditionality did not appear to impact treatment success in this study since traditional males tend to be inexpressive. Secondly, females' rating of disclosed apathy on the disclosure scale at intake was significantly associated with their follow-up intimacy level. One way of interpreting this result is that female partners who disclosed feelings of detachment or indifference were communicating their distress to their partner without transmitting destructive criticism or hostility. Their spouses may then have been less withdrawn and more responsive in therapy, thereby increasing the female partners' sense of intimacy at follow-up.

Female partners' level of trust in their spouses, that is, their faith or confidence that their partner still cared for and was committed to them, significantly predicted couples' follow-up satisfaction and male partners' levels of satisfaction and intimacy at follow-up. Wives who have higher levels of such faith, in spite of marital distress, may be less likely to

form global conclusions about their partner being uncaring and unloving (Rempel, Holmes, & Zanna, 1985). They may therefore be more willing to give their partners the benefit of the doubt and risk responding to the emotional engagement tasks that are a central part of the EFT process. Other studies have found female partners' positive feelings and level of commitment to be related to therapy outcome (Beach & Broderick, 1983; Turkewitz & O'Leary, 1981). It may be that the female partner's general orientation to a relationship, including her level of trust, is especially important in predicting recovery from marital distress since females traditionally take responsibility for the maintenance and health of the relationship (Thompson & Walker, 1989). More specifically, female partners' level of trust may also be particularly important in EFT, where the more critical spouse (often the female partner) is gradually directed to risk becoming vulnerable and depend on her partner in a trusting manner.

The results of the categorical trust question suggest that it is more difficult for the EFT therapist to help a couple successfully where there is an explicit lack of trust. At some point such a lack of trust would seem to be an insurmountable obstacle to emotional engagement and therefore to any therapy that fostered such engagement.

Emotional disengagement has been identified as one of the most significant variables associated with lack of success in BMT and with general marital instability (Gottman & Krokoff, 1989; Hahlweg et al., 1984; Jacobson & Addis, 1993). In this study, males who were perceived by their partners as inexpressive and who described themselves on the attachment scale as unlikely to reach out to their partner for support were more likely to improve in therapy. If these variables can be taken as reflections of emotional disengagement, these results suggest that emotionally disengaged men may benefit significantly from interventions which focus directly on the exploration and expression of previously unacknowledged feelings and which structure emotional contact in the session.

The results of this study suggest that the practicing EFT therapist must focus on building a strong alliance, more specifically, an alliance where the tasks of EFT are seen as relevant and on target by the couple. The female partner's faith in her spouse should be particularly noted and addressed in therapy. This echoes clinical experience in which the most difficult impasse encountered in the EFT process is when a previously pursuing (usually female) partner cannot complete the change event called a "softening," in which she is required to become vulnerable to and trust in her partner. EFT interventions can be confidently used with emotionally withdrawn, inexpressive males, but may have to be modified somewhat to maximize effectiveness with younger male partners.

What does this study suggest to us in terms of identifying different predictors across different treatment approaches in order to match clients to optimal intervention strategies? First, EFT may be more appropriate for older males and perhaps for less expressive and withdrawn males. Initial distress level may be less important as a prognostic indicator than the female partner's basic trust in the form of faith in her spouse. Initial distress level may also be less important in EFT than the ability to relate to EFT tasks that focus on attachment and emotional engagement. In terms of matching clients to treatment, negative findings, for example, that a particular variable such as couple traditionality does not seem to impact the effects of a particular treatment, are perhaps as interesting as positive findings, particularly when the same variable has been associated with different levels of success in different interventions. Keeping in mind the correlational nature of the data and the need for replication, such findings can begin to create a map to help clinicians place particular couples in the treatment that is most likely to help them.

This study is the first to attempt to identify predictors of success in an experiential marital therapy such as EFT and has certain limitations. Observational measures have produced interesting results in other studies. For example, levels of nonverbal negative affect at the end of therapy can predict later marital distress (Snyder et al., 1993), but were not used here. Therapists' ratings did parallel couples' own ratings of improvement, which implies that therapists and couples were in agreement as to who had improved; however, an observational measure would have added to the study. Future research might focus on the impact of partner characteristics on the alliance (Holtzworth-Munroe et al., 1989) as it is operationalized in EFT and on identifying the minimum level of trust, and the specific nature of the trust, that is necessary for successful outcome in EFT and other marital therapies. An examination of short- versus long-term predictors (Snyder et al., 1993) for EFT would also be invaluable. At this point, the effects of EFT have recently been found to be stable at 2-year follow-up (Gordon-Walker & Manion, 1996), but no such predictive studies have been undertaken. The promise of studies such as this which predict success in different marital interventions is that one day marital therapists will not only possess a repertoire of empirically validated treatments but also be able to gauge the suitability of each treatment for a particular couple.

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