VULNERABLE EMOTIONAL EXPRESSION IN EMOTION-FOCUSED THERAPY FOR

COUPLES: RELATING PROCESS TO OUTCOME

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Abstract

The purpose of this study was to examine whether levels of vulnerable emotional expression and supportiveness related to forgiveness and other measures of outcome in a sample of 32 couples presenting for Emotion-focused Therapy for Couples (EFT-C) with unresolved emotional injuries. For each couple studied, the two best examples of vulnerable emotional expression made by each partner were identified and rated on a measure of vulnerability. Each partner was then rated on the degree of supportiveness exhibited in response to their partner's two best examples of vulnerable emotional expressions. Outcome in injured partners (i.e. those identifying as the victim of the emotional injury) was assessed with self-report measures of forgiveness, unfinished business, trust, and relationship satisfaction. Outcome in offending partners (i.e. those identifying as having perpetrated the emotional injury) was assessed with a measure inquiring about the degree to which one feels forgiven, and a measure of relationship satisfaction. For each outcome measure, two hierarchical regression models tested the relative contributions of vulnerability and supportiveness to outcome in a stage wise manner. In Model 1, the injured partner's mean vulnerability score was first entered, followed by the offending partner's mean supportiveness score. In Model 2, the offending partner's mean vulnerability score was first entered, followed by the injured partner's mean supportiveness score. Model 1 significantly or marginally significantly predicted improvement on all outcome measures. Model 2 significantly or marginally significantly predicted improvement on all outcome measures with the exception of the measure of relationship satisfaction. Of the 4 predictors examined, the offending partner's level of supportiveness was the most consistent in providing a statistically significant and unique contribution to the outcome variance, followed by the offending partner's level of vulnerability. Based on these findings, it is recommended that therapists working with

couples seeking to heal their relationship following an emotional injury attempt to draw out the offending partner's more vulnerable emotions. Moreover, it is recommended that at times when the injured partner expresses vulnerable emotion, the therapist be directive in coaching the offending partner to listen and respond supportively if he or she does not do this instinctively.

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Helping partners to access and share their more vulnerable feelings is considered to be a

key task in several contemporary approaches to couple therapy. In Emotion-focused Therapy for

Couples (EFT-C; Greenberg& Goldman, 2008; Greenberg & Johnson 1988), vulnerable

emotional expression is posited to transform negative interactional cycles and strengthen the

attachment bond by promoting increased openness, understanding, intimacy, and mutual

responsiveness between partners. In Integrative Behavioural Couple Therapy (IBCT; Jacobson

& Christensen, 1996), encouraging partners to share and better understand one another's

vulnerabilities is theorized to bring about greater empathy and acceptance in the relationship.

From a psychoanalytic perspective, Livingston (2004) argues that it is in moments of

vulnerability that it becomes possible to process previously intolerable affect, to risk

experimenting with previously foreclosed options, and to let go of rigid and limiting protective

patterns.

Dictionary definitions of the word vulnerable include "capable of being physically or

emotionally wounded or hurt" and "open to censure or criticism" (Collins English Dictionary,

n.d.). Based on the findings of her extensive interview research on vulnerability, Brown (2012)

defines vulnerability in the context of human relationships as "uncertainty, risk, and emotional

exposure (p. 34)." She also describes it as having the courage to "dare to show up and let

ourselves be seen (p.2)." Opening up and sharing painful and potentially shameful aspects of

oneself with a partner who may or may not respond compassionately requires taking a substantial

emotional risk. If upon letting oneself be seen in this manner, one's partner responds in a

judgmental or otherwise unsupportive way, it is likely to exacerbate feelings of shame and to

reinforce the sense that one is somehow flawed, unworthy, inadequate...etc. On the other hand, if upon showing one's vulnerable side one's partner responds with empathy and acceptance, it can be incredibly healing and relationship enhancing.

Brown (2013) holds that each of us yearns to be loved "not despite my vulnerability and imperfections but because of them (p.6)." Typically, couples presenting for couple therapy do not possess this sense of being loved and accepted "warts and all" by their partners. To the contrary, they tend to enter therapy feeling insecure about the extent to which they are loved and cherished by one another. Often they have grown accustomed to feeling misunderstood, criticized, neglected, or otherwise mistreated in the relationship, and feel the need to take a self-protective approach in their interactions with one another. Some use criticism and blame in an attempt to get their partner to change their behaviour. Others may cope by becoming increasingly withdrawn and disengaged in the relationship. Common to each of these problematic interactional stances is an avoidance of emotional vulnerability. These approaches do not involve "showing up and letting oneself be seen." Rather, these types of attacking and defensive tactics serve to keep one's innermost fears, wounds, and insecurities concealed from one's partner. While in the short term this may allow one to avoid acknowledging and expressing painful feelings such as fear, loneliness, and shame, over the long term keeping this side of oneself hidden from one's partner undermines one's ability to form a deep and authentic connection with them, and to experience a secure sense of being truly known and loved for who one is.

Research examining predictors of marital satisfaction and longevity

Over the past several decades, research by John Gottman and colleagues has greatly advanced our understanding of the kinds of interactional patterns that differentiate functional and dysfunctional couples. This research has been particularly influential in bringing increased attention to the importance of affect when it comes to predicting marital satisfaction and longevity.

One marker of a stable partnership appears to be having more positive than negative affective expression between partners. Using an observational coding method, Gottman (1994) found that the ratio of positive to negative interactions was 5 to 1 in couples from stable marriages, compared to 0.8 to 1 in couples from unstable marriages. In another study, the amount of positive affect expressed between newlywed partners was found to significantly predict marital stability and happiness at a 6-year follow up (Gottman, Coan, Carrere, & Swanson, 1998).

Interestingly, the degree of anger expressed by a newlywed couple was not predictive of likelihood of being divorced at follow up (Gottman 1994; Gottman et al., 1998). Although higher expressed anger was associated with lower current marital satisfaction, it was actually found to be predictive of increases in marital satisfaction over time (Gottman and Krokoff, 1989). Gottman et al. (1998) conclude that the expression of anger in and of itself does not appear to be destructive to marriage, noting that it is normal for both functional and dysfunctional couples to become angry with one another. The more important determinant of marital satisfaction seems to be how partners go about expressing anger and managing conflict. Behaviours found to be destructive to marriage were criticism, contempt, defensiveness, and

"stonewalling" (listener withdrawal), termed "the four horsemen of the apocalypse" (Gottman, 1994). The chronic presence of these four behaviours has been found to predict, with up to 94% accuracy, which couples eventually go on to divorce (Buehlman, Gottman, & Katz, 1992).

Subsequent research by Gottman and Levenson (2002) suggests that over the long term, another interactional dynamic that can be destructive to marriage is the absence of emotional expression. This study found evidence of a two-factor model for predicting divorce based on newlywed interactions. Specifically, high levels of negative affective expression during conflict discussions was predictive of divorce after a relatively short period, whereas high levels of neutral affect and skin conductance were predictive of divorce in later years. This pattern of results suggests that it is healthy for couples to express a certain degree of negative affect. Over time, partners that avoid conflict and affective disclosure will be at a greater risk of ending up feeling emotionally disengaged and distant in their marriages. For therapists working with couples in affectless marriages, Gottman and Levenson (2002) recommend encouraging partners to express emotions around the conflicts that are separating them. This is in fact a process goal in Emotion-focused Therapy for Couples.

Emotion-focused Therapy for Couples

Emotion-focused Therapy for Couples (EFT-C) was the first major couple therapy approach to specifically emphasize the importance of helping partners to access and express underlying *vulnerable* emotions (Greenberg & Johnson, 1988). EFT-C adheres to the humanistic experiential tradition of using empathy and focusing on present interaction and present emotional experience. It also adheres to the systemic tradition of viewing problematic dynamics and negative interactional cycles (rather than individuals themselves) as being in need of change.

Where EFT-C differs from traditional systemic approaches is in its approach to bringing about change in a couple's negative interactional cycle. EFT-C conceptualizes conflict in couples as arising primarily from unmet attachment and identity related needs and the associated unexpressed underlying vulnerable emotions (Greenberg & Goldman, 2008). Examples of attachment-related needs include the need for greater closeness, availability, or responsiveness from one's partner, with hypothesized underlying vulnerable emotions of fear and sadness. Identity related needs include the need to have one's sense of self validated, accepted, and respected, with hypothesized underlying vulnerable emotions of fear and shame. Helping partners to speak about the primary emotions and unmet needs which underlie their blaming, controlling, distancing, and other hurtful patterns of behavior is viewed as the antidote to the negative interactional cycle. This type of emotional exploration and expression is thought to strengthen the attachment bond through corrective emotional experiences characterized by enhanced understanding, intimacy, and mutual responsiveness among partners.

Not all emotional expression is considered to be adaptive and relationship enhancing. Greenberg (2002) provides the following typology of emotions and recommendations for intervening with each type.

Adaptive primary emotions refer to a person's very first feelings in response to a stimulus situation. They are our natural biological reactions, our first gut responses. Examples of adaptive primary emotional reactions include appropriate fear in response to a threatening situation, or appropriate sadness in response to a loss. These kinds of emotions occur naturally for us because they were adaptive throughout evolutionary history. Adaptive primary emotions provide us with useful information and can thus be viewed as a source of emotional intelligence. Specifically, they help us decide what the best course of action might be, organize us for that

action, and signal our intentions to others. It is these types of emotions that EFT-C seeks to help partners to access and express to one another.

Maladaptive primary emotions refer to instances in which one's gut reaction to a situation promotes maladaptive behaviours and coping strategies. These emotions can usually be understood as responses to past trauma or unresolved wounds rather than to the present circumstances. For instance, a partner with a history of sexual abuse may have become conditioned to experience fear in response to being touched. Whereas fear in response to a real threat would be considered an adaptive primary emotion, fear that persists even when there is no longer a threat of danger, or fear in response to minor threat, would be considered maladaptive. Additional examples of maladaptive primary emotions include the shame of feeling unlovable, worthless, or no good; the anxiety of feeling inadequate or insecure; and rage at feeling wronged or disobeyed. In the context of a couple relationship, common maladaptive primary emotions include hypersensitivity to the threat of abandonment, rejection, slights, criticism, or control.

Maladaptive primary emotions are typically experienced as unhelpful and disorganizing; people feel stuck in them and want to escape them. These kinds of emotions also tend to create problems in relationships. They do not change in response to partner soothing, to changing circumstance, or with expression. They do not provide adaptive directions and do not promote bonding or enhance identity (Greenberg & Goldman, 2008). Instead, they leave people feeling stuck, overwhelmed, and out of control emotionally. The EFT-C approach therefore recommends that maladaptive primary emotions be accessed only for the purpose of being transformed. The process of transforming these maladaptive primary responses in EFT-C involves first having partners become aware of and able to symbolize these tendencies, then exposing them to corrective emotional experiences with their partners, and finally having the

partners make contact with their own adaptive primary emotions and internal resources to help them achieve individual change.

Secondary emotions are emotions that we experience in response to or as a defense against other more primary feelings or thoughts (Greenberg & Safran, 1987; Greenberg, 2002). Because secondary emotions are not biologically determined natural reactions, they generally do not promote adaptive decision-making and action in the same way that primary emotions do. Secondary emotions actually conceal our gut responses and thus interfere with our ability to identify and express our underlying primary emotions. In couples, secondary anger is often expressed to protect against primary feelings of fear of rejection or shame at diminishment. Being unaware of what our primary underlying emotions are can be problematic, as it means that the decisions we make are not being informed by how we are feeling at the deepest level. The EFT-C model holds that secondary emotions should either be bypassed or examined with the purpose of uncovering what primary emotion(s) lie beneath them. It is not recommended that secondary emotions be heightened, expressed, and explored in couple therapy (Greenberg and Johnson, 1988).

Instrumental emotions refer to emotions that are expressed in order to achieve an aim. When clients display instrumental emotions, it is usually because they have learned that they tend to get something out of it. For example, a partner may have learned that when she displays anger, people are usually quicker to give her what she wants. Now, when anyone is resistant to complying with her requests, she automatically gets angry. Partners may or may not be aware that they are displaying an emotion with the purpose of eliciting a desired response from others (Greenberg, 2002). Instrumental emotional expressions are problematic attempts to achieve an aim. The EFT-C model thus would not advocate helping partners to express instrumental

emotion. Rather, when a partner expresses an instrumental emotion, the EFT-C therapist would work towards helping him or her to become aware of the aim of his or her expression, and then encourage him or her to communicate his or her needs and wishes more directly.

Steps of EFT-C

In their first book, Greenberg and Johnson (1988) outlined 9-steps designed to elicit change in partners' negative interactional patterns by focusing in on their underlying emotions More recently, Greenberg and Goldman (2008) expanded the EFT-C model into the following 5 stages consisting of 14 steps:

Stage 1: *Validation and Alliance formation*

Step 1: Empathize with and validate each partner's position and underlying pain

Step 2: Delineate conflict issues. Assess how these issues reflect core problems in the areas of connectedness and identity

Stage 2*: Negative Cycle De-escalation*

Step 3: Identify the negative interaction cycle and each partner's position in that cycle and externalize the problem as the cycle

Step 4: Identify the unacknowledged attachment and/or identity-related emotions underlying the interactional positions

Step 5: Identify each partner's sensitivities and vulnerabilities and their historical origins to help broaden the understanding of the negative interactional cycle

Step 6: Reframe the problem in terms of underlying vulnerable feelings related to unmet attachment and identity needs

Stage 3*: Accessing underlying feelings*

> Step 7: Access unacknowledged feelings and needs underlying interactional positions and reveal them to the partner

> Step 8: Identify and overcome intrapsychic blocks to accessing and revealing emotions

> Step 9: Promote identification with disowned needs or aspects of self, integrating these into relationship interactions

Stage 4: *Restructuring the negative interaction*

> Step 10: Promote acceptance of the other partner's experience and aspects of self

> Step 11: Facilitate the expression of feelings, needs and wants to create genuine emotional engagement and restructure the interaction

> Step 12: Promote self-soothing and transformation of maladaptive emotion schemes in each partner, to facilitate self-change and more enduring couple change

Stage 5*: Consolidation and Integration*

> Step 13: Facilitate the emergence of new interactions and solutions to problematic interactions and/or issues

> Step 14: Consolidate new positions and new narratives

Empirical support for the effectiveness of EFT-C

Several outcome studies have demonstrated the effectiveness of EFT-C in reducing relationship distress, as measured by the Dyadic Adjustment Scale (DAS; Spanier, 1976).

Johnson, Hunsley, Greenberg, and Schindler (1999) report a mean effect size of 1.28 based on the results of their meta-analysis of four randomized control trials of EFT-C. Moreover, they report that the overwhelming majority of couples in these studies treated with EFT-C met the criteria for clinically significant change, as defined by Jacobson and Truax (1991). Additional studies support the effectiveness of EFT-C in helping couples struggling with childhood sexual abuse (MacIntosh & Johnson, 2008), as well as couples with unresolved emotional injuries (Makinen & Johnson, 2006; Greenberg, Warwar, & Malcolm, 2010).

In addition to measuring improvement on self-report outcome measures such as the DAS, a number of studies have utilized the Structural Analysis of Social Behavior (SASB) coding system (Benjamin, 1974) in order to measure change in the observable behaviour of couples receiving EFT-C. Research suggests that an increase in affiliative interactions is characteristic of successful outcome in both family therapy (Benjamin, 1977) and couple therapy (Johnson & Greenberg, 1988). Examples of dialogue that would be categorized as affiliative include disclosing, sharing, supporting, and understanding. Two studies described by Greenberg, Ford, Alden, and Johnson (1993) suggest that EFT-C promotes increases in affiliative interactions in couples. One of these studies found that the behaviour of partners in the late phase of EFT-C (Session 7) was significantly more affiliative than it was during the beginning phase (Session 2). The other study found that spouses were more likely to respond affiliatively to their partners after having witnessed them engage in the kinds of vulnerable self-disclosures promoted in EFT-C.

Blamer softening

A phenomenon referred to by EFT-C researchers as "blamer softening" has been the subject of considerable research attention (e.g. Johnson & Greenberg, 1988; Bradley & Furrow,

2004). It is common for distressed couples to display a pattern wherein one partner routinely blames and/or verbally attacks, and the other partner routinely defends themselves and/or withdraws from their partner (i.e. "leaves"). With couples exhibiting this particular pattern, the EFT-C model suggests trying to coach the blaming partner to "soften" by expressing the more vulnerable aspects of his or her experience and to reach out to his or her partner for closeness or comfort. Several studies have found the presence of these softening events to be predictive of better outcome in couples obtaining EFT-C (e.g. Johnson & Greenberg, 1988; Dalgleish, 2013)

Previous research linking vulnerable emotional expression to session outcome in EFT-C

For my Master's thesis, Dr. Greenberg and I examined the relationship between vulnerable emotional expression and *session* outcome in EFT-C (McKinnon & Greenberg, 2013). In this study, for each of 25 couples studied, 5 sessions falling in the mid-to-late phase of therapy were screened for examples of vulnerable emotional expression. Twelve of these 25 couples were found to have a session that contained a segment meeting all of the criteria of the Couples Vulnerability Scale (McKinnon & Greenberg, 2008). The post-session questionnaire scores from these "vulnerable sessions" were then compared to the post-session questionnaire scores from randomly selected control sessions. The results of this study indicated that partners rated vulnerable sessions as significantly more positive than control sessions on a global measure of session outcome. In addition, those who witnessed their partner express vulnerable emotion scored significantly higher on a measure of understanding toward their partner and on a measure of unfinished business resolution following vulnerable sessions as compared to following control sessions.

Forgiveness

Researchers and clinicians have increasingly been recognizing the positive impact that

forgiveness can have on an individual's physical health, emotional well-being, and intimate

relationships (Hall & Fincham, 2006). Forgiveness is thought to reduce the risk of

cardiovascular and other health problems by acting as an antidote to stress, hostility, and

rumination (Worthington, Witvliet, Pietrini, & Miller, 2007). In terms of emotional health,

psychotherapeutic interventions designed to promote forgiveness have been found to produce

decreases in anger, anxiety, grief, and depression, as well as increases in hope and well-being

(Wade & Worthington, 2005). With respect to couple relationships specifically, forgiveness has

been linked to greater marital satisfaction and longevity (Fenell, 1993). Following betrayals in

intimate relationships, movement toward forgiveness is related to increases in psychological

closeness, marital adjustment, and investment in the relationship, and to a restoration of balance

in the power distribution (Gordon & Baucom, 2003). As such, forgiveness has been described as

a critical component of the healing process for major relationship transgressions like infidelity

(Gordon, Baucom, & Snyder, 2005).

Defining Forgiveness

Applied researchers generally agree that forgiveness is a positive method of coping with

a hurt or offense that primarily benefits the victim through a reorientation of emotions, thoughts,

and/or actions toward the offender (Wade & Worthington, 2005). The term "unforgiveness" is

commonly used to describe a combination of emotions, cognitions, and motivations that

collectively create a grudge-holding or revenge seeking orientation in an "injured" party.

Typically, researchers studying transgressions by strangers or people in non-continuing

relationships define forgiveness as the reduction or elimination of unforgiveness. In contrast,

researchers studying continuing relationships tend to define forgiveness not only as a reduction

of unforgiveness, but also as an increase in more positive or pro-social feelings such as love, compassion, and sympathy (Worthington, 2005).

There is also a fair amount of consensus in the literature about what forgiveness is not. Forgiveness is not forgetting, denying, condoning, or excusing the hurtful behaviour. Rather, unlike these other processes, forgiveness requires the recognition that wrongdoing has occurred (North, 1998). Moreover, forgiveness has been described as an "altruistic gift" (Enright, Freedman, & Rique, 1998; Worthington, 2001), in that it is not something that the offender is entitled to receive. Unlike excusing or condoning, forgiving does not imply that the victim views the offender's behaviour as acceptable, and therefore is less likely to reinforce or perpetuate it.

Forgiveness following emotional injuries in the context of couple relationships

Many couples presenting for therapy have experienced events that have resulted in one or both partners feeling hurt, angry, or betrayed by the other. These relational injuries typically threaten or damage one or both of the two major aspects on which couples' emotional bonds are formed: attachment security and identity validation (Greenberg & Goldman, 2008). Examples of events that may result in damage to identity validation include one partner criticizing the other's ability to provide financially or disparaging his or her efforts, successes...etc. Attachment injury may occur when one partner fails to provide compassion and support to the other partner during a time of heightened need, such as during a major illness, childbirth, or the death of a parent. These types of events undermine trust in the relationship and tarnish one partner's perception of the other. Affairs are typically experienced as particularly devastating betrayals, and often result in major damage to both attachment security and identity validation.

Violations such as these can lead to the dissolution of the relationship for many couples. Among those couples that decide to remain together in the wake of an emotional injury, some are able to reach a sense of resolution about what happened, mend the damage done, and eventually put the injury behind them. For other couples, the emotional injury can remain unresolved for years and serve as an ongoing block to trust, connectedness, and benevolence in their relationship. Couples who identify as having recovered following a relationship betrayal like an affair often allude to the role of forgiveness in the resolution process (Gordon, Baucom, & Snyder, 2000). Developing our understanding of the factors that promote and impede forgiveness is therefore likely to provide useful insights to therapists working with couples who want to remain together, but are finding it difficult to heal and move forward following emotional injuries.

Research examining predictors of forgiveness

Attributions

The nature of a victim's understanding of the causes behind the transgressor's injurious behaviour appears to be highly influential in determining the likelihood that forgiveness will occur. Research by Hall and Fincham (2006) suggests that following infidelity, if the victim views the transgressor's behaviour as stemming from internal, stable traits (e.g. she cheated because she is a selfish, callous, and/or inconsiderate person and this is never going to change), he or she is less likely to forgive than if the behaviour is attributed to external, transient factors (e.g. she cheated because she was in a poor state of mind, extreme situation...etc.). A number of additional earlier studies also highlight the role of the injured partner's attributions in determining the likelihood that forgiveness will occur (Fincham, 2000; Fincham, Beach, & Davila, 2004; Fincham, Paleari, & Regalia, 2002; McCullough et al., 1998).

Empathy for the transgressor

A number of studies suggest that empathy, defined as "accurately perceiving the internal frame of reference of another" (Gold & Rogers, 1995, p. 79), is another important determinant of forgiveness. Forgiveness has been linked to both dispositional and situational empathy (Zechmeister and Romero, 2002). Moreover, empathy and forgiveness have been found to share common neurophysiological correlates (Farrow et al., 2001). In the context of marital relationships specifically, several studies have found the injured partner's level of empathy for the offending partner to be predictive of forgiveness (Fincham et al., 2002; McCullough et al., 1998; Paleari, Regalia, & Fincham, 2005).

Apology

One might expect that offering an apology would increase one's likelihood of being forgiven; however, research suggests that depending on other factors, this is not necessarily the case. While many studies have indeed found an overall positive relationship between the presence of an apology from the offender and the likelihood of forgiveness occurring (e.g. Darby & Schlenker, 1982; Frantz & Bennigson, 2005; Weiner, Graham, Peter, & Zmuidinas, 1991), a study by Struthers, Eaton, Santelli, Uchiyama, and Shirvani (2008) suggests that attributions of intent may act as a moderator to this general relationship. In this study, they found that apology resulted in greater forgiveness if the transgressor's actions were perceived as accidental. However, if the transgressor's actions were perceived as having been intentional, participants were actually less forgiving in the apology condition compared to the non-apology condition. One interpretation for these findings is that an apology from a transgressor who is thought to have purposely caused the harm may be perceived as being motivated more from self-interest

than genuine remorse. Under these circumstances, giving an apology may be viewed as more contemptible than not giving one.

Based on the above findings, one would expect that interventions likely to evoke empathy for the transgressor and to promote alternative, more sympathetic perceptions of his or her injurious behaviour would be forgiveness promoting. Though there is a general positive relationship between apology and forgiveness, therapists would be well advised to be careful about their timing when it comes to eliciting an apology from the offending partner. With couples presenting with an unresolved emotional injury, the phrase "I've already apologized a million times" is all too common, underscoring the importance of how and when the apology is offered. An apology is most likely to have an impact when it is perceived as being motivated by genuine remorse rather than a desire to appease the injured partner and/or have the relationship go back to normal.

EFT-C and the facilitation of forgiveness

The EFT-C approach is well suited to couples with unresolved emotional injuries, as helping couples to access and express their underlying emotions tends to bring about precisely those conditions which have been found to be predictive of forgiveness. By encouraging the injured partner to get in touch with and reveal the emotional pain associated with the injury, the therapist is moving the injured partner away from an other-focused, blaming stance. Whereas blaming the offender tends to elicit defensiveness in him or her, when the injured partner reveals and takes ownership for his or her own emotional experience, the offending partner can more easily remain focused on and come to appreciate the full extent of the harm that his or her behaviour has caused. Under these circumstances the offending partner is then more likely to

acknowledge responsibility for his/her part, and to express empathy, regret, and remorse in a genuine, heartfelt manner.

Helping the offending partner to get in touch with and reveal his or her own underlying vulnerable emotions is also likely to be forgiveness promoting. It is rarely the case that the offending partner acted maliciously. More often, a combination of factors (including the offending partner's own attachment and identity insecurities) created a context which left the offending partner vulnerable to acting in a hurtful way, even though he or she intended no harm. When offending partners disclose their own underlying emotional experiences, it tends to put their hurtful behaviour in a more sympathetic context. Often, their behaviour was driven by emotions such as fear, loneliness, and shame. When this is brought out in the open, it provides the injured partner with a new, less condemning set of attributions for his or her partner's actions.

Support for the effectiveness of EFT-C in promoting resolution of emotional injuries

In their study of couples with attachment injuries, Makinen and Johnson (2006) report that following approximately 13 sessions of EFT-C, 15 of 24 couples were identified as resolved. Additional support for the effectiveness of EFT-C in helping emotionally injured couples is provided by Greenberg, Warwar, & Malcolm (2010), who report that after 10-12 sessions of EFT-C, 11 of 20 couples identified as having completely forgiven their partners, and an additional 6 couples reported making progress towards forgiveness. In comparison, only 3 couples in the waitlist control group reported having made progress towards forgiveness.

Process research examining predictors of emotional injury resolution in EFT-C

A preliminary task-analysis study by Woldarsky & Greenberg (2011) compared the in-session performances of 4 couples (2 resolved and 2 unresolved) and identified 5 components as occurring exclusively in resolved couples: 1) expression of nondefensive acceptance of responsibility for the emotional injury by the offending partner; 2) expression of shame/empathic distress by the offending partner; 3) a heartfelt apology by the offending partner; 4) a shift in the injured partner's view of the offending partner; and 5) the expression of acceptance of forgiveness, relief, or contrition by the offending partner. In a subsequent study, Woldarsky and Greenberg (2012) tested selected components derived from this task analysis on 33 couples, using hierarchical regression analyses. The expression of shame (which is a form of vulnerable emotional expression) by the offending partner was found to be a strong predictor of change on a measure of forgiveness for the injured partners, accounting for 33% of the overall variance. Additional components found to contribute significantly to the hierarchal regression model were the injured partner's accepting response to the offending partner's expression of shame, and the injured partner's in-session expression of forgiveness toward the offending partner. Whereas Woldarsky and Greenberg's research specifically examined the underlying vulnerable emotion of shame by offending partners, the present study sought to examine the impact of a broader range of vulnerable emotional expression types on the process of emotional injury resolution.

Overview of the present study

The present study sought to further our understanding of the processes which promote forgiveness in couples with unresolved emotional injuries by testing one of the key assumptions of the EFT-C approach. Specifically, the present study sought to test whether degree of vulnerable emotional expression, as well as degree of supportiveness in response to one

another's vulnerable emotional expressions, relate to forgiveness and other measures of outcome in a sample of couples presenting for EFT-C with unresolved emotional injuries. For each couple, the two best examples of vulnerable emotional expression shown by each of the partners were identified and rated on a measure of vulnerability. Each partner was then rated on the degree supportiveness that they exhibited in response to their partner's two best examples of vulnerable emotional expressions. It was expected that higher levels of observer rated vulnerability combined with higher levels of observer rated supportiveness would be associated greater improvement from pre to post on the five measures used to assess outcome in injured partners (the Enright Forgiveness Inventory, a Single-item Forgiveness measure, the Unfinished Business Scale, the Trust Scale, and the Dyadic Adjustment Scale), as well as on the two measures used to assess outcome in the offending partners (a Single-item scale measuring the degree to which one feels forgiven by one's partner, and the Dyadic Adjustment Scale).

The major hypotheses of the study were tested using hierarchical regression analyses. Partners' mean vulnerability and supportiveness ratings were used as the independent variables, and their residual change scores on the outcome measures were used as the dependent variables. It was hypothesized that couples exhibiting higher levels of vulnerability combined with higher levels of supportiveness in response to one another's vulnerable emotional expressions would show greater improvement from pre to post. A detailed breakdown of the statistical hypotheses of the study is provided at the end of the method section.

Method

Participants

This study utilized the videotaped therapy sessions of 32 couples that received 8-12 sessions of Emotion-focused Therapy for Couples (EFT-C) as part of the York Emotional Injury Project (Greenberg, Warwar, & Malcolm, 2010). Couples were recruited through ads in local newspapers, posters, and flyers. To be considered eligible for the York Emotional Injury Project, both partners had to be at least 18 years old, they had to have been cohabiting for at least two years, and they both had to express a desire to stay together. It was also required that at least one partner was experiencing unresolved anger or hurt as a result of an emotional injury perpetrated by his or her partner at least two years prior to the commencement of therapy (i.e. it had to be long-standing). An "Emotional injury" in the context of couple therapy could involve either an attachment injury (Johnson, Makinen, & Milliken, 2001) or an identity injury (Greenberg & Goldman, 2008), and was understood as any event that left one partner feeling betrayed or invalidated by the other partner (Greenberg, Warwar, & Malcolm, 2010). Some examples of events that resulted in emotional injuries in the couples studied were extramarital affairs, perceived abandonments, diminishments, or invalidations, and failures to provide support at a critical time. Couples were excluded from the York Emotional Injury Project if they were already in psychotherapy elsewhere, if there was evidence of violence or abuse, suicidal ideation, substance abuse, severe psychological disturbances such as dissociation or psychosis, or either borderline or narcissistic personality disorder. All partners selected for the current study consented to having their therapy sessions audio and video taped, to filling out questionnaires, and to having their tapes and questionnaires used for research purposes.

There were a total of 37 couples that participated in the York Emotional Injury Project. Three couples were excluded from the current study because they either terminated before 8 sessions, or because their therapy was extended to greater than 12 sessions. An additional couple was excluded because the partners did not complete the self-report outcome questionnaires following termination. Finally, one couple was excluded because at their final session they withdrew consent to have their data used for research purposes.

Demographic information for the 32 couples examined in the current study is provided in Table 1. All couples studied were heterosexual. The majority were married, middle-aged, and of upper-middle socio-economic status. In terms of education, 3.13% of partners had not completed high school, 18.75% listed high school as their highest level of education, 6.25% reported having completed some college or university, 51.56% reported holding a college or university degree, and 20.31% reported holding a post-graduate degree.

Table 1. *Demographic Data*

	Min	Max	Mean	SD
Age	26	73	45.34	9.50
Length of Relationship (years)	5	50	17.59	11.37
Number of Children	0	4	1.93	0.88
Combined Income (Canadian $)	37,500	400,000	124,113	74,599

With respect to ethnicity, the majority of the sample identified themselves as being of White-European descent (71.9%). Other reported ethnic backgrounds were Mediterranean (7.9%), Asian (4.7%), Caribbean (4.7%), Middle Eastern (3.2%), African (3.2%), Hispanic

(1.6%), Arabic (1.6%), and first nations (1.6%). Seven partners (10.9%) listed more than one ethnic background.

In terms of religious affiliation, 40.6% of partners identified themselves as Christian, 9.4% as Jewish, 4.7% as Muslim, 1.6% as Buddhist, and 1.6% as Bahai. Another 7.8% of partners reported that they were spiritual but did not identify with one particular faith. The remaining 37.5% of partners self-identified as being non-religious.

In 26 of the couples, the female identified herself as the injured partner while the male identified as the offending partner. Only in two out of 32 couples did the male identify himself as the injured partner and the female as the offending partner. For the remaining four couples, injuries had occurred in both directions. Entering more than one "injured" partner per dyad into the statistical analyses would have resulted in a violation of the assumption of independence, and so for these couples, the "injured" label was assigned only to whichever partner was lower in forgiveness according to a self-report measure (Enright, Rique, & Coyle, 2000) completed at baseline. The rationale for this decision was that the partner who reported lower levels of forgiveness at baseline was likely feeling more distressed and less resolved with respect to his or her injury than the partner who prior to commencing therapy was already feeling at least somewhat forgiving. The final sample consisted of 28 couples wherein the female was categorized as the injured one, and four couples wherein the male was categorized as the injured one.

Therapists

There were 17 therapists involved in seeing the couples examined for this study. Each therapist saw between one and four couples. In order to participate in the York Emotional Injury Study, therapists were required to have at least one year of basic Emotion-focused Therapy

training and at least two years of psychotherapy experience. The therapists were provided with an additional 30 hours of specialized training in EFT-C based on a treatment manual for resolving emotional injuries. There were two male and 15 female therapists. Nine therapists were registered psychologists, three were registered Marriage and Family therapists, and five were advanced doctoral students. The therapists obtained weekly supervision to promote adherence to the EFT-C treatment model.

Outcome Measures.

Each partner completed a battery of self-report measures approximately one week prior to commencing treatment, and then again approximately one week following the couple's final therapy session. These measures were used to track pre-post changes in the domains of forgiveness, unfinished business, trust, and general relationship adjustment. Individuals were instructed to have their relationship with their partner in mind when completing all measures.

Enright Forgiveness Inventory (EFI; Enright, Rique, & Coyle, 2000). This 60-item self-report questionnaire is designed to measure interpersonal forgiveness. Items are divided into 6 subscales: Positive and Negative Affect, Positive and Negative Behaviour, and Positive and Negative Cognitions. All items are rated on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). Scores range from 60 to 360 with higher scores representing higher levels of forgiveness. The authors of the EFI reported obtaining a test-retest reliability coefficient of .86 over a 4-week period (Enright et al., 2000). Internal consistency of the EFI has been reported to range from .90 to .98 (Enright & Fitzgibbons, 2000). In this study, Cronbach's alpha for the 6 subscales scores was .897 at pre-treatment and .902 at post-treatment.

Single-item measure of Forgiveness (Forgive; Enright et al., 2000). In order to avoid conceptual bias, the term "forgiveness" is not used in any of the items in the EFI. A single-item

measure asking injured partners to rate the extent to which they have forgiven their partner was therefore added to the end of the EFI in order to provide a direct and highly face valid measure of forgiveness. The item is rated on a five-point Likert scale (1 = not at all, 5 = completely). Partners are also given the option of selecting "Non-applicable" for this item.

Single-item "Feel forgiven" measure (Feel Forgiven; Greenberg & Warwar, 2008). This measure was constructed for the York Emotional Injury Project in order to assess the degree to which the offending partner feels that he or she has been forgiven by the injured partner. It consists of one item, which asks partners to rate the extent to which they feel that their partner has forgiven them. The item is rated on a five-point Likert scale (1 = not at all, 5 = completely). Partners are also given the option of selecting "Non-applicable" for this item.

Unfinished Business Scale – Couples (UFB). Singh (1994) developed the 11-item Unfinished Business Resolution Scale (UFB-RS) Scale to measure resolution of unfinished business with a significant other. For the purposes of the current study, the wording of the items on the UFB-RS were altered so that all items reference the partner (e.g. I feel unable to let go of my unresolved feelings in relation to my *partner*). All items are rated on a 5-point Likert scale (1 = not at all, 5 = very much). Normally, lower scores on this measure indicate greater resolution; however, for ease of interpretation a reverse scoring procedure was employed so that higher scores would be indicative of greater resolution. For all other outcome measures used in the current study, higher scores are indicative of better outcome. In order to be consistent with the direction of the other measures of outcome, it was therefore decided that all items of the Unfinished Business Scale in the current study would be reversed scored so that higher scores on UFB would indicate better outcomes. The author of the scale reported Coefficient alphas ranging from .73 to .85 for the original version (Singh, 1994). In this study, Cronbach's alpha

for the Couples version of the Unfinished Business Scale was .809 at pre-treatment and .888 at post-treatment.

Trust Scale. (Trust; Rempel, Holmes, & Zanna, 1985). This 17-item self-report questionnaire is designed to measure levels of trust within close interpersonal relationships. Items are tailored to assess perceptions of predictability, dependability, and faith in one's partner. All items are rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). A high overall score indicates a higher level of trust. The authors of the scale reported an overall Cronbach's alpha of .81, with subscale reliabilities of .80, .72, and .70 for the faith, dependability, and predictability subscales, respectively (Rempel et al., 1985). In this study, Cronbach's alpha for the Trust Scale was .832 at pre-treatment and .896 at post-treatment.

Dyadic Adjustment Scale (DAS; Spanier, 1976). This widely used 32-item self-report questionnaire is designed to assess the quality of adjustment between married or cohabitating couples. All items are rated on either 5 or 6-point Likert scales. Total scores can range from 0 to 151, with higher scores being indicative of less distress and better adjustment. The normative sample for the DAS consisted of 218 married individuals and 94 recently divorced individuals (Spanier, 1976). In that sample, the mean score on the DAS was found to be 114.8 among married individuals (with a standard deviation of 17.8) and 70.7 among divorced individuals (with a standard deviation 23.8). The author reported a Cronbach's alpha of .96 (Spanier,1976). More recently, a meta-analysis examining the reliability of the DAS across 91 studies found Cronbach's alpha coefficients ranging from .58 to .96 for the total DAS scores, with a mean coefficient of .915 (Graham, Liu, & Jeziorski., 2006).

Measures used to assess outcome for injured and offending partners

Residual change scores on the Enright Forgiveness Inventory, the Single-item Forgiveness measure, the Unfinished Business Scale, the Trust Scale, and the Dyadic Adjustment Scale were used in assessing improvement in injured partners from pre to post. Improvement in offending partners was assessed using residual change scores on the Single-item "Feel Forgiven" measure and on the Dyadic Adjustment Scale.

Residual change scores were chosen to estimate level of improvement in order to control for the substantial variability seen in this sample's baseline scores on outcome measures. For each outcome measure used in this study, larger residual change scores were interpreted as reflecting greater improvement. In the pages to follow, the terms "improvement" or "positive change" will be used interchangeably to refer to positive residual change scores.

Helping the offending partners to forgive, attain closure, and to be able to trust the injured partner again were not targets of the treatment and so the Enright Forgiveness Inventory, the Single-item Forgiveness measure, the Unfinished Business Scale, and the Trust Scale were not used to assess outcome in offending partners. Correspondingly, promoting forgiveness of the injured partners by the offending partners was not a target of treatment and so the Single-item measure assessing the extent to which one feels forgiven by one's partner was not used to assess outcome in injured partners.

It was expected that helping a couple to resolve an emotional injury would ultimately bring about improvement in the relationship satisfaction of both partners. Change on the Dyadic Adjustment Scale was therefore viewed as being relevant to the assessment of outcome for both the injured and offending partners.

Process Measures

      <u>Couples Vulnerability Scale - Revised (McKinnon & Greenberg, 2010).</u> This measure was constructed by the authors of this study to determine whether a videotaped therapy segment contained the expression of underlying vulnerable emotion. It conceptualizes vulnerable emotional expression in the context of couple therapy as an event in which a partner lets his or her guard down and reveals sensitive or painful aspects of his or her inner experience. It goes on to describe it as the act of exposing one's emotional wounds or one's capacity to feel emotionally wounded. Raters are asked to indicate on a 6-point Likert scale how many of the Vulnerability Scale criteria have been met for a particular segment (1 = 1 criteria met, 6 = 6 criteria met). The criteria of vulnerability on the Couples Vulnerability Scale are: 1) The partner expresses a primary attachment or identity related emotion relevant to the couple's relationship; 2) There is evidence of emotional arousal in the partner's voice and/or body language, operationalized as a peak emotional arousal rating of at least 3 on the Client Expressed Emotional Arousal Scale – III (Warwar & Greenberg, 1999); 3) The expression has a revealing/disclosing quality; 4) The expression is "soft"; 5) The expression contains little or no attacking anger, hostility, contempt, or disgust directed at the other partner (either verbally or non-verbally, explicitly or implicitly); 6) Either: a) The expression is about the SELF's experience AND the individual takes responsibility for what he or she is experiencing (i.e. by using "I" language) or b) The expression is an apology. Guidelines for making judgments regarding each criterion are provided in the Couples Vulnerability Scale (see Appendix A). In this study, the intraclass correlation coefficient between any pair of raters for this measure was found to be .93, indicating a high level of interrater agreement.

Structural Analysis of Social Behavior (SASB). (Benjamin, 1974). The SASB is a
system for coding interpersonal behaviour. It is a circumplex model built on two orthogonal
dimensions of behaviour: affiliation and autonomy. The SASB provides two interpersonal grids,
each of which contains 36 points forming 8 clusters. The first grid, labeled "Other", is used
when the speaker's communication is focused on the other person. The second grid, labeled
"Self", is used when the speaker is communicating something to the other about himself or
herself.

When coding with the SASB, dialogue is segmented into individual "thought units."
Once this is done, thought units are examined one at a time and coded based on the cluster or
combination of clusters that best capture the communication in question.

In terms of interrater reliability, the author of the measure reported weighted kappa
coefficients ranging from .70 to .85 with trained clinician coders. With trained graduate student
coders, weighted kappa coefficients were reported to have ranged from .61 to .79 (Benjamin,
Foster, Roberto, & Estroff, 1986). For this study, the rate of absolute agreement between coders
was 73.9%, and the weighted kappa coefficient was .62. This level of interrater reliability on the
SASB, while lower than ideal, is nevertheless considered to fall within the acceptable range
(Florsheim & Benjamin, 2001).

Given that the SASB coding system provides categorical ratings to small units of speech,
in order to test the major hypotheses of the study it was necessary to devise a procedure for
integrating numerous SASB codes into a single numerical rating reflecting the response's overall
level of supportiveness. Two methods were considered: Option 1) For each given clip, divide
the number of affiliative SASB codes by the total number of SASB codes assigned to the
partner's response; Option 2) For each given clip, have the SASB raters provide an additional

overall supportiveness rating based on both the quantity and quality of the affiliative and non-affiliative SASB codes ascribed to the partner's response. Option 2 was selected because it was suspected that this approach would result in more accurate estimates of how supported a vulnerable partner actually felt by his or her partner's response. This is because at times, two responses falling on the affiliative side of the SASB circumplex can have a very different "feel". For instance, both of the following segments were coded as falling on the affiliative side of the SASB circumplex:

> Husband 1: "I do understand because (sniffles)- - my feeling is that you had the feeling of being alone your whole life (sniffles) and that you trusted me so much and I let you down."

> Husband 2: "I know you are worried and I know you are scared but we will have to try to work together to get through, there's obstacles we have to overcome I guess."

Whereas husband 1's response to his wife's vulnerable emotional expression comes off as highly validating and understanding, husband 2's response, though also falling on the affiliative side of the circumplex, has a bit of a dismissive quality to it and does not come across nearly as supportive. As another example, both of the following thought units were coded as falling on the non-affiliative side of the SASB circumplex:

> Wife 1: "Your issue is that you don't deal with it."

> Wife 2: "Well, like suck it up."

Though both of these responses are critical in nature, Wife 2 comes off as particularly harsh and invalidating when she tells her husband who has just finished revealing his most painful and shameful emotions that he should "Well, like suck it up." Had a purely summative approach (Option 1) been used to calculate supportiveness scores, both of these responses would have carried equal weight in determining the wives' final scores. It was therefore decided to allow the SASB raters to utilize their clinical judgment when providing a clip's overall

supportiveness rating. See Appendix B for the Supportiveness Scale (McKinnon, 2011), which was used in conjunction to the SASB in order to provide a single rating summarizing a response's overall level of supportiveness. Supportiveness Scale ratings were provided on a 5 point Likert scale (1 = Very Unsupportive; 3 = Neither supportive nor unsupportive; 5 = Very supportive). The intraclass correlation coefficient for the Supportiveness Scale ratings in this study was .91, indicating a high level of interrater reliability.

Procedure

Screening sessions for potential vulnerable emotional expressions

For each couple, an undergraduate rater was assigned to watch all available sessions and to take note of all instances of emotional arousal. For each segment identified as containing emotional arousal, the same rater was asked to provide a peak emotional arousal rating using the guidelines provided in the Client Emotional Arousal Scale–III (Warwar & Greenberg, 1999). In addition, he or she was asked to indicate whether the individual exhibited hostile, non-hostile, or a mixture of both hostile and non-hostile behaviour during the segment. Finally, the rater was asked to provide a brief description of the content and context of the emotional expression. All undergraduate raters were blind to outcome as well as to the purpose and hypotheses of the research project.

Selection of the two-minute clips to be coded for each partner

Events chosen for detailed coding were selected using a theory-guided rather than random sampling method. For each couple, the principal investigator, blind to outcome, watched all segments identified by the undergraduate rater as containing either non-hostile or mixed hostile/non-hostile emotional arousal. Informed by the criteria outlined in the Couples

Vulnerability Scale, she then selected the two segments that she viewed as best exemplifying vulnerable emotional expressions for each of the partners. For all selected segments, the principal investigator chose the two minutes that best captured the vulnerable emotional expression. These two-minute clips were then copied onto DVDs in random order and submitted for Couples Vulnerability Scale rating.

Rating of two-minute clips on the Couples Vulnerability Scale

Seven undergraduate students provided the ratings on the Couples Vulnerability Scale. During training, the raters were split into two groups. Each group obtained four two-hour training sessions, consisting of didactic instruction as well as the viewing and rating of practise clips. If a clip was viewed by one of the groups for training purposes, it was only the members of the other group that went on to rate that particular clip for the purposes of the data analyses. For those clips that were not viewed by either group during training, all seven coders provided ratings. Therefore, for each two-minute clip there was a minimum of three and a maximum of seven raters that provided ratings on the Couples Vulnerability Scale. Interrater reliability on this measure was assessed using a one-way random model intraclass correlation coefficient. This measure of interrater reliability is recommended for instances such as this, in which there are different subsets of raters providing the ratings for different subsets of observations (Shrout & Fleiss, 1979). A given clip's final rating on the Couples Vulnerability Scale was determined by taking the mean score of all raters who rated that particular clip.

Operationalization of the other partner's response to the vulnerable emotional expression

A second set of DVDs was created, this time with seven-minute clips. Each of these clips contained the original two-minute clip capturing the vulnerable emotional expression, plus the next five minutes of the session. Transcripts were made for all of the clips on this second set of

DVDs. The witnessing partner's response was operationalized as the first five talk turns that he or she made following his or her partner's vulnerable emotional expression, up to a maximum of 30 lines of transcript. If the witnessing partner's first five talk turns amounted to less than 10 lines of text, additional talk turns were included until at least 10 lines of text had been reached. If the 5 minute clip expired before 10 lines of text had been reached, the witnessing partner's response was left at less than 10 lines of text.

Coding of the witnessing partner's response on the SASB and Supportiveness Scale

Two graduate students completed both the SASB coding and the Supportiveness Scale ratings. These two coders had previously received extensive SASB training from a member of the SASB group at the University of Utah, distributors and trainers of the SASB system. Their training consisted of a two-day workshop followed by one year of bi-weekly training sessions with Dr. Michael Constantino. Prior to being hired to code for the current study, both raters had been tested against expert ratings and had been established as reliable SASB coders by the standards of the Utah group. Both raters were blind to outcome as well as to the purpose and hypotheses of the current study.

For each clip, the two raters segmented and coded the witnessing partners' responses on the SASB, and then subsequently provided overall ratings on the Supportiveness Scale, as explained previously. For the SASB, the coders were instructed to code 75% of the clips together and the other 25% independently. Coding in pairs or groups is often considered the preferred method when working with the SASB because it helps to minimize the likelihood of idiosyncratic or biased interpretations of observed behaviour (Florsheim and Benjamin, 2001). The reason for having the coders complete 25% of the clips independently was so that an estimate of interrater reliability could be calculated for these ratings. The independent SASB

codes were used strictly for this purpose. After having submitted their independent SASB ratings to the principal investigator, the coders were asked to go back and review any thought units that they had coded differently in their independent ratings. For each disagreement that they had, the coders re-examined the material together, discussed the rationale behind each of their initial codes, and came to a consensus about what the final code(s) should be for that thought unit.

Whereas consensual coding was considered preferable for the SASB, independent coding was viewed as the preferable method when making the additional Supportiveness Scale rating. The Supportiveness Scale requires raters to utilize clinical judgment when integrating a given clip's numerous SASB codes into a single rating reflecting a partner's overall level of Supportiveness in the clip. As previously discussed, another possibility would have been to base a partner's overall supportiveness rating strictly on a simple mathematical calculation (i.e. # of affiliative SASB codes ÷ total # of SASB codes). Demonstrating that a high level of agreement could be established between raters utilizing the clinical judgment method was viewed as important for the justification of its use over the alternative purely mathematical approach.

Data analyses used for testing the major hypotheses of the study

For each individual, an overall vulnerability score was calculated by taking the mean of the observer rated Vulnerability Scale scores given to his or her two vulnerable clips. Likewise, an overall supportiveness score was calculated for each individual by taking the mean of the observer rated Supportiveness Scale scores given to his or her responses following his or her partner's two vulnerable clips. Hierarchical regression analyses were used in testing the major hypotheses. For each regression analysis conducted, vulnerability was entered in the first step, followed by supportiveness in the second step. Residual change scores on the Enright

Forgiveness Inventory, the Single-item Forgiveness measure, the Unfinished Business Scale, the Trust Scale, and the Dyadic Adjustment Scale acted as the dependent variables in the regression analyses predicting improvement in injured partners from pre to post. Residual change scores on the Single-item "Feel Forgiven" measure and on the Dyadic Adjustment Scale acted as the dependent variables in the regression analyses predicting improvement in the offending partners. Finally, as recommended by Hayes (2009), bootstrapping was employed to test for indirect effects. Advantages of the bootstrapping method over the Sobel test are that it is more powerful, that it makes no assumptions about the shape of the sampling distribution of the indirect effect, and that it can be used for making inferences about indirect effects even in the absence of a significant correlation between the independent and dependent variable (Hayes, 2009). For all analyses, the criterion for significance was set at $p < .05$ (two-tailed).

Hypotheses

Predictions relating to the outcome of the INJURED partners

1. a) Higher levels of vulnerability in the *injured* partners combined with higher levels of supportiveness in the *offending* partners will show a significant positive relationship to residual change scores on the Enright Forgiveness Inventory, the Single-item Forgiveness measure, the Unfinished Business Scale, the Trust Scale, and the Dyadic Adjustment Scale for injured partners.

2. b) Higher levels of vulnerability in the *offending* partners combined with higher levels of supportiveness in the *injured* partners will show a significant positive relationship to residual change scores on the Enright Forgiveness Inventory, the Single-item Forgiveness measure, the Unfinished Business Scale, the Trust Scale, and the Dyadic Adjustment Scale for injured partners.

Predictions relating to the outcome of the OFFENDING partners

3. a) Higher levels of vulnerability in the *injured* partners combined with higher levels of supportiveness in the *offending* partners will show a significant positive relationship to residual change scores on the Single-item "Feel Forgiven" measure and the Dyadic Adjustment Scale for offending partners.

   b) Higher levels of vulnerability in the *offending* partners combined with higher levels of supportiveness in the *injured* partners will show a significant positive relationship to residual change scores on the Single-item "Feel Forgiven" measure, and on the Dyadic Adjustment Scale for offending partners.

Results

Presentation of Analyses

This section will begin by presenting the results of correlational analyses conducted for the purpose of examining whether allowing raters to use their clinical judgment when making the overall supportiveness ratings resulted in scores more strongly associated with outcome than the alternative mathematical method would have. Next, the correlations among scores for each outcome measure will be presented for each time point, along with the correlations among the residual change scores and the correlations between pre and post scores. Subsequently, descriptive information and pre to post changes will be presented for the main outcome measures. Descriptive information for the predictor variables will then be presented, followed by the correlations among the predictor variables and between the predictor variables and the outcome measures. Finally, the results of the hierarchical regression analyses used to test the major hypotheses of the study will be presented, along with the results of the bootstrapping analyses used to assess for indirect effects.

Dyadic analysis considerations

When working with dyadic data such as couples, Kenny, Kashy, and Cook (2006) recommend calculating the mean of both parnters' scores and using this number (as opposed to each partner's individual score) as the unit of analysis. Given that the current data set consisted of couples presenting with emotional injuries, rather than relying on methods designed for dyadic data, it was possible to instead split the partners into two meaningful groups (injured and offending partners) and run separate analyses for each category of partners. A major advantage of this approach is that different outcome measures could then be used to assess improvement for each type of partner (i.e. only those most relevant for that type of partner). This method also

circumvented the risk of inflated error resulting from non-independence among partners' scores on outcome measures because only one partner's score was included into any given analysis.

Justification of the clinical judgment informed Supportiveness ratings

This section will present the results of analyses that were conducted in order to investigate the concurrent and predictive validity of the Supportiveness Scale ratings. The Supportiveness Scale required that raters consider both the quantity and the quality of the various affiliative and non-affiliative behaviours exhibited by the partner in the position of having just witnessed his or her partner express vulnerable emotion. A strong but not perfect positive correlation would therefore be expected to exist between the proportion of affiliative SASB codes and the overall supportiveness score assigned to a given clip. As expected, there was a strong positive relationship between a clip's supportiveness rating and its summative SASB score (calculated by dividing the number of affiliative SASB codes by the total number of total SASB codes assigned to that clip), $r(114) = .726, p < .001$.

The rationale for permitting raters to utilize their clinical judgment when making the overall supportiveness ratings was that this would be likely to result in more accurate estimates of how supported those in the revealing position actually felt by their partners in the moments immediately following their vulnerable emotional expressions. If as hypothesized, Supportiveness Scale ratings did in fact provide more accurate estimates of felt supportiveness than Summative SASB scores, one would expect the Supportiveness Scale ratings to show a stronger relationship with final outcome than the summative SASB scores. In order to assess for predictive validity, the Supportiveness Scale scores and the summative SASB scores were therefore compared for their ability to predict final outcome.

As expected, compared to the summative SASB scores, Supportiveness Scale ratings were more strongly correlated with residual change on all outcome measures examined. Specifically, compared to a couple's mean summative SASB Score, a couple's mean Supportiveness Scale score showed stronger correlations with residual change scores on the five measures used to assess outcome in the injured partners, as well as on the two measures used to assess outcome in offending partners. The differences in magnitude of these correlations were not all necessarily statistically significant. Nevertheless, the finding that the Supportiveness Scale ratings were consistently more strongly associated with residual change scores supports their use over the summative SASB scores in the hierarchical regression analyses used to test the major hypotheses of the study. See Table 2 for a comparison of how the summative SASB scores and the Supportiveness Scale ratings each related to residual change scores on the final outcome measures.

Table 2. Comparison of the correlations of the summative SASB scores with residual change scores to the correlations of the Supportiveness Scale ratings with residual change scores

Injured partners: (Residual change)

	EFI	Forgive	UFB	Trust	DAS
Summative SASB scores[1]	.307	.142	.457**	.242	.165
Supportiveness ratings[2]	.417**	.302	.579**	.467**	.427**

Offending partners: (Residual change)

	Feel Forgiven	DAS
Summative SASB scores	.216	.022
Supportiveness ratings	.438**	.316

* $p < .05$; **$p < .01$ (2-tailed)

1 Summative SASB scores = # of affilitive SASB codes ÷ by total # of SASB codes

2 Supportiveness ratings = ratings made utilizing clinical judgment to integrate SASB data into one overall supportiveness score

Treatment Outcome

The correlations among scores of the various outcome measures at pre and post treatment are presented in Table 3 and the correlations among the residual change scores of these measures are presented in Table 4. At pre-treatment, less than half of the correlations among scores were significant. At post-treatment, the scores on each outcome measures correlated significantly with the scores on the majority of other outcome measures. The residual change scores of each outcome measure were also found to correlate significantly with the majority of all other outcome measures' residual change scores.

The correlations between pre and post treatment scores for each outcome measure are presented in Table 5. Repeated measures t-tests were conducted to assess improvement in the injured and offending partners from pre to post on each of the outcome measures of interest for that group. The means, standard deviations, significance of mean differences, and effect sizes are presented in Tables 6 and 7. The injured partners showed significant improvement from pre to post on all outcome measures of interest for this group (Enright Forgiveness Inventory, $t(30) = -5.017$, $p < .001$; Single-item measure of forgiveness, $t(31) = -6.313$, $p < .001$; Unfinished Business Scale, $t(30) = -6.693$, $p < .001$; Trust Scale, $t(30) = -2.991$, $p = .006$; Dyadic Adjustment Scale, $t(30) = -4.103$, $p < .001$). Likewise, the offending partners showed significant improvement on all outcome measures of interest for this group (Single-item measure assessing the extent to which one feels forgiven, $t(30) = -5.141$, $p < .001$; Dyadic Adjustment Scale, $t(30) = -3.652$, $p = .001$). The above findings are similar to those reported in Greenberg et al.'s (2010) study, which examined pre to post changes on the outcome measures of the first 20 couples to participate in the York Emotional Injury Project. The current sample consisted of these same 20 couples, plus

an additional 12 couples who participated in the York Emotional Injury Project subsequent to

Greenberg et al.'s (2010) outcome study.

Table 3. Correlations among outcome measures at pre treatment and post treatment

Pre-treatment	Injured partners					Offending partners	
	EFI	Forgive	UFB	Trust	DAS	Feel Forgiven	DAS
Injured partners							
EFI	1	.296	.521**	.188	.373*	.218	.041
Forgive	-	1	.645**	.259	.165	.489**	-.013
UFB	-	-	1	.468*	.247	.387*	.166
Trust	-	-	-	1	.471**	-.068	.355
DAS	-	-	-	-	1	.318	.542**
Offending partners							
Feel Forgiven	-	-	-	-	-	1	.226
DAS	-	-	-	-	-	-	1

Post-treatment	Injured partners					Offending partners	
	EFI	Forgive	UFB	Trust	DAS	Feel Forgiven	DAS
Injured partners							
EFI	1	.771**	.872**	.701**	.681**	.630**	.390*
Forgive	-	1	.742**	.464**	.440*	.443*	.236
UFB	-	-	1	.639**	.665**	.636**	.482**
Trust	-	-	-	1	.598**	.414*	.319
DAS	-	-	-	-	1	.642**	.776**
Offending partners							
Feel Forgiven	-	-	-	-	-	1	.369*
DAS	-	-	-	-	-	-	1

$*p < .05$; $**p < .01$ (2-tailed)

Table 4. Correlations among residual change scores

Post-treatment	Injured partners					Offending partners	
	EFI	Forgive	UFB	Trust	DAS	Feel Forgiven	DAS
Injured partners							
EFI	1	.778**	.827**	.673**	.528**	.578**	.622*
Forgive	-	1	.713**	.441**	.350	.407*	.482*
UFB	-	-	1	.696**	.540**	.601**	.641**
Trust	-	-	-	1	.503**	.498**	.460*
DAS	-	-	-	-	1	.498**	.718**
Offending partners							
Feel Forgiven	-	-	-	-	-	1	.475*
DAS	-	-	-	-	-	-	1

*p < .05; **p < .01 (2-tailed)

Table 5. Correlations between pre and post treatment scores for each outcome measure

Injured partners:	EFI	Forgive	UFB	Trust	DAS
	.530**	.303	.386*	.303	.741***

Offending partners:	Feel Forgiven	DAS
	.496**	.769***

* p<.05; **p<.01; ***p<.001 (2-tailed)

Table 6. Improvement from pre to post treatment on outcome measures of interest for INJURED partners

Measure	Pre-treatment M(SD)	Post-treatment M(SD)	df	Paired sample t-test	Effect size
EFI	271.38(38.81)	309.71(45.75)	30	- 5.017***	-0.810
Forgive	2.38 (0.83)	3.69 (1.12)	31	-6.313***	-1.111
UFB	27.98(5.40)	38.65(9.42)	30	-6.693***	-1.144
Trust	75.53(18.35)	89.87(16.27)	29	- 3.830**	-0.734
DAS	89.26(17.18)	98.27(16.81)	30	-4.103***	-0.516

*p < .05; **p < .01; ***p < .001 (2-tailed)

Table 7. Improvement from pre to post treatment on outcome measures of interest for OFFENDING partners

Measure	Pre-treatment M(SD)	Post-treatment M(SD)	df	Paired sample t-test	Effect size
Feel Forgiven	1.97 (0.95)	3.03(1.28)	30	-5.141***	-0.866
DAS	91.05(19.82)	99.61(18.43)	30	-3.652**	-0.440

*p < .05; **p < .01; ***p < .001 (2-tailed)

Relationship between vulnerability and supportiveness

Based on previous research and theory suggesting that vulnerability evokes compassion and understanding in those bearing witness to it, it was expected that higher levels of vulnerability in one partner would predict higher levels of supportiveness in the other partner. As expected, the more vulnerable an injured partner was during a given clip, the more likely the offending partner was to respond to him or her with high levels of supportiveness, ($r = .474$,

p<.01). Contrary to expectations, however, higher levels of vulnerability in the offending

partners did not predict significantly higher levels of supportiveness from the injured partners, *(r*

= .024, p = .896). Descriptive information for the predictor variables is provided in Table 8a and

the correlations among the four predictor variables are presented in Table 8b. The correlations

between the predictor variables and the residual change score for each outcome measure are

presented in Table 9.

Table 8a. Descriptive information for predictor variables

	Minimum	Maximum	Mean	SD
IP Vulnerability	3.66	6.00	5.196	0.581
OP Vulnerability	3.50	6.00	5.191	0.593
IP Supportiveness	1.50	4.50	3.156	0.838
OP Supportiveness	1.00	4.75	2.951	0.913

*p < .05; **p < .01 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Table 8b. Correlations among predictor variables

	IP Vulnerability	OP Vulnerability	IP Supportiveness	OP Supportiveness
IP Vulnerability	1	.453**	.261	.474*
OP Vulnerability	-	1	.024	.602**
IP Supportiveness	-	-	1	.231
OP Supportiveness	-	-	-	1

*p < .05; **p < .01 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Table 9. Correlations between predictor variables and residual change scores

	IP Vulnerability	OP Vulnerability	IP Supportiveness	OP Supportiveness
Injured partners:				
Resid EFI	.473**	.510**	.088	.569**
Resid Forgive	.135	.511**	.084	.405*
Resid UFB	.356*	.552**	.251	.683**
Resid Trust	.389*	.192	.333	.448*
Resid DAS	.184	.075	.193	.479**
Offending partners:				
Resid Feel Forgiven	.445*	.401*	.229	.460**
Resid DAS	.169	.131	.073	.433*

*p < .05; **p < .01 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Results of the hierarchical regression analyses used to test the major hypotheses of the study

   Data screening and regression diagnostics

Prior to testing the major hypotheses, the data were examined to ensure that there were no major violations of the assumptions for conducting regression analyses. An examination of scatter plots revealed no major outliers. Levels of skewness and kurtosis were found to fall well within the acceptable range for all independent and dependent variables. Residuals also conformed to the assumption of normality, with skewness and kurtosis levels close to zero and all Kolmogorov-Smirnov and Shapiro-Wilk tests of normality being non-significant. No evidence of heteroscedasticity was found in any of the residual plots. Finally, collinearity diagnostics indicated that the Variance Inflation Factor (VIF) level between predictors was not worrisome for any of the regressions performed.

Though there was no evidence of any major violations of the assumptions for conducting regression analyses, occasionally there were cases flagged as potentially concerning either because they had residuals greater than 2 standard deviations from the mean or because they were particularly influential in terms of leverage, meaning that they were exerting a disproportionately high effect on the regression line. To assess the impact of these unusual cases on the overall results, an additional set of regression analyses was conducted excluding all cases with Cook's distances above the conventional recommended cut-off of 4/n (Bollen & Jackman, 1990). The deletion of these cases resulted in only trivial differences in the beta coefficients and p-values; therefore, it was viewed as unnecessary to consider excluding them from the analyses described below.

Predicting improvement in the INJURED partners [1]

The first set of hierarchical regression analyses examined how the outcomes of the *injured* partners are impacted by both the injured partner offending partners' levels of vulnerability and supportiveness. For each outcome measure, two separate hierarchical regression analyses were conducted. The first model predicted outcome in injured partners from the *injured* partner's level of vulnerability combined with the *offending* partner's level of supportiveness in response to that vulnerability. The second model predicted outcome in the injured partners from the *offending* partner's level of vulnerability combined with the *injured* partner's level of supportiveness in response to that vulnerability. It was hypothesized that both models would significantly predict outcome in the injured partners. That is, two processes were expected to predict improvement in the injured partners' outcomes: 1) high levels of

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[1] The word "outcome" in the following sections refers to residual change scores. The word "improvement" refers to positive residual change scores.

vulnerability in the injured partner met with high levels supportiveness in the offending partner, and 2) high levels of vulnerability in the offending partner met by high levels of supportiveness in the injured partner.

Predicting the injured partner's improvement on the Enright Forgiveness Inventory (EFI)

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for a significant proportion (p< .01) of the outcome variance (22.3%) on the EFI for the injured partners. The addition of the offending partner's supportiveness in Step 2 explained an additional 15.4% of the outcome variance, and resulted in a significant overall regression model, $F(2, 28) = 8.485$, $p <.001$. The beta coefficients indicated that the offending partner's level of supportiveness in response to the injured partner's vulnerability made a significant unique contribution to the injured partner's outcome on the EFI. In contrast, the injured partner's vulnerability did not provide a statistically significant contribution when controlling for the offending partner's level of supportiveness. In the first step of the second hierarchical regression analysis, offender vulnerability accounted for a significant proportion ($p<.01$) of the outcome variance (26%) on the EFI for the injured partners. The addition of the injured partner's supportiveness in Step 2 explained an additional 2.9% of the outcome variance. The overall regression model was significant, $F(2, 28) = 5.686$, $p = .008$. Beta coefficients indicated that it was only the offending partner's level of vulnerability that provided a statistically significant unique contribution to this model. See Tables 10a and 10b for the results of the hierarchical regression analyses predicting improvement on the EFI for the injured partners.

Table 10a. Model predicting the injured partner's improvement on the EFI with the injured partner's vulnerability and the offending partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
EFI	Step 1:				
	IP Vulnerability	0.223	0.223	0.473**	.007
	Step 2:				
	IP Vulnerability			0.262	.133
	OP Supportiveness	0.377	0.154	0.445*	.014

Table 10b. Model predicting the injured partner's improvement on the EFI with offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
EFI	Step 1:				
	OP Vulnerability	0.260	0.260	0.510**	.003
	Step 2:				
	OP Vulnerability			0.537**	.002
	IP Supportiveness	0.289	0.029	0.171	.299

* p<.05 ; ** p<.01(2-tailed)

IP = Injured Partner; OP = Offending Partner

Predicting the injured partner's improvement on the Single-item measure of Forgiveness

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for 1.8% of the outcome variance on the Single-item measure of Forgiveness, which was not significant. The addition of the offending partner's supportiveness in Step 2 explained an additional 14.7% of the outcome variance, and resulted in a marginally significant overall regression model, $F(2, 29) = 2.869$, $p = .073$. The beta coefficients indicated that the offending partner's level of supportiveness in response to the injured partner's vulnerability made a significant unique contribution to the injured partner's outcome on the EFI. The injured partner's vulnerability did not provide a statistically significant unique contribution.

In the first step of the second hierarchical regression analysis, offender vulnerability accounted for a significant ($p<.01$) proportion of the outcome variance (26.1%) on the Single-item measure of Forgiveness for injured partners. The addition of the injured partner's supportiveness in Step 2 added less than 1% to the total outcome variance explained. The overall regression model was significant, $F(2, 29) = 5.139$, $p = .012$. Only the offending partner's level of vulnerability provided a statistically significant unique contribution to this model. See Tables 11a and 11b for the results of the hierarchical regression analyses predicting improvement on the Single-item measure of Forgiveness in the injured partners.

Table 11a. Model predicting the injured partner's improvement on the Single-item measure of Forgiveness with the injured partner's vulnerability and the offending partner's supportiveness

Measure	Variable	Total R²	R² Change	βstd.	p-value
Forgive	Step 1:				
	IP Vulnerability	0.018	0.018	0.135	.460
	Step 2:				
	IP Vulnerability			-0.032	.133
	OP Supportiveness	0.165	0.147	0.418*	.032

Table 11b. Model predicting the injured partner's improvement on the Single-item measure of Forgiveness with offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
Forgive	Step 1:				
	OP Vulnerability	0.261	0.261	0.511**	.003
	Step 2:				
	OP Vulnerability			0.508**	.004
	IP Supportiveness	0.262	0.001	0.025	.879

* p<.05 ; ** p<.01 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Predicting the injured partner's improvement on the Unfinished Business Scale

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for a marginally significant ($p = .05$) proportion of the outcome variance (12.6%) on the Unfinished Business Scale. In Step 2, the offending partner's level of supportiveness in response to the injured partner's vulnerability was added as a predictor and explained an additional 34.1% of the outcome variance on the Unfinished Business Scale for the injured partners. The overall regression model was significant, $F(2, 28) = 12.28$, $p < .001$. Beta coefficients indicated that the offending partner's level of supportiveness in response to the injured partner's vulnerability provided a statistically significant unique contribution to the outcome variance. The injured partner's vulnerability was not found to have made a significant unique contribution.

In the first step of the second hierarchical regression analysis, the offending partner's vulnerability accounted for a significant ($p < .01$) proportion of the outcome variance (30.5%) on the Unfinished Business Scale for the injured partners. The addition of the injured partner's supportiveness in response to the offending partner's vulnerability in Step 2 explained an additional 5.2% of the outcome variance. The overall regression model was significant, $F(2, 28) = 7.778$, $p < .002$. An examination of the beta coefficients indicated that in this model, the offending partner's vulnerability made a significant unique contribution to the improvement of the injured partner on the Unfinished Business Scale, whereas the injured partner's level of supportiveness to that vulnerability did not. See Tables 10a and 10b for the results of the hierarchical regression analyses predicting improvement on the Unfinished Business Scale in the injured partners.

Table 12a. Model predicting the injured partner's improvement on the Unfinished Business Scale with the injured partner's vulnerability and the offending partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
UFB	Step 1:				
	IP Vulnerability	0.126	0.126	0.356*	.050
	Step 2:				
	IP Vulnerability			0.039	.804
	OP Supportiveness	0.467	0.341	0.664***	.000

Table 12b. Model predicting the injured partner's improvement on the Unfinished Business Scale with the offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
UFB	Step 1:				
	OP Vulnerability	0.305	0.305	0.552**	.001
	Step 2:				
	OP Vulnerability			0.543**	.001
	IP Supportiveness	0.357	0.052	0.228	.143

* p<.05 ; ** p<.01; *** p<.001 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Predicting the injured partner's improvement on the Trust Scale

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for a significant ($p<.05$) proportion (15.1%) of the outcome variance for the Trust Scale. In Step 2, the offending partner's level of supportiveness in response to the injured partner's vulnerability added 8.9% to the total outcome variance accounted for, resulting in a significant overall model, $F(2, 27) = 4.263$, $p = .03$. An examination of the beta coefficients indicated that the offending partner's level of supportiveness in response to the injured partner's vulnerability provided a marginally significant unique contribution to the outcome variance. The injured partner's vulnerability did not make a significant unique contribution.

In the first step of the second hierarchical regression analysis, offender vulnerability accounted for 3.7% of the outcome variance on the Trust Scale, which was not significant. The addition of the injured partner's level of supportiveness in Step 2 explained an additional 13.4% of the outcome variance, resulting in a marginally significant overall model, $F(2, 27) = 2.775$, $p = .08$. The beta coefficients indicated that the injured partner's level of supportiveness in response to the offending partner's vulnerability made a significant unique contribution to outcome. The offending partner's level of vulnerability was not found to have made a significant unique contribution. See Tables 13a and 13b for the results of the hierarchical regression analyses predicting improvement on the Trust Scale in the injured partners.

Table 13a. Model predicting the injured partner's improvement on the Trust Scale with the injured partner's vulnerability and the offending partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
Trust	Step 1:				
	IP Vulnerability	0.151	0.151	0.389	.034
Step 2:					
	IP Vulnerability			0.226	.248
	OP Supportiveness	0.240	0.089	0.340	.087

Table 13b. Model predicting the injured partner's improvement on the Trust Scale with offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
Trust	Step 1:				
	OP Vulnerability	0.037	0.037	0.192	0.309
	Step 2:				
	OP Vulnerability			0.247	0.175
	IP Supportiveness	0.171	0.134	0.334*	0.047

* p<.05 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Predicting the injured partner's improvement on the Dyadic Adjustment Scale (DAS).

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for 3.4% of the outcome variance, which was not significant. The addition of the offending partner's level of supportiveness in Step 2 explained an additional 19.7% of the outcome variance on the DAS for injured partners, resulting in a significant overall regression model, $F(2, 28) = 4.197, p = .012$. The beta coefficients indicated that of the two predictors, only the offending partner's level of supportiveness made a statistically significant unique contribution to the model.

In the first step of the second hierarchical regression analysis, the offending partner's vulnerability accounted for less than 1% of the outcome variance on the DAS for the injured partners. The addition of the injured partner's level of supportiveness in response to the offending partner's vulnerability in Step 2, which explained an additional 3.6%, was not sufficient in achieving a significant overall regression model, $F(2, 28) = 0.619, p = .546$. Neither predictor made a statistically significant unique contribution to outcome in this case. See Tables 14a and 14b for the results of the hierarchical regression analyses predicting improvement on the Dyadic Adjustment Scale in the injured partners.

Table 14a. Model predicting the injured partner's improvement on the Dyadic Adjustment Scale with the injured partner's vulnerability and the offending partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
DAS	Step 1:				
	IP Vulnerability	0.034	0.034	0.184	.321
	Step 2:				
	IP Vulnerability			-0.031	.869
	OP Supportiveness	0.231	0.197	0.493*	.012

Table 14b. Model predicting the injured partner's improvement on the Dyadic Adjustment Scale with offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
DAS	Step 1:				
	OP Vulnerability	0.006	0.006	0.075	.688
	Step 2:				
	OP Vulnerability			0.073	.697
	IP Supportiveness	0.042	0.036	0.192	.309

* p<.05 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Summary of hierarchical regression findings for INJURED partners

For injured partners, Model 1 (vulnerability of injured partners combined with supportiveness of offending partners) significantly predicted residual change on the Enright Forgiveness Inventory, the Unfinished Business Scale, the Trust Scale, and the Dyadic Adjustment Scale, and marginally significantly predicted residual change on the Single-item Forgiveness measure. Model 2 (vulnerability of offending partners combined with supportiveness of injured partners) significantly predicted residual change on the Enright Forgiveness Inventory, the Single-item Forgiveness measure, and the Unfinished Business Scale, and marginally significantly predicted residual change on the Trust Scale. Model 2 did not significantly predict residual change on the DAS. See Table 15 for a summary of the results of the hierarchical regression analyses used to test the main hypotheses for injured partners.

Table 15. Summary of results of Hierarchical Regression Analyses testing the major hypotheses for Injured partners

	Model 1 (IP Vul and OP Sup)		Model 2 (OP Vul and IP Sup)	
Measure	*F(df)*	*p*	*F(df)*	*p*
EFI	8.485(2, 28)	.001**	5.686 (2, 28)	.008**
Forgive	2.869(2, 29)	.073	5.139 (2, 29)	.012*
UFB	12.280(2, 28)	.001**	7.778 (2, 28)	.002**
Trust	4.263(2, 27)	.030*	2.775 (2, 27)	.080
DAS	4.197(2, 28)	.012*	0.619 (2, 28)	.546

*p< .05; **p < .01 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Of the 4 predictors examined across the two models, the offending partner's level of supportiveness in response to the injured partner's vulnerability was the most consistent in providing a statistically significant and unique contribution to the outcome variance for the injured partners. Higher levels of supportiveness in the offending partners independently and significantly predicted greater improvement in the injured partners on the Enright Forgiveness Scale, the Single-item measure of Forgiveness, the Unfinished Business Scale, and the Dyadic Adjustment Scale. The next most consistent contributor to the outcome variance of the injured partners was the offending partner's level of vulnerability. Higher levels of vulnerability in the offending partners independently and significantly predicted greater improvement in the injured partners on the Enright Forgiveness Scale, the Single-item measure of Forgiveness, and the Unfinished Business Scale. The injured partner's level of supportiveness in response to the offending partner's vulnerability made a statistically significant unique contribution to the outcome variance on the Trust Scale only. The injured partner's level of vulnerability was not found to have made a statistically significant *unique* contribution to the outcome variance for any of the five measures used to assess improvement in the injured partners.

Predicting improvement in the OFFENDING partners

The second set of hierarchical regression analyses examined how the outcomes of the *offending* partners are impacted by both the injured and offending partners' levels of vulnerability and supportiveness. As previously mentioned, only two outcome measures were viewed as relevant in the assessment of improvement in the offending partners: the Single-item measure assessing the degree to which one feels forgiven by one's partner, and the Dyadic Adjustment Scale. Once again, for each outcome measure examined, two separate hierarchical regression analyses were conducted. The first model predicted outcome in offending partners

from the *injured* partner's level of vulnerability combined with the *offending* partner's level of supportiveness in response to that vulnerability. The second model predicted outcome in the offending partners from the *offending* partner's level of vulnerability combined with the *injured* partner's level of supportiveness in response to that vulnerability. It was hypothesized that both models would significantly predict outcome in the offending partners. That is, the same two processes expected to predict improvement in the injured partners were also expected to predict improvement in the offending partners: 1) high levels of vulnerability in the injured partner met with high levels supportiveness in the offending partner, and 2) high levels of vulnerability in the offending partner met by high levels of supportiveness in the injured partner.

Predicting the OFFENDING partner's improvement on the Single-item "Feel forgiven" measure

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for a significant (p< .01) proportion of the outcome variance (19.8%) on the Single-item "Feel forgiven" measure for the offending partners. The addition of the offending partner's level of supportiveness to the injured partner's vulnerability in Step 2 explained an additional 10.5% of the outcome variance, and resulted in a statistically significant overall model, $F(2, 28) = 6.081$, $p = .006$. Beta coefficients indicated that the offending partner's supportiveness made a statistically significant unique contribution to the outcome variance, and that the injured partner's vulnerability made a marginally significant unique contribution.

In the first step of the second hierarchical regression analysis, the offending partner's vulnerability accounted for a significant ($p < .05$) proportion of the outcome variance (16.1%) on the Single-item "Feel forgiven" measure for the offending partners. The addition of the injured

partner's level of supportiveness to the offending partner's vulnerability in Step 2 explained an additional 3.5% of the outcome variance, and resulted in a statistically significant overall model, $F(2, 28) = 3.404$, $p = .047$. Beta coefficients indicated that the offending partner's vulnerability made a statistically significant unique contribution to the outcome variance. The injured partner's supportiveness was not found to have made a statistically significant unique contribution. See Tables 16a and 16b for the results of the hierarchical regression analyses predicting improvement on the Single-item "Feel forgiven" measure in the offending partners.

Table 16a. Model predicting the offending partner's improvement on the Single-item "Feel Forgiven" measure with the injured partner's vulnerability and the offending partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
Feel Forgiven	Step 1:				
	IP Vulnerability	0.198	0.198	0.445*	.012
	Step 2:				
	IP Vulnerability			0.323	.066
	OP Supportiveness	0.303	0.105	0.346*	.050

Table 16b. Model predicting the offending partner's improvement on the Single-item "Feel Forgiven" measure with offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
Feel Forgiven	Step 1:				
	OP Vulnerability	0.161	0.161	0.401*	.025
	Step 2:				
	OP Vulnerability			0.381*	.034
	IP Supportiveness	0.196	0.035	0.187	.282

* p<.05 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Predicting the offending partner's improvement on the Dyadic Adjustment Scale (DAS).

In the first step of the first hierarchical regression analysis, the injured partner's vulnerability accounted for 2.9% of the outcome variance on the DAS for offending partners, which was not significant. The addition of the offending partner's level of supportiveness to the injured partner's vulnerability in Step 2 explained an additional 15.9% of the outcome variance, and resulted in a marginally significant overall regression model, $F(2,28) = 3.232$, $p = .055$. An examination of the beta coefficients indicated that the offending partner's level of supportiveness in response to the injured partner's vulnerability made a statistically significant unique contribution to the outcome of offending partners on the DAS. The unique contribution of the injured partner's vulnerability to the variance in outcome on the DAS for offending partners was not significant.

In the first step of the second hierarchical regression analysis, the proportion of the variance in outcome accounted for by the offending partner's vulnerability (1.7%) was not significant. In Step 2, the addition of the injured partner's supportiveness added only 0.5% to the proportion of outcome variance explained, and the overall regression model failed to attain significance, $F(2, 28)=.320$, $p = .728$. Neither the offending partner's vulnerability, nor the injured partner's level of supportiveness in response to the offending partner's vulnerability made a significant unique contribution to the outcome of offending partners on the DAS. See Tables 17a and 17b for the results of the hierarchical regression analyses predicting improvement on the Dyadic Adjustment Scale in the offending partners.

Table 17a. Model predicting the offending partner's improvement on the Dyadic Adjustment Scale with the injured partner's vulnerability and the offending partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
DAS	Step 1:				
	IP Vulnerability	0.029	0.029	0.169	.362
	Step 2:				
	IP Vulnerability			-0.024	.900
	OP Supportiveness	0.188	0.159	0.443*	.027

Table 17b. Model predicting the offending partner's improvement on the Dyadic Adjustment Scale with offending partner's vulnerability and the injured partner's supportiveness.

Measure	Variable	Total R²	R² Change	βstd.	p-value
DAS	Step 1:				
	OP Vulnerability	0.017	0.017	0.131	.481
	Step 2:				
	OP Vulnerability			0.130	.491
	IP Supportiveness	0.022	0.005	0.072	.705

* p<.05 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Summary of hierarchical regression findings for OFFENDING partners

For offending partners, Model 1 (vulnerability of injured partners combined with supportiveness of offending partners) significantly predicted residual change on the Single-item "Feel Forgiven" measure, and marginally significantly predicted residual change on the Dyadic Adjustment Scale. Model 2 (vulnerability of offending partners combined with supportiveness of injured partners) significantly predicted residual change on the Single-item "Feel Forgiven"

measure but not on the Dyadic Adjustment Scale. See Table 18 for a summary of the results of

the hierarchical regression analyses used to test the main hypotheses for offending partners.

Table 18. Summary of results of Hierarchical Regression Analyses testing the major hypotheses for Offending partners

	Model 1 (IP Vul and OP Sup)		Model 2 (OP Vul and IP Sup)	
Measure	*F(df)*	*p*	*F(df)*	*p*
Feel Forgiven	6.081 (2, 28)	.006**	3.404 (2, 28)	.047*
DAS	3.232 (2,28)	.055	0.320 (2, 28)	.728

*p< .05; **p < .01 (2-tailed)
IP = Injured Partner; OP = Offending Partner

Of the 4 predictors examined, only the offending partner's level of supportiveness in

response to the injured partner's vulnerability provided a statistically significant and unique

contribution to the outcome variance for offending partners on both the Dyadic Adjustment Scale

and the Single-item measure assessing the degree to which an offending partner feels that he or

she has been forgiven by the injured partner. The next best predictor of offender outcome was

the offending partner's level of vulnerability, which provided a statistically significant unique

contribution to the offending partner's outcome on the "Feel forgiven" measure but not to his or

her outcome on the Dyadic Adjustment Scale. The injured partner's level of vulnerability

provided a marginally significant unique contribution to the outcome variance for the offending

partners on the "Feel forgiven" measure. The injured partner's level of supportiveness did not

provide a statistically significant unique contribution to the outcome variance for the offending

partners on either measure.

Results of analyses testing for indirect effects

The indirect effect of vulnerability on outcome through supportiveness in each resample (*n* = 5000) was estimated and generated 95% confidence intervals (CI) for the indirect effects. With the bootstrapping method, an indirect effect is considered significant when zero is not included in the 95% CI (Preacher & Hayes, 2004).

Injured partners

For Model 1, there was a significant indirect effect of injured partner vulnerability through offending partner supportiveness on the residual change scores of four out of five of the injured partners' outcome measures: the Enright Forgiveness Inventory (95% CI = .055 - .995), the Single-item measure of Forgiveness (95% CI = .093-.952), the Unfinished Business Scale (95% CI = .156 – 1.117), and the Dyadic Adjustment Scale (95% CI = .032 - .849). For Model 2, injured partner vulnerability was not found to show a significant indirect effect through offending partner supportiveness on any of the injured partner's outcome measures.

Offending partners

For Model 1, there was a significant indirect effect of injured partner vulnerability through offending partner supportiveness on the residual change scores of the Dyadic Adjustment Scale (95% CI = .030 - .773) but not the Single-item "Feel Forgiven" measure. With respect to Model 2, offending partner vulnerability was not found to show a significant indirect effect through injured partner supportiveness on either outcome measure.

Discussion

The primary purpose of this study was to examine whether interactions characterized by high

levels of observer rated vulnerability by one partner followed by high levels of observer rated

supportiveness by the other partner were predictive of better outcome in a sample of 32

emotionally injured couples who participated in 8-12 sessions of EFT-C. Two separate models

were tested using hierarchical regression analyses:

1. *Injured* partner vulnerability and *Offending* partner supportiveness as predictors of
   residual change scores on outcome measures
2. *Offending* partner vulnerability and *Injured* partner Supportiveness as predictors of
   residual change scores on outcome measures

Discussion of Hierarchical Regression Model 1 findings

Model 1(the injured partner's level of vulnerability combined with the offending

partner's level of supportiveness immediately following this vulnerability) significantly or

marginally significantly predicted residual change on all outcome measures for both injured and

offending partners. For injured partners, Model 1 significantly predicted residual change on the

Enright Forgiveness Inventory, the Unfinished Business Scale, the Trust Scale, and the Dyadic

Adjustment Scale. It marginally significantly predicted residual change on the Single-item

measure of Forgiveness. For offending partners, Model 1 significantly predicted residual change

on the Single-item "Feel forgiven" measure, and marginally significantly predicted change on

the Dyadic Adjustment Scale.

A pattern became evident when comparing the relative contributions of the two predictor

variables in Model 1. The offending partner's level of supportiveness consistently provided a

greater unique contribution to the variance in outcome than the injured partner's level of vulnerability across all measures. When both variables were entered into the regression analyses at the same time, the offending partner's level of supportiveness was found to independently and significantly predict residual change scores on 4 out of 5 of the injured partners' outcome measures (all except for Trust) and both of the offending partners' outcome measures. In contrast, the injured partner's level of vulnerability was not found to independently and significantly predict residual change scores for any of the injured or offending partners' outcome measures. Bootstrapping analyses revealed a significant indirect effect of injured partner vulnerability through offending partner supportiveness for the injured partners' residual change scores on the Enright Forgiveness Inventory, the Single-item measure of Forgiveness, the Unfinished Business Scale, and the Dyadic Adjustment Scale. For offending partners, a significant indirect effect of injured partner vulnerability through offending partner supportiveness was detected for the residual change scores on the Dyadic Adjustment Scale.

This pattern of findings suggests that vulnerable emotional expression by the injured partner, in and of itself, is unlikely to help move a couple toward the resolution of their emotional injury. Rather, it appears that the manner in which the offending partner responds to the injured partner's vulnerable emotional expressions is the more important of the two variables when it comes to predicting the likelihood that a couple will show improvement at termination. This not to say that vulnerable emotional expression by the injured partner does not have an important role to play in the injury resolution process; to the contrary, the findings indicate that the more vulnerability shown by the injured partner, the more likely the offending partner will be to respond with high levels of supportiveness. In other words, a higher level of vulnerability by the injured partner tends to elicit a higher level of supportiveness in the offending partner, which

in turn is highly predictive of improvement across almost all outcome measures. On the other hand, a high level of vulnerability in the injured partner in the absence of a supportive response from the offending partner does not bode well for outcome.

These findings underscore the importance of investigating interactional sequences rather than stand alone variables when attempting to uncover processes which lead to better outcomes in couple therapy. Had this study examined whether vulnerable emotional expression by injured partner is predictive of better outcome without also looking at the offending partner's behaviour in response to that vulnerable emotional expression, critical information would have been missed. Had it been examined as an isolated variable, level of vulnerability in the injured partners would have significantly or marginally significantly predicted outcome in 4 out of 7 measures. Based on this relationship, one may have reasonably conjectured that encouraging injured partners to access and express vulnerable emotion is likely to help promote more positive outcomes in therapy with emotionally injured couples. This conclusion would have missed a crucial caveat, which is that higher levels of vulnerable emotional expression in injured partners is only predictive of better outcome insofar that it elicits a supportive response style by the offending partner.

Future research may wish to examine whether the offending partner's mean level of supportiveness following the injured partner's vulnerable emotional expressions predicts change on outcome measures above and beyond his or her level of supportiveness in general. Research has previously found higher levels of affiliative behaviour (as measured by the SASB) to be associated with better outcome in couple therapy (e.g. Johnson & Greenberg, 1988), raising the possibility that the relationship observed between the offending partner's level of supportiveness following the injured partner's vulnerable emotional expressions and outcome in this study could

be reflecting a more general relationship between affiliative behaviour and outcome. In order to investigate this possibility, it is recommended that future research examine whether the offending partner's mean level of supportiveness following the injured partner's vulnerable emotional expressions acts as a better predictor of outcome than his or her level of supportiveness at other times during therapy. If the offending partner's mean level of supportiveness following the injured partner's vulnerable emotional expressions were to show a stronger relationship to outcome than his or her mean level of supportiveness during clips selected at random, it would provide further evidence that having the offending partner listen and respond in a supportive manner is particularly important at those times when the injured partner is speaking from a place of vulnerability.

The hypothesis that having one's partner respond supportively when one is in an emotionally vulnerable state should have more of an impact than having him or her respond supportively at other times is based on a theoretical framework which views "corrective emotional experiences" as a major driving force in the repair of damaged couple relationships. The concept of the corrective emotional experience was first described by Alexander & French (1946) as the reexsposure of an individual, "under more favorable circumstances, to emotional situations which he or she could not handle in the past" for the purpose of repairing the traumatic influence of previous experiences (Alexander & French, 1946, p.66). By helping the injured partner to access and share vulnerable emotions, and the offending partner to listen supportively at these times, the EFT-C therapist is in essence trying to create such corrective emotional experiences.

The finding that a hierarchical regression model based on the ratings of just two therapy clips predicted between 16.5% and 46.7% of the variance in outcome (depending on the

measure) certainly suggests that the quality of a couple's interactions at those times when the injured partner is expressing vulnerability is likely to be particularly influential to the healing process. Nevertheless, if future research were to demonstrate that the offending partner's level of supportiveness immediately following the injured partner's vulnerable emotional expression is a better predictor of outcome than his or her level of supportiveness at other moments during in therapy, this would make a stronger case for the conclusion that supportive responses from the offending partner are likely to be particularly healing when provided precisely at those moments when the injured partner is most emotionally vulnerable.

Discussion of Hierarchical Regression Model 2 findings

Similar to Model 1, Model 2 (the offending partner's level of vulnerability combined with the injured partner's level of supportiveness immediately following this vulnerability) also significantly predicted change on the majority of outcome measures. For the injured partners, Model 2 significantly predicted change on the Enright Forgiveness Inventory, the single item measure of forgiveness, and the Unfinished Business Scale. It marginally significantly predicted change on the Trust Scale. For the offending partners, it significantly predicted change on the Single-item "Feel forgiven" measure. Model 2 did not significantly predict change on the Dyadic Adjustment Scale for either injured or offending partners.

As was the case with Model 1, of the two variables examined it was the offending partner's behaviour that provided the most substantial independent contributions to Model 2. Specifically, the offending partner's level of vulnerability was found to independently and significantly predict the residual change scores of the injured partners on the Enright Forgiveness Inventory, the Single-item Forgiveness measure, and the Unfinished Business Scale. Moreover, the offending partner's level of vulnerability independently and significantly predicted the

residual change scores of the offending partners on the Single-Item "Feel forgiven" measure. In contrast, the injured partner's level of supportiveness independently and significantly predicted improvement on just one outcome measure: the Trust Scale. With respect to Model 2, bootstrapping analyses did not reveal a significant indirect effect of offending partner vulnerability through injured partner supportiveness for any of the outcome measures.

This pattern of findings suggests that in the context of couple relationships, vulnerable emotional expression by the offending partner is likely to play an important role in the emotional injury resolution process. In this sample, the level of vulnerability exhibited by offending partners significantly predicted degree of improvement for injured partners on two measures of forgiveness and a measure of unfinished business. Previous research examining predictors of forgiveness has found that an individual is more likely to forgive a transgressor when he or she feels empathy for him or her (Fincham et al., 2002; McCullough et al., 1998), and when the injurious actions are understood as the result of external, transient factors (Hall & Fincham, 2006). Based on the EFT-C theoretical model, it was expected that when an injured partner witnessed a high level of vulnerability from the offending partner, this would be likely to elicit feelings of empathy and also potentially to shift his or her understanding of the injurious behaviour. This increase in empathy and shift in view of the offending partner's behaviour was then expected to lead to higher levels of forgiveness and a greater sense of resolution (i.e. a decrease in feelings of unfinished business) for the injured partner. The finding that the offending partner's level of vulnerability best predicted outcome on those measures assessing the domains most relevant to emotional injury resolution (i.e. forgiveness and unfinished business) is very much in line with these theoretical assumptions. Based on the strong relationship found between the offending partner's level of vulnerability and the injured partner's improvement on

the domains of forgiveness and unfinished business, it is recommended that vulnerable emotional expression by the offending partner be incorporated into theoretical models of emotional injury resolution in couples, and that future research continue to study its impact on outcome. It is interesting to note that for all outcome measures, the addition of *offender* supportiveness in Step 2 of Model 1 added considerably to the proportion of the total variance accounted for (between 8.9% and 34.1%), whereas the addition of the *injured* partner's supportiveness in Step 2 of Model 2, relatively speaking, contributed only trivially to the total proportion of variance accounted for (between 0.1% and 5.2%, with the exception of the Trust Scale which added 13.4%). These findings suggest that when working with emotionally injured couples in therapy, the level of supportiveness exhibited by the offending partner in response to the injured partner's vulnerable emotional expressions is likely to have important implications for outcome, whereas the injured partner's degree of supportiveness in response to the offending partner's vulnerable emotional expressions may be less crucial.

Given that the level of vulnerability shown by the offending partner was such a good predictor of the injured partner's improvement on measures of forgiveness and unfinished business resolution, it was somewhat surprising that higher levels of vulnerability in the offending partner was not associated a more supportive response style by the injured partner. A possible explanation for these seemingly contradictory findings could be that upon seeing an offending partner express a high degree of vulnerability, it was typical for the injured partner to *internally* experience greater empathy for the offending partner and to begin to understand his or her injurious behaviour in a new way, but that this did not necessarily lead to immediately higher levels of *outwardly* supportive responses. It could be that some injured partners withheld their feelings of empathy and understanding out of concern that sharing these may send a message that

the offending partner's injurious behaviour was acceptable or justifiable to some extent. They may have felt it necessary to continue holding the offending partners accountable even at those times when the offending partners were showing vulnerability, so as to make it clear that vulnerable or not, what they did was not ok.

Several therapists from this study made the observation that when a normally defensive offending partner begins to show more openness and vulnerability, the injured partner in some cases takes this opportunity to express the full extent of their outrage. A possible explanation for this phenomenon is that when the offending partner begins to lower his or her defenses and vulnerably admit to having been in the wrong, he or she is perceived by the injured partner as *finally* being open to hearing and appreciating the extent of the harm that he or she caused, therefore leading the injured partner to jump at the opportunity to really drive this point home.

In general, failing to respond to the offending partner's most vulnerable emotional expressions with a high level of supportiveness was not predictive poorer outcome. However, there was one exception to this rule: the injured partner's level of supportiveness in response to the offending partner's vulnerability *did* significantly and independently predict improvement on the Trust Scale for injured partners. Theoretically it seems unlikely that being more supportive in response to the offending partner's vulnerability would lead the injured partner to feel greater trust in the offending partner. More likely, the explanation for this link is that as the injured partner's level of trust in the offending partner's grows, he or she becomes more open to experiencing and expressing feelings of empathy and compassion for the offending partner. If an injured partner does not trust the offending partner, it makes sense that he or she would be reluctant to express feelings of empathy and compassion in response to his or her vulnerability for fear that this may alleviate some of the offending partner's guilt and potentially increase the

threat that he or she will do it again. In contrast, if an injured partner has regained trust in the offending partner and feels confident that he or she will not act that way again, this may make it easier for him or her to express feelings of empathy and compassion for the offending partner when they arise.

Overall, the findings of the analyses of Model 2 support the hypothesis that interactions characterized by high levels of vulnerability in the offending partner followed by high levels of supportiveness in the injured partners are predictive of greater improvement on the outcome measures. Once again, however, it should be noted that for this Model, the addition of the injured partner's supportiveness in Step 2 generally provided only minor contributions to the overall proportion of variance accounted for. Whereas in Model 1 the *offender's* level of supportiveness emerged as a crucial factor for predicting outcome, in Model 2 the *injured* partner's level of supportiveness was found to be of little consequence, with the exception of on the Trust Scale.

Predicting change on measures assessing emotional injury resolution

Both Models 1 and 2 significantly predicted change on the measures assessing domains relevant to the resolution of emotional injuries (i.e. the Enright Forgiveness Inventory, the Single-item measure of Forgiveness, the Unfinished Business Scale, and the Single-item "Feel forgiven" measure). Of the four predictors examined, the offending partner's level of vulnerability and the offending partner's level of supportiveness emerged as the most influential with respect to emotional injury resolution. While the injured partner's level of vulnerability was also found to relate to improvement on these outcome measures, its influence was found to be primarily an indirect one. Overall the pattern of findings suggests that the resolution of an emotional injury is most likely to occur when 1) the offending partner shows a high level of

supportiveness at those times when the injured partner expresses vulnerable emotion, and 2) the offending partner expresses a high level of vulnerable emotion himself or herself.

It is interesting to note that the offending partner's levels of vulnerability and supportiveness were predictive not only of changes in the *injured* partner's reported levels of forgiveness and unfinished business, but also of changes in the extent to which the *offending* partner feels that he or she has been *forgiven* by the injured partner. The simplest explanation for this relationship is that higher levels of vulnerability and supportiveness in the offending partner increased the likelihood that the injured partner would feel (and act) forgiving towards him or her. Most likely, the magnitude of the injured partner's increase in forgiveness was then relatively accurately perceived and rated by the offending partner come termination.

It is also possible that some of the predicted variance in outcome on the Single-item "Feel Forgiven" measure could be the result of a link between the act of expressing vulnerability and/or supportiveness and increases in one's own feelings of self-forgiveness. Future psychotherapy research projects recruiting emotionally injured couples may wish to incorporate a measure of self-forgiveness in the outcome battery, so that processes predicting other-forgiveness can be compared and contrasted to processes predicting self-forgiveness. With respect to the variables examined in the current study, future research could investigate whether higher levels of vulnerability and/or supportiveness in the offending partner predict greater improvement in self-forgiveness, and to what extent this relationship is mediated by improvement the injured partner's level of forgiveness. If the relationship between the predictor variables and self-forgiveness is not fully mediated by changes in the injured partner's level of forgiveness, this would suggest that showing vulnerability as well as being supportive in response to the injured partner's vulnerability helps to promote not only forgiveness in the

injured partner toward the offending partner, but self-forgiveness in the offending partner as well.

Predicting change on the measure of relationship satisfaction

Whereas the offending partner's level of vulnerability was important for predicting improvement in the domains of forgiveness and unfinished business, this variable was not found to relate to improvement on the measure of relationship satisfaction. Of the four predictors examined, only the offending partner's level of supportiveness in response to the injured partner's vulnerability was found to significantly predict improvement on the Dyadic Adjustment Scale (this was true for both injured and offending partners). The lack of association between levels of vulnerability and improvement on the DAS was surprising, given that promoting vulnerable emotional expression is considered such a key task in EFT-C's theoretical model of change. It is recommended that future research continue to examine whether higher levels of vulnerable emotional expression are predictive of greater improvement in relationship satisfaction in other samples, using not only the DAS but other measures of relationship satisfaction as well. It is possible that the lack of association between vulnerability and improvement in relationship satisfaction in this sample is an anomaly. It could also be that the DAS was not the best choice for assessing the domains of relationship satisfaction likely to be impacted by increases in vulnerable emotional expression (e.g. feeling understood by one another, mutual openness and caring, emotional closeness, intimacy). If additional studies utilizing a broader range of outcome measures also fail to find higher levels of vulnerability to be associated with greater improvements in relationship satisfaction, a more in depth analysis of individual cases and/or interview research with couples post termination could perhaps shed

some light as to why vulnerable emotional expression seems to be helpful for promoting

forgiveness but not necessarily for improving relationship satisfaction.

Clinical Implications

Despite not finding an association between vulnerable emotional expression and residual

change on the Dyadic Adjustment Scale, overall the findings of this study still lend support to the

EFT-C tradition of encouraging partners to get in touch with and express their more vulnerable

emotions. In this sample of 32 emotionally injured couples, both the injured partner's level of

vulnerability and the offending partner's level of vulnerability showed a positive relationship to

outcome on several measures of forgiveness and a measure of unfinished business resolution.

The degree of vulnerability exhibited by the offending partner emerged as a particularly

powerful predictor of emotional injury resolution, independently and significantly predicting a

considerable proportion of the variance in residual change scores on the Enright Forgiveness

Inventory, the Single item Forgiveness measure, and the Unfinished Business Scale for injured

partners, as well as on the Single-item "Feel Forgiven" measure for offending partners. Based

on this finding, it is recommended that therapists working with emotionally injured couples place

a high priority on helping the offending partner to get in touch with and express his or her more

vulnerable emotions. Previous research linking the expression of shame by the offending partner

to the injured partner's residual change scores on the EFI (Woldarsky & Greenberg, 2012) lends

further support to the recommendation that offending partners be helped to access and speak

about these types of emotions.

Interestingly, with respect to the supportiveness variable, a very different pattern emerged

depending on whether it was the injured or offending partner's behaviour that was being

examined. Specifically, the offending partner's level of supportiveness in response to the injured

partner's most vulnerable emotional expressions independently and significantly predicted improvement on the majority of outcome measures, whereas the injured partner's level of supportiveness in response to the offending partner's vulnerability independently and significantly predicted improvement only on the Trust Scale.

Based on this finding, when one partner fails to respond in a supportive manner following a vulnerable emotional expression by the other partner, it may be advisable for therapists to intervene differently depending on whether it is the injured or offending partner who is in the position of expressing vulnerability. It is recommended that when it is the injured partner that is being vulnerable, the therapist interrupt and attempt to redirect the offending partner if he or she begins to respond in a nonsupportive manner. Some of the interventions he or she could use to do this include modeling a supportive response style by communicating empathy to the injured partner, asking the offending partner questions that pull for a supportive response, and/or coaching him or her by suggesting alternative, more supportive wording for getting what he or she is feeling across. If in response to a vulnerable emotional expression by the injured partner the offending partner begins talking about something else rather than responding directly to what is happening in the moment, it is recommended that the therapist gently interrupt and encourage him or her to stay in the moment and respond to what his partner has just said, as difficult as this may be. Providing him or her with a rationale for why it is important to stay in the moment with the vulnerability is also helpful, especially the first few times he or she reacts to his or her partner's vulnerability by shifting the conversation in another direction.

The following excerpt provides an example of how one of the therapists in this study handled Mike (an offending partner), who in the initial phase of therapy, would appear uncomfortable and begin using humour and other deflective behaviours at times when his wife

Francine (the injured partner) began to express vulnerable affect. In this example, Mike briefly responds directly to Francine's vulnerable emotional expression, but then quickly moves to speaking about how he feels awkward and unsure of what to do or say when Francine is like this. The therapist encourages him to try and stay present with Francine in these vulnerable moments even though it's difficult, providing him with some guidance and coaching about how he can do this.

Session 3
(T = Therapist; F =Francine; M = Mike)
        T: Uh-hmm. What are you trying to tell him?

        F: I don't know.

        T: I think you know. I mean not that you know but your tears know, I mean they come from some place very, right, is it that I think I am so hurt by this, right?

        F: (crying) I don't know, I think it's how I'm feeling about myself (F sighs).

        Therapist: Right, you just-

        F: You know, not really angry so much as I'm just hurt that- (F sighs)

        T: Right, I'm hurt that-

        F: (sighs) That I don't matter.

        T: Uh-huh, right. Right.

        F: And I guess it's, it's just the choices that just prove something I suppose that-

        T: Some old place of yours then, right? Like that I don't matter and then this made me feel like that was true and this was a place where I thought that this wasn't true, right? This is my marriage, and I thought I counted.

        F: Or maybe I never did think that and (T: Uh-huh) and it was just having to, having to face that again.

        T: Right, because that was an old wound of yours, right. So like, his betrayal, it isn't really just "you did this, you did that", but it's like you opened up a deep place of mine that is so deeply painful, where I don't matter.

        This point in the transcript marks the end of Francine's vulnerable emotional expression (this clip was given a score of 6 on the Vulnerability Scale). Below is Mike's response to Francine's vulnerable emotional expression (Rated as a 4 on the Supportiveness Scale).

T: (To Mike) So I just want you to take a breath as you hear it because this is different, right? This isn't just telling you what you did wrong, this is telling you her deep dark place from her old life.

M: umhmm, (sighs)

T: Mmhmm, yeah follow the sigh Mike because that's where a lot of your strength is in your ability to tolerate this, right? To not have to let the discomfort pull you away. And I think just finding a way to speak into these tears of Francine's, right? Not the ones that criticize you but the ones that tell you, this very vulnerable place, right? And inside, I mean I think it looks on your face like it reaches you.

M: It's a, it's a very, uhh, you know, when she says those things I feel, I feel very sad. My uhh just physically I just feel really bad (T: Uh-hmm), I just feel, you know, I feel bad for Francine.

T: Can you tell her?

M: I, I, no I do feel bad for you and I don't know how to, uhh, I feel very awkward in that situation (T: I see.) you know, (T: That you're doing-) because I don't really know, you know, how does one - we've had a couple of situations where we've tried to help each other like this and it's been very awkward and I don't know how to do that.

T: Stay in it though because

M: I don't know how to do that

T: You're starting, you're trying.

M: I try. I don't know how to though because I never had that when I was (T: Okay) growing up, and it always was a very awkward situation.

T: So let me try to help you now, because as you look at her and your own tears come, it's a start, right? (M: umhmm) It's a start of saying I see your pain, and I, and I see and a part of it, it pains me to have pained you.

M: See this right now is what I was talking about earlier when I said that, you know, I had these opportunities to work with Francine but I chose not to probably because it was a fearful place to go, it was an uncomfortable place (T: Right) to go, it was, you know, I didn't work these things. I could've.

T: But now, but it's very hard and I'm

M: I know it's hard, that doesn't mean you have to avoid it though.

T: And I'm sort of trying, I'm trying to hold you there now because when I see her look like this, I see you that you can attend to her, just by your presence, just by hearing it, and I see that it's awkward, but it's an opportunity to reach, you know, that part that is, I mean part of it is triggered by you partly it's an old, hurt place, right? And I see that it's

hard to stay there, but for a minute you kind of get there. (M: yeah) It's like I wanna stay there but I get uncomfortable so I kind of, distract a bit.

M: And you know, maybe I have that place too, perhaps, deep down inside, you know.

T: You do, but I want you to hang on for a sec, and go to hers, so that eventually she can come back to yours.

** To protect confidentiality, all names have been replaced with pseudonyms

The above excerpt was taken from session 3. With continued guidance and coaching from the therapist, Mike was eventually able to listen to Francine's pain without becoming uncomfortable or defensive and moving the conversation in another direction. In an interview with Francine conducted after the completion of the therapy, she discussed how helpful it was to have their therapist "mediate" Mike's usual defensive reactions, so that she was able to speak about her unresolved emotions and feel that he was truly hearing her:

Post-termination interview
(I = Interviewer; F =Francine)

I: So basically I just want to know what your experiences have been like in your own words, whether things have changed for you, what's changed for you, if anything?

F: well, I mean I would probably say a lot has changed for many reasons. I think that the therapy seems like stretched out over a long period which probably helped me and allowed us an opportunity to integrate each week or each session anyway, with our life. I feel like the therapy came at a good time for us. I think we were ready to reach some kind of an understanding about what happened that certain amount of time has already passed. We have been working on it, in our own level but having an unbiased therapist to help us through some of the unresolved parts was very helpful. In particular, being able to bring it all out again and having, like for me anyway in particular being heard was important because so much time had passed from the original incident that some things tend to get swept out of the rug and it's like, it's not really proper to always bring it up in conversation or whatever so there I guess there was unresolved emotions so therapy was helpful to resolve some of those emotions for me to be heard by my husband and you know in a way kind of like having my date at court that I could say what I needed to say and be heard with somebody there to mediate so that there would be no unnecessary reactions or defensive reaction or if there was there was, somebody was there to mediate the process and that was helpful.

Given that the level of supportiveness shown by the injured partner following the offending partner's vulnerable emotional expressions was not significantly linked to outcome on the measures of forgiveness and unfinished business resolution, when working with emotionally injured couples it may be less crucial for the therapist to intervene in instances when it is the injured partner that is failing to respond supportively.

A possible explanation for the lack of association between the injured partner's level of supportiveness to the offending partner's vulnerability and outcome may be that partners in the offending position don't expect to receive the same degree of empathy, support, validation…etc. (because of the harm that they caused to the injured partner), and are thus less negatively impacted when the injured partner fails to provide these. Whereas for injured partners, the experience of having one's partner behave in an unsupportive manner after having taken the risk of being vulnerable with them may reinforce or intensify their sense of being mistreated in the relationship, this is less likely to be the case for the offending partners. Those categorized as "offending" partners in this study generally acknowledged and felt remorseful about the harm they had caused, and so having their partners engage in a certain degree of angry and withholding behaviour might have felt to them like a fair and necessary part of the healing process. Based on the lack of association between the injured partner's level of supportiveness to the offending partner's vulnerability and improvement on most measures of outcome, it may be reasonable for therapists to allow the injured partners the space to express what comes up naturally for them when they witness their partner express vulnerability, even if what is coming up is not particularly supportive in nature.

As an important caveat to the above, however, when needed the therapist should take steps to ensure that the offending partner does not come out of the interaction feeling deterred

from expressing vulnerability again in the future. There was a strong positive association between the offending partner's level of vulnerability and improvement on measures assessing forgiveness and unfinished business resolution, underscoring the importance of sustaining an atmosphere in which the offending partner can feels safe to delve into emotionally sensitive territory. If the injured partner begins to respond in a manner that risks leading the offending partner to regret having shared this vulnerable side of himself or herself, it is thus recommended that the therapist intervene in such a way as to leave the offending partner feeling affirmed for having opened up and taken such an emotional risk.

One way of doing this would be to interrupt the injured partner and ask him or her a question that pulls for other, gentler types of responses. If this intervention does not elicit more vulnerability-reinforcing kinds of responses from the injured partner, the therapist may then validate and reinforce the offending partner himself or herself. This may be done, for instance, by commending him or her for having taken the risk of sharing these painful and vulnerable aspects of his or her experience with his or her partner and by reiterating how talking to one another about these kinds of emotions is important for intimacy, connectedness, and healing.

In order to illustrate the impact that vulnerable emotional expression can have in the process of working toward the resolution of an emotional injury, I will continue to present segments from the case of Mike and Francine. In the following excerpt, we see Mike express vulnerable emotion, which is followed by an expression of compassion by Francine. The interaction culminates with Francine expressing that she forgives Mike:

Session 8
Vulnerability Scale score = 4.75; Supportiveness rating = 4.5
(T = Therapist; F =Francine; M = Mike)

T: (to M) There were ways that you were brought up that left you, sort of unnourished and unnurtured in many ways and yet with this, very overly sexualized, right? (M: um-hmm), like that's how I heard it was that they got put together with the needs written on this sheet and somehow this sexual, but I could be wrong Mike but

M: I was already getting to a point though where I was realizing just how far down this sort of rabbit hole that it was causing me injury and I really needed to get out. I mean, you know I think back to a moment where I walked into my home at six in the morning and Francine approached me as she was getting up, and that for me was the bottom, that was the bottom, I mean I came-

T: Have you ever told her this before this before?

M: No, I don't think so, I don't think so, but I came into my home, umm (M begins to tear up) getting a little (T: Tell her-) emotional here.

T: Tell her what the tears are as you said. I think it's really important.

M: Yeah, they are, anyway, just missing a lot of things. Missing, missing my family, missing other things that I could do with my time that were a hell of a lot more constructive, missing spending time with Francine (M begins to cry quietly at this time).

T: Uh-hmm, uh-hmm, yeah, it's okay because really, it was not a good happy time, uh-hmmm. (F begins to cry). Francine, can you tell him what your tears are in response to his? Because I think this is where you want to soothe him and be, you look like you're hearing him.

F: (sighs) Well I feel compassion (T: Yeah.) for him.

A little later in this session, the therapist broaches the topic of forgiveness:

T: Maybe it's I forgive you? But I don't know if you're there? When you see Mike like this if you (M: I don't even uh)

T: Let her be there for a sec because if you keep trying to let it off, right, it's hard for you because what if she doesn't do it? I see that (M laughs) that that would be very painful, right?

F: Well I always felt that the reason it happened had a deeper reason than just to hurt me or to be, umm, you know, bad (T: Right). And so when I see, when I see the truth in that because when, when you're defensive and angry and, and bossy and justifying, I don't see that, but when I see you come to tears and you say, you know, I was in such an awful place and, and I felt so bad and I, and I feel so ashamed now. You didn't say those words but that's what I saw (T: Yeah, of course.). Then it's I can forgive you, because I-

T: So do you forgive him?

F: Yeah I, I forgive him for being human.

T: Tell him.

F: I do forgive you.

T: Tell him again F because I think it's really important (M laughs). It's hard right but it's important that you see, you need to hear the words. Let her say them again. I really think it's important.

F: I forgive you

M: Thank you

During Francine's post-termination interview, she identified the times when Mike showed his more vulnerable emotions (such as in the example provided above), as having been the most transformative moments for her in the therapy. She explained that seeing him express this type of emotion allowed her to see him in "a new light," which led her to feel more sympathetic and forgiving towards him.

Post-termination interview
(I = Interviewer; F =Francine)

F: and something I realized throughout the therapy was he could never say, like he had difficult time saying sorry in therapy, and what came out for me was that why he has such difficulty which obviously every time he couldn't say sorry, it triggered me because it didn't seem like he was remorseful but it was like he couldn't accept, he couldn't go to that place of shame, like it was too deep or too large for him something much deeper for him so that was what defenses always came up to justify and when at I was able to see him get to that place, that surrendering place, it was just much easier to have pity for him, instead of anger

I: How that view of him may have shifted

F: like I said intellectually, back when it happened, I was knew that there was other factors that were, or other reasons why he did what he did, so on some level, I could understand but on a lot of other levels I couldn't, but that was all intellectual, I wasn't feeling it emotionally so when we were able to communicate with each other, none of us could communicate and he was able to show vulnerability, I guess I saw him at a different light of - almost I was able to see, you know see his shame, or see his remorse like I said, it made him more human

Potential dangers of promoting vulnerable emotional expression

Showing vulnerability is inherently risky. By its very definition, to be vulnerable is to be "capable or susceptible to being physically or emotionally wounded" (Collins English Dictionary, n.d.). In the context of a romantic relationship, lowering one's usual defenses and speaking from an emotionally open and vulnerable place comes with the risk of being rejected or invalidated in a very painful way. Having one's partner behave in a critical, rejecting manner is difficult enough under normal circumstances; having him or her react in this manner when one has just lowered one's protective armour and shown him or her a particularly sensitive emotional raw spot is even more excruciating.

If a therapist suspects that a particular partner is not ready to listen openly and try and understand the other partner's emotional pain, it may be advisable to hold off on trying to elicit or intensify vulnerable emotional expression from the other partner for the time being, so as to protect him or her from the experience of opening up only to be shot back down. In the event that this happens, as previously mentioned the therapist can lessen the impact by providing validating and compassionate responses himself or herself when the other partner neglects to provide these.

Some of the major reasons that EFT-C therapists seek to promote vulnerable emotional expression is to increase intimacy, connectedness, empathy, understanding, and in the case of emotionally injured couples, to help facilitate the process of forgiveness and reconciliation. There are some contexts, however, in which this may not be a desirable outcome. An example of a situation in which promoting vulnerable emotional expression would be contraindicated would be in the context of working with a couple in which the offending partner has behaved in a seriously abusive manner and is not taking responsibility for and/or acknowledging the severity

of the harm that he or she caused. For instance, if a husband has been physically abusive and rather than taking responsibility for his actions attempts to make excuses for his behaviour or minimize the seriousness of what he has done, it would not be an appropriate time to focus on better understanding the vulnerable emotions underlying his abusive behaviour. We know that his wife will be more likely to feel empathy for him and to forgive him if he shows vulnerable emotion, and that this in turn will put her at an increased risk of staying in this unsafe, abusive relationship.

A disturbing example of how empathy for the offender may lead to an increased risk of further victimization comes from the findings of Seligman and Veenvliet's (2003) study, which found that empathy for the offender led to more forgiveness even when there was an increased perceived risk of re-victimization. In this study, participants were presented with a scenario in which the husband beat his wife into unconsciousness for having burned dinner. Half of participants were told that he had been abused as a child and half were told nothing. Those who were told about the childhood abuse were more likely to think that the man had done this before and would do it again, but were nevertheless more likely than those who were told nothing to think that the wife should forgive him.

These findings underscore the potential danger of interventions designed to increase understanding and empathy toward a partner who has behaved in a seriously abusive way. With such couples, prior to engaging in interventions that are likely to elicit feelings of empathy for the abusive partner and to promote forgiveness, it is recommended that therapy focus on ensuring that the abusive partner takes accountability for his or her actions and on establishing future safety. When dealing with couples in which there has been serious abuse, helping the victimized partner to express anger and set limits may be preferable to promoting vulnerable

emotional expression. Though interventions aimed at empowering the victim and preventing further abuse are unlikely to increase the likelihood that he or she will then go on to forgive and reconcile with his or her partner, this may be for the best in these cases of serious maltreatment. On occasion there may be risks associated with promoting vulnerability in certain types of non-abusive couples as well. As such, it is important that therapists always provide a safe and empathic environment when encouraging partners to explore and express vulnerable emotion.

Limitations

The correlational design of this study precludes one from drawing causal attributions from the findings. One cannot know if the predictor variables examined in this study (vulnerability and supportiveness) acted as mechanisms of change in this sample of emotionally injured couples, or whether their ability to predict improvement on outcome measures is the result of an association with additional unexamined variables more directly responsible for producing change. The recommendations made in the previous section should be considered with this limitation in mind.

Another methodological limitation of the current study is that each partner's overall vulnerability score was determined on the basis of just two clips. Future research may benefit from examining which is the better predictor of outcome: peak vulnerability or frequency of vulnerability. Frequency of vulnerable emotional expression was not measured in this study. Consequently, an individual who exhibited a given level of vulnerability on only two occasions over the course of therapy would be assigned the same score as an individual who showed that same level of vulnerability on 10 occasions. It would be interesting to know if the frequency of vulnerable emotional expression can predict residual change scores on the outcome measures to

a similar degree as the peak ratings did in this study. If so, this would further strengthen the case for working on helping partners to access and share their vulnerable emotions.

It would also be of interest to examine if there is a point at which the frequency of vulnerability ceases to be a positive predictor of outcome. In other words, is there such a thing as too much vulnerable emotional expression? Anecdotally, when asked to pinpoint key moments in therapy, partners often recall examples of interactions involving vulnerable emotional expressions either by themselves or their partners, and one of the factors that contributes to making these interactions so poignant and impactful is that they constitute a new and different way of experiencing or relating to their partner. One wonders if vulnerable emotional expression might begin to lose its impact or even begin to have a negative impact if exhibited too regularly.

If a curvilinear relationship were to be found between frequency of vulnerable emotional expression and improvement at final outcome, it would be useful to know at what point higher frequencies of vulnerable emotional expression cease to be predictive of better outcomes. In other words, when does the positive relationship between vulnerable emotional expression and outcome taper off and/or begin to show the reverse relationship? Is it when an individual has expressed a high level of vulnerable emotion on 5 or more occasions in therapy? Ten or more occasions? Fifteen or more occasions? This information could help therapists in determining at what point it might become more beneficial to shift the focus of the therapy to other things. For instance, if a partner is showing high levels of vulnerability almost every session, and this is known to be associated with poorer outcome than more moderate levels of vulnerable emotional expression, the couple may be better served by having some of the focus of the therapy turn to helping strengthen that partner's emotion regulation and self-soothing capabilities.

A further limitation of this study is that it examined only two variables (vulnerability and supportiveness in response to one's partner's vulnerability). While these two variables were found to account for a significant proportion of the outcome variance for the majority of measures used in this study, in each of the hierarchical regression analyses conducted, greater than 50% of the outcome variance remained unaccounted for. This is not surprising given that it was never the intention of this study to provide a comprehensive model for the prediction of emotional injury resolution. Rather, the aim of this study was to thoroughly examine the predictive power of one particular cluster of variables. The results of this study add to the extant research literature examining processes predictive of forgiveness and will hopefully serve to inform subsequent research endeavours aimed at developing and refining more comprehensive theoretical and statistical models of emotional injury resolution.

Finally, it should be noted that this sample was made up of a relatively small number of couples (N=32), who were predominantly white and of middle class. Future research would benefit from examining whether interactions characterized by high levels of vulnerability by one partner followed by high levels of supportiveness by the other partner are predictive of better outcomes in couples with more diverse cultural and socioeconomic backgrounds.

The generalizability of the current findings is further limited by the fact that this study's sample consisted exclusively of couples presenting for help in the resolution of an emotional injury. Of note, the hierarchical regression models examined in this study were more successful in predicting change on domains specifically pertinent to assessing outcome in emotionally injured couples (i.e. forgiveness and unfinished business) than they were in predicting change on a measure of general relationship satisfaction, raising the possibility that the variables examined may be less relevant for predicting outcome in couples seeking therapy for other types of

concerns.   Future research should examine whether interactions characterized by a high levels of vulnerability by one partner followed by high levels of supportiveness by the other partner are predictive of better outcome in couples with a wider range of presenting issues.

An additional limitation to bear in mind is that in this sample, 28 of the 32 injured partners were women. It is possible that a different pattern of results would emerge in a sample consisting predominantly of couples with males in the injured position. It is recommended that future research examining predictors of forgiveness and resolution in couples seeking help for emotional injuries attempt to recruit more balanced samples so that sex differences may be examined.

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Appendix A - Couples Vulnerability Scale (Revised)

vul·ner·a·ble. adj. Capable of being physically or emotionally wounded or hurt
               Lacking protection or defense

In the context of couple therapy, a vulnerable emotional expression can be understood as an event in which a partner lets his or her guard down and reveals sensitive or painful aspects of his or her inner experience. It is the act of exposing one's emotional wounds or one's capacity to feel emotionally wounded.

Criteria

1. The partner expresses a primary attachment or identity related emotion relevant to the couple's relationship

A Primary emotion is a person's core, most fundamental emotional response to a situation. There is no other emotion underneath it. Primary emotions are best identified by differentiating them from Secondary and Instrumental emotions.

Secondary emotions are responses to or defenses against a more primary feeling or thought. They obscure a more primary feeling (e.g. expressing anger in response to feeling hurt).

Instrumental Emotions are learned expressive behaviours or experiences that are used to influence or manipulate others; the purpose of the emotional expression is to achieve a desired effect. (e.g. crying in order to evoke sympathy)

Attachment related emotions relate to the need to feel close and connected to one's partner, and/or the need to feel safe and secure with one's partner. Identity related emotions relate to the need to feel validated, seen, accepted, and respected by one's partner.

The following kinds of emotional expressions are likely to be primary attachment or identity related:

"I feel... hurt, wounded, sad, lonely, disappointed, afraid, ashamed, bad, guilty, remorseful, regretful, unloved, uncared for, inadequate, weak."

Note: Expressions of hopelessness or helplessness are NOT likely to be primary attachment or identity related.

2. There is evidence of emotional arousal in the partner's voice and/or body language

Operational Definition: Peak EA Score of at least 3 on the Client Emotional Arousal Scale – III

3. **The expression has a revealing/disclosing quality**

4. **The expression is "soft"**

Operational Definition: non-demanding, non-escalatory, with little or no criticism or complaint

Note: consider both verbal and non-verbal indicators

5. **The expression contains little or no attacking anger, hostility, contempt, or disgust directed at the other partner**

(Either verbally or non-verbally, explicitly or implicitly)

6. **Either:**

a) The expression is about the SELF`s experience AND the individual takes responsibility for what he or she is feeling (i.e. by using "I" language)

Examples of expressions meeting criteria a):

"I'm afraid of losing you/getting hurt"
"I feel ashamed of myself"
"I'm so lonely"

Examples of expressions that fail to meet criteria a)

"I'm really upset/sad that this is happening to me/us" (not about the self)
"I'm sad that our relationship has gotten this bad" (not about the self)
"I feel bad that you're hurting"(not about the self)
"I feel anxious about coming to therapy because you always get upset"(not about the self)
"There's a sense of sadness and disappointment about being alone" (not owning the feeling)
"There is some fear that we're going to get divorced" (not owning the feeling)

or b) The expression is an apology

Please provide a rating on the following scale:

0 - 0 criteria met
1 - 1 criterion met
2 - 2 criteria met
3 - 3 criteria met
4 - 4 criteria met
5 - 5 criteria met
6 - 6 criteria met

Appendix B – The Supportiveness Scale

Clip Number:

Partner to be coded:

Taking into consideration both the quantity and quality of the affiliative and non-affliative SASB

codes assigned, please provide a Supportiveness rating for the response as a whole:

0 – Very Unsupportive

1 – Somewhat Unsupportive

3 – Neither Supportive nor Unsupportive

4 – Somewhat Supportive

5 – Very Supportive