Created for Connection: The Impact of a Faith-Based Christian Marriage Enrichment Program

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Created for Connection: The Impact of a Faith-Based Christian Marriage Enrichment Program

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselor Education

by

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ABSTRACT

The purpose of this study was to explore the effects of Created for Connection (CFC), a faith-based marriage enrichment program on relationship satisfaction, adult attachment style and adult attachment behavior. This study further adds to the existing knowledge base related to faith-based programs delivered in an intensive weekend format (Johnson & Sanderfer, 2016). Participants were volunteers from the local community who identified as Christian. To ascertain the effectiveness of CFC, three self-report measures were administered at three different intervals: two weeks before the program, two weeks following the program and a six-week follow-up. I measured attachment anxiety, attachment avoidance, attachment behaviors and relationship satisfaction. I compared results using four repeated measure ANOVAs. CFC did have a statistically significant effect on relationship satisfaction and on attachment avoidance. Previous literature highlights the need for research on this type of intervention as well as the importance of the marriage relationship (Anderson, 2014; Berger & Hannah, 2014; Cole & Cole, 1999; Markman & Rhoades, 2012; Worthington, Johnson, Hook, & Aten, 2013). This research offers some insights as to the effects of this program and also establishes a base from which further research can be done on CFC.
DEDICATION

I dedicate this work to my wife Angela and daughter Avery who have loved me through this process. I also thank Jesus Christ Who gives me grace and love. I pray this work helps others love well.
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CHAPTER 1 INTRODUCTION

Marriage has been the center of focus for a variety of researchers (Gehart, 2010; Jacobi, 2017). Factors contributing to marital success and failure have both been studied and analyzed for decades (Gehart, 2010). The United States (US) government, faith communities, and societies around the world have recognized the benefits of healthy relationships (Center for Disease Control and Prevention [CDC], 2016; Kennedy, 2014). This diversity in focus shows the significance of marital research in today’s culture.

While the CDC (2010) has noted a decline in marriage rates, 90% of people in western culture will get married by age 50 (American Psychological Association [APA], 2018). “Throughout the world, over 85% of people marry by the age of 50” (Clawson, Davis, Miller, & Webster, 2018, p. 512). Arkansas, the setting of this study, has the third highest rate of marriage in the US, following Nevada and Hawaii (CDC, 2010, 2016). The two locations above Arkansas are also destinations for weddings. Information from the CDC is based solely on the issuance of marriage licenses and not based on home state which would likely put Arkansas at the top of the list given it is not a destination for marriage.

Research has identified positive impacts related to healthy marriage. People in satisfying marriages live longer, have fewer health issues while they are alive, have a higher self-reported satisfaction from life, and suffer from fewer mental illnesses than those who are in marriages marked by stress and difficulty (Chung & Kim, 2015; Lillard & Waite, 1995). Individuals who feel securely connected to their spouse are more resilient to pain and depression, and have more resilience in cancer treatments (Lynch, 2015). In fact, regarding cancer treatment, “individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships” (Holt-Lunstad, Smith, & Layton, 2010, p. 14).
In addition to this resilience, healthy marriages are correlated to general well-being. “One of the strongest findings in the literature has been the relationship between marital status and subjective well-being” (Wadsworth, 2016, p. 1025). Simply put, individuals in satisfying marriages live longer, healthier lives. Plummer (2015) asserted his findings:

Women in healthy marriages experience similar benefits, including greater emotional and physical health, higher satisfaction in relationships with their children and partners, elevated socio-economic status, decreased risk of physical and sexual abuse, and lower rates of suicide, drug and alcohol abuse, and STDs. Men in healthy marriages experience higher wages, stability of employment, and increased life expectancy. Communities with a higher ratio of healthy marriages experience lower rates of crime and violence, increased home ownership, higher property values, a decreased need for social assistance, and a higher level of well-educated, physically and mentally healthy citizens (p. 58).

In addition to the partners, children from intact homes have proven to do better in school, experience fewer mental health issues, and have less conflicts with peers (Plummer, 2015). Research indicates “children living with their married, biological parents consistently have better physical, emotional, and academic well-being” (Anderson, 2014, p. 378) Children from intact homes have more economic and emotional security, are less likely to divorce themselves, are more likely to retain religious practices, have higher cognitive and academic stimulation, are more physically healthy, and are more emotionally stable (Anderson, 2014). In contrast, children from single parent homes are less likely to be upwardly mobile (Chetty, Hendren, Kline, & Saez, 2014) and not experience the benefits mentioned above (Anderson, 2014). Children from single parent families are more than twice as likely to experience physical abuse or neglect (Blackwell, 2010).
The aforementioned research that connects physical, mental, emotional, and spiritual health to marriage quality drives the response from the mental health community to provide interventions designed to improve marriages (CDC, 2010; Martin, Astone, Peters, & Urban, 2014). Therefore, there should be accessible and effective resources available to preserve marriages because they are so beneficial to human functioning at so many levels. Counselors should be involved in the development of these resources to ensure they are effective in preserving and supporting marriages (Chung & Kim, 2015; Heaton & Albrecht, 1991; Johnson et al., 2013). These accessible and effective resources are lacking as evidenced by the national divorce rates.

**Statement of the Problem**

While a majority of people in the United States get married, only a little over half stay married (CDC, 2010). These high rates have led to many theories regarding dissolution of marriage and ideas on how to resolve marital problems (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Bowen, 1978; Conradi, Dingemanse, Noordhof, Finkenauer, & Kamphuis, 2017; Halford, Markman, Kline, & Stanley, 2003; Huston, 2009; Minuchin & Fishman, 1981; Worthington et al., 2013). Even marriages that do not end in divorce may lack satisfaction; 60% of couples are unhappily married (Gadoua, 2017). In a study by eHarmony and Harris Interactive, 19% of all US couples are unhappy and as many as 64% are happy in their relationship (Eharmony, 2017). Research generally indicates “married people (43% very happy) are a good bit happier than unmarried (24%)” (Taylor, Funk, & Craighill, 2006). In regards to the language used to describe marriage satisfaction, “there is a regrettable lack of consistency in concepts, measures and terminology” (Treas, Tanja van der, & ChloeTai, 2011, p. 112). This
variance in language perhaps accounts for the lack of consistent satisfaction results, but even the most optimistic findings suggest that 36% are not satisfied at any one time.

There are numerous theories regarding the cause for marital dissatisfaction and divorce. Ducanto (2013) offers a variety of factors including individual personal changes, pre-existing relational strains, life phase changes, a relationship developing with another man or woman, boredom, and personality changes. Expectations of higher level needs that are hoped to be met yet fall short in relationships are another contributor to marital dissatisfaction (Finkel, Cheung, Emery, Carswell, & Larson, 2015). According to Finkel et al. (2015), “this greater emphasis on relationship processes that require mutual insight means that investing time and energy in the relationship is much more important today than in the past” (p. 238). A lack of investment contributes to the relational degradation. Finkel et al. (2015) further asserts that couples currently have less time to give to a relationship than ever in history. Hutson (2009) suggests love and affection are central to the success of a relationship and loss of either will cause marriages to fail. Other factors contributing to divorce have included negative interactional patterns and stonewalling, contempt, defensiveness, and criticism, which have been dubbed the Four Horsemen (Gottman & Gottman, 2017).

Relationships that are unhealthy have deleterious effects at multiple levels (Chung & Kim, 2015; Gottman, 2014; Holt-Lunstad, Smith, & Layton, 2010; Lillard & Waite, 1995; Lynch, 2015; Plummer, 2015; Proulx & Snyder-Rivas, 2013). Individuals who are divorced tend to be less happy and have more issues both psychologically and with the view of self and view of other (Gottman, 2014; Taylor et al., 2006). Individuals engaged in high conflict relationships tend to have more mental illness issues (Fincham, Hall, & Beach, 2006). There is a significant correlation between mental illness, abuse, and relationship conflict (Plummer, 2015). Children
in families with distressed marriages have an elevated risk for acting out, are more likely to be involved in conflicts with siblings and others, and experience poor psychological adjustment (Plummer, 2015).

As previously mentioned, alleviating these stressors by means of marital therapy has been extensively covered in previous research. Alternate options include marriage enrichment programs which are defined as “psychoeducational intervention designed to improve couple relationship quality and/or communication skills” (Hawkins, Stanley, Blanchard, & Albright, 2012, p. 79). However, there is a dearth of research documenting their effectiveness.

Doss, Rhoades, Stanley, and Markman (2009) show faith was the best demographic predictor of attending a marriage workshop or retreat. Couples who rated themselves as very religious are almost 19 times more likely to attend a workshop than those who report as not at all religious. As an increasing number of religious couples’ desire to participate in marriage enrichment programs, “churches need to be equipped with proven curriculum to be proactive in helping the couples in their congregation” (Hawkins, 2016, p. 3). “It is problematic that spiritually based marital enrichment programs have not been examined empirically since they are abundant amongst places of worship across the United States” (Jacobi, 2017, p. 1298). One program recently released is Created for Connection (CFC, Johnson & Sanderfer, 2016). While the program is based on Emotionally Focused Therapy (EFT, Johnson, 2004), which does have empirical support, there is currently no research on the outcomes of this specific program (Sanderfer, 2017). To ensure this program meets the couples’ needs effectively, it is important to examine the outcomes of CFC.

Research clearly demonstrates the benefits of healthy marriage as well as the deleterious effects of divorce. New tools, like marriage enrichment programs, are being developed to support
healthy marriage but lack proof of their effectiveness. The faith-based communities most likely to participate in these programs have especially been under researched. Ensuring that couples seeking to improve their marriages have access to ethical and effective marriage enrichment programs requires the empirical evaluation of programs, such as CFC.

**Purpose of the Study**

The purpose of this study was to explore the effects of Created for Connection (CFC), a faith-based marriage enrichment program on relationship satisfaction, adult attachment style and adult attachment behavior. Researching the application of this program will determine its effectiveness and provide an understanding of the nature of change taking place in couples. This will allow the faith community, which has displayed a high interest in programs like this, to be more aware of outcomes and potentially identify an effective resource for marital support. Additionally, it is important to examine this program’s application because it is currently being implemented due to the promotion of CFC by local counselors without evidenced support. I conducted an informal survey of local practitioners associated with emotionally focused therapy and marriage enrichment in the Christian community. I found that all of the marriage enrichment programs were being held in a weekend format. I further found that CFC is the most common marriage enrichment intervention in North West Arkansas. This was informal however there are clearly multiple individuals holding these types of programs. In order to examine the effectiveness of CFC I looked at the following questions:

For the purposes of this study, there are three research questions:

1. Did Created for Connection affect general adult attachment style of the individuals who participated in the group?
2. Did *Created for Connection* affect relationship satisfaction of individuals that participated in the group?

3. Did *Created for Connection* affect specific marital couple attachment behavior for individuals who participated in the group?

**Significance of the Study**

Marriage in the US, and more specifically Arkansas, is in a precarious position, Arkansas’s divorce rate is the fifth highest in the nation; 3.9 out of 1000 in the state will get divorced per year (CDC, 2016). Given the benefits of a healthy marriage, the high rate of divorce in the state should be concerning to mental health professionals. Research shows there is a need for ways to support these relationships. This study helps determine if *CFC* is effective in supporting Christian marriages. Identifying effective resources helps to stabilize couples experiencing marital distress

**Definition of Terms**

Comprehension of the following concepts are necessary to understand the marital supports that *CFC* provides.

I. *Adult attachment* is a pattern of action that is intended to help an individual feel safe in distressing relational interactions or dilemmas (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010)

II. *Attachment Style* is the strategy deployed to maintain the close interpersonal relationship. i.e. (Secure, avoidant, anxious, ambivalent) (Shaver & Mikulincer, 2002).

III. *Attachment theory* is “a broad theory of social development that describes the origins of the patterns of close interpersonal relationships”(Ravitz et al., 2010, p. 419).
IV. *Couple attachment* is behavior that is related to security of bonds within the relationship (Lynch, 2015). This is often characterized or shaped by partner accessibility, responsiveness, and engagement with one another (Sandberg, Busby, Johnson, & Yoshida, 2012).

V. *Relationship satisfaction* as defined for the Dyadic Adjustment Scale (DAS) is related to how much distress there is in the relationship as well as the amount of anxiety and interpersonal tension is present. The reported level of satisfaction over all is also considered. This scale also takes into consideration how easily the couple blends together and how they feel about matters of importance to the relationship (Spanier, 1976, p. 17).

**Conclusion**

Most people get married at some point in life. The benefits of marriage establish it as an institution that is important to preserve. Despite the importance of marriage there is still a lack of researched programs to support marriage. This deficiency in supports is evidenced by the deleterious effects of divorce and unhappy marriages. It is pernicious to continue to implement programs without knowing the effectiveness of those programs. The faith-based communities are and have been attempting to provide marital supports via marriage enrichment programs however most have not been researched. It is essential to understand the effects of the program being put into place. One such program, *Created for Connection*, is the subject of this research and a possible solution to the precarious position of marriage. Identifying effective marital resources will ultimately support marriage, but also “benefit individuals and society and influence the choices and outcomes of future generations” (Johnson & Sanderfer, 2016). The faith based community is invested in marital supports but also unaware of the outcomes of the
current programs. This research addressed the call for research and identifies CFC as a resource to meet the larger need of marriages in the faith community.
CHAPTER 2 LITERATURE REVIEW

In this chapter I reviewed the literature associated with *Created for Connection* (Johnson & Sanderfer, 2016), as well as its theoretical foundation, Emotionally-Focused Therapy (EFT). I also explored EFT’s history, foundation, and theory of change as well as reviewed alternative marriage enrichment programs. While EFT has a wide range of research related to its efficacy, there has been little research completed on the associated workshops such as CFC (Lynch, 2015). The goal of this research is to gain understanding about the effects of a CFC workshop on individuals and couples. In order to understand the effects of this program it is useful to look at its origins and marriage interventions as a whole.

**Marriage Therapy**

Perhaps the most prevalent marital intervention is marriage therapy. Marriage therapy originated in the 1930s in California and New York. Individuals in a marriage were initially counseled alone. At an American Psychiatric Association convention in 1931, Clarence Oberndorf suggested couples should be seen together (Plummer, 2015). His suggestion was based on his theory of couples experiencing issues that were more present when they were in the room together. Early on, marriage therapy focused largely on the family context and differed little from the systems models that were developed in the 1950s which center on transgenerational issues, interactions, power structure, or language (Gehart, 2010).

Marriage therapy has several benefits. First, the therapist acts as an outside voice that can observe interactions and identify issues that are present based on a model of therapy (Gehart, 2010). Second, there are a variety of styles and types of therapy with sufficient research and evidence supporting their efficacy which allows people to feel good about their investment of time and money (Gehart, 2010; Schofield, Mumford, Jurkovic, Jurkovic, & Bickerdike, 2012).
Third, marriage therapy is widely available and is something people have access to given the resources and a perceived need for such an intervention (Bischoff, Hollist, Smith, & Flack, 2004; Clawson et al., 2018).

However, marriage therapy is not without drawbacks (Fleming, xf, & rdova, 2012). Couples often rely on referral from others to guide them. Another issue with marriage therapy is the stigma related to seeking counseling that persists (Fleming et al., 2012). Many couples feel hesitant to go to therapy due to the lack of social acceptability of such interventions. There is a high cost associated with marriage therapy with Clawson et al. (2018) stating “the cost of treatment, in the absence of financial support from insurance companies and government programs, is a substantial barrier for the dissemination of such Services” (p. 513). There is also a cost in time. Since three schedules, referring to the therapist’s and both members’ of the schedule, are coordinated, it can be difficult to set appointments (Fleming et al., 2012). Given the need and benefits from quality marriage there is a need for effective and accessible way to enrich marriage and circumvent some of the barriers that are in place. Couples’ therapy also has a (52.6%) dropout rate, which is one of the highest within counseling relationships (Werner-Wilson & Winter, 2010).

**History of Emotionally Focused Therapy**

Emotionally focused therapy is one of the most studied modalities of couple’s therapy (Wiebe & Johnson, 2016). This model was developed by Sue Johnson and Les Greenburg and was first published in 1985 (Johnson, 2004). Since this publication, Johnson and Greenburg have split ways, regarding practice and research, Johnson’s model focuses more on the process between couples, and Greenburg’s focuses more on individual work (Greenberg, 2004). Greenburg’s model is called Emotion Focused Therapy while Johnson’s model is referred to as
Emotionally Focused Therapy. Johnson (2004) developed EFT by observing couples in sessions through a systemic theoretical lens and making notes on how they changed during the course of treatment. EFT was developed in a way that allows for extensive validation and research to be done on the model (Cloutier, Manion, Walker, & Johnson, 2002; Dalgleish, 2013; Johnson, 2005, 2015; Johnson et al., 2013; Lynch, 2015; Palmer-Olsen, Gold, & Woolley, 2011). Research indicates that approximately 70-75% of couples who receive EFT will recover from their stated struggle and are happy in the relationship (Johnson, 2008).

The theoretical foundations of EFT are rooted in John Bowlby’s (Bowlby, 1969, 1988) work on attachment. Johnson used childhood attachment theory to form a basis for adult attachment and focused on attachment security in couples counseling (Shaver & Mikulincer, 2010). Emotionally focused therapists integrate concepts from Salvador Minuchin’s couple’s work (Minuchin & Fishman, 1981), Carl Rogers’ client centered therapy (Rogers, 1951), and Experiential models of therapy. It also draws on neurocounseling’s premise of being “wired to connect” (Fishbane, 2007) and Darwin’s natural selection regarding the advantages of close connection (Dalgleish, 2013; Darwin, 2014). Ideas, such as recursiveness, homeostasis, and circular causality, (Watzlawick, Beavin, & Jackson, 1967) from family therapy are applied in EFT (Johnson, 2004). As Johnson (2004) states, EFT’s foundation is “using attachment theory as a basis for understanding adult love and an experiential and systemic approach to therapeutic change” (p. 51). In addition, the effects of EFT have been shown to have neurological implications; research shows “EFT can alter the way the brain encodes and responds to threats in the presence of a romantic partner” (Johnson et al., 2013, p. 6).
The Model of Emotionally Focused Therapy

According to Johnson (2004), there are five primary assumptions of EFT. First, adult intimacy is based on an emotional bond and when there is marital distress, a breach occurs when there is relational distress that is not addressed. Bonds are maintained by accessibility, responsiveness, and emotional engagement; they address our need for security, protection, and contact (Johnson, 2004).

The second assumption is emotion is vital in understanding self and others. People use emotion to organize experiences in intimate relationships. These emotions guide actions and constantly communicate to others in intimate relationships. To emphasize this point, Johnson (2004) states “the creation of new emotional experiences is considered the most important factor in both intrapsychic and interpersonal change” (p. 51).

The next assumption claims problems in couples are maintained by the interactions that are reciprocal in nature and are organized in a way that reinforces the problem. This interaction pattern influences the emotional experience of each partner and creates an ever-increasing feedback loop. Therapists using EFT seek to harness the power of the reciprocity associated with the feedback loop “to influence and redefine” (Johnson, 2004, p. 52) the couple’s negative interaction loop.

The fourth assumption of EFT is attachment needs and longings are healthy. While the expression and communication of the needs can become problematic, the needs themselves are good. In EFT, it is vital to validate the need for attachment and help each partner realign with disowned needs. Johnson (2004) emphasized the importance of recognizing and meeting one’s needs by stating that, “Both attachment theory and the experiential view of human functioning
emphasize the potentially adaptive nature of most needs and desires, and see problems arising from the disowning and constriction of such needs” (p. 52).

The final assumption is that change occurs when each partner can access and reprocess the underlying experience that drives the emotional responses and have a new experience around that issue. This process changes the positions that partners take and allows them to view themselves and the relationship differently (Johnson, 2004). Johnson (2004) summarized this point by stating, “Change does not occur primarily through insight, through some kind of catharsis, or through negotiation. It occurs through new emotional experience and new interactional events. As Einstein suggested, ‘All knowledge is experience: everything else is just information’” (p. 52). These five assumptions about human behavior and lasting change from the framework of EFT.

**Therapeutic Application of EFT**

EFT is seen as a multi-stage process with a variety of steps nested within each stage (Greenman & Johnson, 2013). Stage one consists of steps one through four: assessment, identification of the cycle, accessing underlying emotions, and externalizing the cycle (Faller, 2016; Johnson, 2004). Stage two consists of steps five, six, and seven: accessing primary emotions and model of self, acceptance of the partner’s experience, and asking for needs to be met vulnerably (Bradley & Furrow, 2004; Bradley & Furrow, 2007; Dalgleish, 2013; Johnson, 2004). Stage three consists of steps eight and nine: consolidation of the gains and promotion of the positive cycle (Faller, 2016; (Johnson, 2004). These stages and steps of EFT are necessary to understanding the CFC material.
De-escalation of the Cycle

Stage one is characterized by the de-escalation of the couples’ negative cycle or pattern of interaction (Greenman & Johnson, 2013). This process is marked by the couple being able to slow down this negative cycle and the ability to take another’s perspective in the moment. It is accomplished by allowing the couple to see the cycle as the enemy and make sense of each other’s strategies to keep the relationship alive (Johnson, 2004). This process is also aided by the processing and validation of clients by the therapist, which promotes a more complete picture and understanding of the other. The therapeutic stance in this stage is important. There are several acronyms that help therapists remember the appropriate stance. One of these acronyms, RISSSC which stands for Repeat, Images, Slow, Simple, Soft, and Client language. In this RISSSC stance the therapist communicates an understanding of where the client is and engages in a non-threatening way as well as maintains focus on emotion. (Johnson, 2004).

Assessment. The initial step, assessment, is focused on building an alliance and understanding what the couple is experiencing from an attachment lens (Johnson, 2004). This process is essential for the safety of the work with the couple and normally lasts approximately three sessions. It is marked by first assessing for addictions, affairs, and abuse or what EFT calls the three A’s. If any of the three are ongoing in the relationship, then EFT is not indicated as a good fit for the couple due to the lack of physical and emotional safety (Johnson, 2004). The couple is split for sessions two and three to collect the attachment histories individually. In the individual session each is again asked about the three A’s to ensure that safety is present. The attachment history looks at attachment wounds or injuries that may need to be navigated. Any history of abuse or trauma may also be discussed in the session. The attachment of the past relationships provide insight into current attachment functioning. An EFT therapist believes that
all behavior makes sense in context with a focus of the context on attachment. Even if there is no overt abuse any type of emotional neglect or abuse should be noted and considered when the cycle is more fully delineated in later sessions.

**Identification of the cycle.** During step two, the focus is on identifying the negative cycle on all levels and begins by the therapist looking for specific instances where the cycle is evident (Johnson, 2004). It is important to inform couples that during this process they may experience psychological discomfort, and ask them to allow the therapist to work with each partner through the therapeutic process. The ultimate goal of this process is to identify each partner’s role and how they are interdependent on one another. This process is similar to the idea of recursiveness, or the idea that I am with you as you are with me. EFT believes that these behaviors are being driven by underlying attachment needs and primary emotions that are not being expressed (Johnson, 2004). The attachment needs are being covered by secondary emotions that prevent the couple from connecting with each other from a vulnerable place. Further, these secondary emotions serve to perpetuate the negative cycle that is keeping the couple stuck and unhappy. This cycle generally has several levels that each member of the couple experiences that the therapist must address including: 1) the body’s physical response, 2) the emotions associated with this event, 3) meaning associated with the event, and 4) the action tendency. The EFT therapist develops an understanding of the attachment needs through each partner’s reactions that perpetuate the cycle.

**Accessing primary emotions.** Step three focuses on the un-accessed underlying emotions of each partner by seeking to understand each partner’s emotional process (Johnson, 2004). This step is crucial in promoting acceptance for each partner’s experience and is part of helping them take the other’s perspective. If the emotional experience is not shared, then
acceptance from self or spouse is not likely. This step requires the therapist to spend time working with emotion and create a safe space for the client to engage in introspection. In EFT, therapists assume that clients have justification for their emotions, or as Johnson (2004) put it, “I have never seen an emotion that did not make sense, if placed in context” (p.64). The therapist develops the context with the couple to define and understand those emotions.

**Reframe in terms of cycle.** Step four focuses on the cycle between the couple and presenting the cycle as the enemy of the couple. The couple aligns against the cycle rather than against one another. It is important to include attachment longings and needs in this process of presenting this cycle to the couple to deepen their understanding of the cycle (Faller, 2016). Generally, EFT therapists start with the withdrawing partner. The therapist will set up the described cue or trigger from the cycle and then overtly delineate body arousal, emotional experience, cognition or belief about the situation, and action tendency. The therapist uses that action tendency to shift focus to the other partner. This process normally ends with the therapist overtly calling this interaction cycle the enemy of the relationship and gauging their awareness of the cycle. It is essential for clients to demonstrate this awareness and an ability to understand their partners experience to move out of stage one (Faller, 2016). Without this awareness and ability to see the cycle as the enemy it is difficult to proceed to deeper work with the couple. Steps one through four serve to de-escalate the couple and promote increased receptivity to change.

**Change in Interactional patterns and Creation of New Bonds**

This stage distinguishes EFT from other forms of marital therapy in its emphasis on lasting change through revealing and implementing new ways to have needs and longings met in the relationship. This second order change is what creates the lasting change (Watzlawick,
Bavelas, & Jackson, 1967). This is a crucial component of the process and as stated by Rana and Faller (2016) “many models work on the de-escalation piece, but the second stage is where the actual Second order change occurs”. Stage two has been shown to reduce recidivism rates as the bond is restructured (Rheem, 2011). After the couple can vulnerably share needs and fears and the relationship becomes a place to receive comfort couples no longer need the self-protective stance that was required in insecure relationships. Couples are free to share deep emotions and be responded to knowing that the other will comfort them. This process in stage two is covered in steps five through seven.

**View of self and primary emotions.** Step five consists of promoting identification with disowned needs and parts of self as well as integrating these into relationship interactions (Johnson, 2004; Palmer-Olsen, 2007; Palmer & Johnson, 2002). This portion of EFT focuses on self and how the individual experiences difficulties in the relationship. While the first stage of EFT is also focused on self, at this point the de-escalation of the couple allows for much deeper intrapsychic work to be done. In stage two there is much less focus on other and secondary emotions that are more protective, the second stage of EFT evokes much deeper emotions around self and ones view of self in the world (Bradley & Furrow, 2007). Examples of this may be thoughts around shame or abandonment but are characterized by the view of self (Bradley & Furrow, 2004; Rheem, 2011).

**Promoting acceptance.** Step six focuses on promoting the partners’ experience and the integration of a new pattern of behavior or shared information. Because partners openly share their expression of deeper emotions the couple is now encouraged to start to look at and accept the internal experience of their partner (Bradly & Furrow, 2004). This process elicits empathy from the other partner and allows for a reconstruction of the negative pattern that previously
dominated the relationship. “According to EFT, when vulnerability is expressed between partners, it tends to disarm and promote support for a compassionate response” (Stavrianopoulos, 2015, p. 2). This process of acceptance is crucial for the partners to be able to advance the relationship and meet the attachment needs that are now being expressed in a constructive way. This new ability to see and respond to the partner with comfort and acceptance of their experience is key to the change events (Bradly & Furrow, 2004).

**Expression of needs.** Step seven focuses on facilitating deeper expression of attachment needs and to form new interaction patterns. This process anchors the new experience for the couple. The therapist guides the couple to engage at a deep level with model of self and then facilitate the asking for that need to be met (Bradley & Furrow, 2004). The clients can identify and articulate their attachment needs enabling a softening and new bonding events. The clients are then encouraged to process this event on both sides and share how the new interaction has affected them. This process allows them to engage the new pattern that will allow them to do things differently. The second stage of EFT and particularly step seven has the “practical in-session value of focusing on emotion and using it as a vehicle to foster connection between partners” (Sandberg & Knestel, 2011, p. 400) which is the main focus of stage two.

**Consolidation**

This stage (steps 8 and 9) is a consolidation of the work that has been done and a test of the stability of the couple. This is often a short portion of the therapy but is important to insure stability before a transition out of this formal process (Johnson, 2004). Many times the work in this stage highlights new areas of focus for the couple and they consider if the new pattern of interaction is strong enough to face challenges alone or if there is further need for the therapist in challenging spots.
New solutions. In step eight the focus is on facilitating the new solutions to old problems in the relationship. This is largely done by reintroducing things that had been presented early on in the relationship as issues and seeing how the new pattern deals with them. The couple displays new solutions that were previously not accessible (Johnson, 2004).

Consolidation. In step nine the new positions and new cycle of closeness and safe attachment are consolidated (Johnson, 2004). This is done by the therapist acknowledging the new moves or encouraging the couple describe or write out (Faller, 2016) what they have changed and how the interactions are different.

Attachment Theory

Attachment theory was first asserted by John Bowlby (Bretherton, 1992; Bowlby, 1951). Initially this theory was focused on mother and child relationship and was a reaction against some of the thinking of the time about child psychology (Bretherton, 1992). Bowlby (1951) emphasized family experiences with the utmost significance in the cause of emotional disturbance. Bowlby (1951) studied the intrapersonal and interpersonal impact of maternal separation and concluded “the infant and young child should experience a warm, intimate, and continuous relationship with his mother (permanent mother substitute) in which both find satisfaction and enjoyment” (p. 13). Mary Ainsworth was a researcher who had a gift for understanding and delineating ideas through research and had experience with working with research (Bretherton, 1992). She identified with Bowlby’s emphasis on attachment and asserted that security was a platform from which healthy children are able to explore (Bretherton, 1992).

The theory ultimately leads to the bond between primary care giver and the infant as it develops a view of the world and safety (Bowlby, 1988). It further explains the need for two roles of primary support giver to the child (labeled mother) as well as a supporter for mother
(labeled father) (Bowlby, 1952). Despite the reception of the theory, Bowlby (1952) continued to advocate for the significance of attachment as a universal need. He compares childlike dependence upon parents to the human dependence “on a greater society for economic provision” (p. 84), asserting “if a community values its children it must cherish their parents.” (Bowlby, 1952, p. 84) This call to support mothers who are in support of their children also implies a need for a bond between the parents or care giver to care giver. The four assumptions of attachment theory are, secure base, exploration, attachment behaviors, and safe haven (Knabb & Emerson, 2013).

Attachment is a central theme when conceptualizing couples from the lens of EFT (Johnson, 2004). According to Knabb and Emerson, (2013) “Interestingly, according to attachment theory, this ‘circle of attachment’ never goes away throughout the lifespan” (p. 827) which is the focus of change in EFT. This theory of adult attachment was first developed by social psychologists (Shaver & Mikulincer, 2002). Shaver and Mikulincer (2002) discussed attachment styles, the application of those styles to adults, and what secure attachment is. Individuals who are secure in their attachments are able to seek comfort in times of need and even when faced with daunting tasks, such as thinking about or writing about death (Shaver & Mikulincer, 2002). Those who indicated avoidant or anxious attachment styles are unable to seek comfort when in distress. In EFT, attachment style is used by the therapist to conceptualize key parts of the interactional dance that clients display in the cycle (Bradley & Furrow, 2004; Johnson, 2004; Rheem, 2011). Couples often present with interactional patterns that can be confusing outside the context of attachment. “Anxious individuals may interpret positive affect as a danger cue because in the past it caused them to let their guard down, with painful or dangerous consequences” (Shaver & Mikulincer, 2002, p. 145). In this case neither positive nor
negative emotion is trusted and individuals cannot experience security yet are still seeking a sense of safety (Shaver & Mikulincer, 2004).

According to Johnson (2004) there are 10 Tenets of attachment theory that apply to EFT: 1) attachment is an innate motivating force, 2) secure dependence complements autonomy, 3) attachment offers an essential safe haven, 4) attachment offers a secure base, 5) emotional accessibility and responsiveness build bonds, 6) fear and uncertainty activate attachment needs, 7) the process of separation distress is predictable, 8) a finite number of insecure forms of engagement can be identified, 9) attachment involves working models of self and others, and 10) isolation and loss are inherently traumatizing. These tenets form the lens through which EFT therapists view their clients. By appealing to the “attachment longing” (Faller, 2016) that is core to their functioning, therapists are able to generate deep second order change.

There are several attachment styles mentioned in literature that include “secure (low avoidance, low anxiety quadrant), avoidant (high avoidance, low anxiety), anxious (high anxiety, low avoidance), and fearful/avoidant (high anxiety, high avoidance)” (Rheem, 2011, p. 22). According to EFT, these attachment longings are manifested by the withdrawer and pursuer roles (Bradley & Furrow, 2004; Gottman, 2014; Greenman & Johnson, 2013; Johnson, 2004; Rheem, 2011). Avoidant attachment styles would correlate with withdrawing tendencies while anxious attachment styles tend to fill the pursuer role (Bradley & Furrow, 2004; Rheem, 2011). Anxious/avoidant would fit into either class. Rheem (2011) claimed the interaction between withdrawer and pursuer energies “can increase the relationship distress and emotional unpredictability and volatility between partners” (p. 24). EFT therapists believe these tendencies have formed throughout clients’ attachment histories.
Withdrawers are often more likely to have disowned their attachment needs and primary emotions. They often function from a place of not needing support or accepting support as a weakness (Rheem, 2011). This keeps them from asking for or receiving support when it is needed. To withdrawers “expression of attachment needs, goals, and concerns feels too risky emotionally” (Rheem, 2011, p. 23). They are also less likely to offer support to others to avoid implying others are in a place of need. Their experience has taught them that appearing to be in need has negative consequences relationally and emotionally.

Anxious pursuers, however, are more likely to seek out closeness but from a critical stance, claiming their needs have not been met or the actions of another have left them feeling hurt or bad. When this energy is paired with a withdrawer “pursuer worries about their partner’s potential non-responsiveness, which triggers the pursuer’s attachment needs, fears, and longings” (Rheem, 2011, p. 23). Often the anxious pursuer is aware that another person’s presence is needed and feels the need to fight for the stability of that presence. Both withdrawers and pursuers instinctually react based on their previous attachment experiences, which have formed norms of behavior that are then acted out. While trying to do what is safe for the relationship, they end up becoming more entrenched in the negative cycle.

Emotion Focused Therapy asserts that attachment style can be altered (Wiebe, Johnson, Moser, Dalgleish, & Tasca, 2017). Travis, Bliwise, Binder, and Home-Moyer (2001) found that attachment style can be changed in therapeutic experiences. Because the brains of individuals in close relationships exist in a system together, all the parts of the system influence our behaviors. As attachments develop they affect the formation of the brain as the brain is changed chemically by close relationships (Siegel, 2003). Even our visual perceptions are skewed by the availability of attachment resources, so perceived threat or distress can be mitigated by secure attachments.
EFT aims to intervene at the attachment level of human interaction and help rewire the brain in an experiential way (Johnson & Sanderfer, 2016).

**Marriage Enrichment Workshops**

Marriage enrichment workshops, which are also called intensives, are held over a weekend or weekly groups and offer concentrated marital support for couples (Berger & Hannah, 2014; Johnson, 2008). The time frame is limited; research has found that 9-20 hours is the optimal amount for an enrichment program (Dixon, Gordon, Frousakis, & Schumm, 2012). Blocking a weekend is much more feasible for a couple, and the cost is lower. There is a documented need for more affordable interventions for lower socioeconomic groups and this is a way to meet that need (Hawkins & Erickson, 2015). Couples still have a quality experience since the therapist will be facilitating multiple interventions and couples at the same time. There are benefits of interaction with other couples as well (Gurman, 1971).

There are also drawbacks to this type of setting. The ratio of facilitators and the couples may not allow the couple to experience the attention needed (Dixon et al., 2012). Dixon stated that allowing non-therapist lead groups with distressed couples “might be harmful to these couples if they fail to meet the partners’ expectations” (Dixon et al., 2012, p. 77). It is important for facilitators to understand the level of functioning in couples who enter a group (Dixon et al., 2012). Although most marriage enrichment modalities screen for distress in relationships, there is no way to be completely accurate (Berger & Hannah, 2014). Additionally, risks in group work always include safety around sharing.

Weekend groups that focus on a variety of marriage topics are common. Many are primarily aimed at delivering knowledge and tools to a couple and helping them navigate relationship using those tools (Dixon et al., 2012; Kennedy, Johnson, Wiebe, Willett, & Tasca, 2014).
2018). The transfer of tools or knowledge about marriage or emotional connections is seen as a more cognitive intervention. Unfortunately, information attained in these groups is often temporarily beneficial and it has been shown couples have a difficult time utilizing the tools when they are out of the weekend environment or in conflict (Dixon et al., 2012).

**Overview of Two Marriage Enrichment Programs**

Two of the most heavily researched programs are Save Your Marriage Before It Starts, ([SYMBIS]Parrott & Parrott, 2003) and Christian Prevention and Relationship Enhancement Program, also called ([CPREP]Renick, Blumberg, & Markman, 1992). These programs also have a faith element that is included and are also based on theoretical models.

**Save Your Marriage Before It Starts (SYMBIS)**

Save your marriage before it starts (Parrott & Parrott, 2003) is a psychoeducational approach to marriage enrichment that focuses on insight and skill development (Parrott & Parrott, 2003; Worthington et al., 2013). This model of enrichment is founded on the theoretical framework of Bowen (1978) that focuses on transgenerational influences. Bowen’s work was largely based on the idea that family systems pass on unwritten rules, myths, secrets, and legacies which influence the current marital relationship. Worthington et al. (2013) also commented that the program is based on fostering self-differentiation and the ability to hold to convictions in the face of pressures from outside forces.

**Program format.** According to Worthington et al. (2013, p. 155), SYMBIS is broken down into 10 sessions. The first session focuses on assessment and establishing rapport. The second session exposes common marital myths and develops healthy expectations of married life. The third session establishes a realistic understanding of love and its fluidity. Forth session cultivates a life-attitude that will sustain marriage. The fifth cultivates the personal qualities and
teaches the specific skills of healthy communication. Sixth explores and bridges the common
gender differences while reviewing communication skills. Seventh teaches, models, and
practices the effective conflict resolutions skills. Eight explores faith journeys and provides tools
for melding spiritual paths. The ninth provides couples strengths and areas for growth. The tenth
and final session facilitates relationships with a marriage mentor couple.

**Applications of the program.** The SYMBIS program has been applied in multiple
settings. It was asserted by Worthington et al. (2013) that it could be used in large group settings
or smaller, more personal settings. It is designed for Christian couples and is largely used as a
premarital tool (Worthington et al., 2013). There are formats that have been adapted to use with
videos and other applications. It has been shown to reduce divorce rates and stabilize
relationships between Christian couples (Marks, 2007). Although the program has been
researched, it was also asserted that there is a “need for much more empirical research”
(Worthington et al., 2013, p. 163) for the program.

**Christian Prevention and Relationship Enhancement Program (CPREP)**

Christian prevention and relationship enhancement program (Worthington et al., 2013) is
a model that was adapted from the prevention and relationship enhancement program (PREP) to
accommodate the Christian worldview (Worthington et al., 2013). Themes, such as forgiveness,
have come from the CPREP course and moved back into PREP which shows the continually
evolving nature of PREP (Worthington et al., 2013). The PREP model is designed to be a
research-based couples education tool (Markman & Rhoades, 2012; Pierce, 2016; Renick et al.,
1992). The hope is to increase chances that a couple will stay together and be happier after
gaining the tools and understanding further some of the issues that arise in marriage (Engsheden,
Fabian, & Sarkadi, 2013; Pierce, 2016).
**Program format.** PREP is broken into 12 sessions delivered in a large group format (up to 40 couples) (Renick et al., 1992). Sessions are explained and participants are then encouraged to work on the skills on breaks or after the sessions (Renick et al., 1992). In the first session, there is an overview of the research as well as an introduction to styles and patterns “The typical pattern of women pursuing intimacy through bringing up issues and the typical male response of withdrawal due to their fears of conflict are addressed” (Renick et al., 1992, p. 143). The second session focuses on speaker listener format. In session three, specific structure for feedback is given and couples are encouraged to give direct feedback. Renick et al. (1992) explained “The role of expectations about communication and about relationships in general is illustrated in the fourth lecture” (p. 143). The fifth presentation discusses agendas and expectations that often underlie the topics that are discussed. Session six focuses on having fun together and how important fun is in a relationship. The seventh presentation is on problem solving. The eighth session is focused on team building and how good communication can revitalize the relationship and maintain the friendship and intimacy (Renick et al., 1992). The ninth and tenth sessions are optional because they are spiritual in nature (Renick et al., 1992). In the CPREP program, they are included. This ninth session is where Judeo–Christian framework can be seen in the inclusion of honor, respect, intimacy, and forgiveness. The tenth recognizes the role that spiritual values play in the relationship. The eleventh presentation is focused on sexuality and communication with physical touch. The final session focuses on implementation of skills at a time when it is most difficult to do so. This means having ground rules in place before the disagreement and being able to buy in by both partners (Renick et al., 1992).

**Applications of the program.** CPREP has been used in multiple formats, such as individual and group marital therapy of varying sizes. There are multiple applications for the
program from a premarital setting to second marriages (Worthington et al., 2013). Application has been made with Army veterans and multiple denominations and has been led by multiple facilitators from chaplains in the army to licensed therapists (Worthington et al., 2013). CPREP has been shown to significantly increase adjustment within marital couples (Worthington et al., 2013). The program does have some shortcomings, including its lack of research with diverse populations (Worthington et al., 2013).

**Hold Me Tight and Created for Connection**

The Hold Me Tight (HMT) Program was developed by Sue Johnson and initially released in June of 2009 (Johnson, 2010). This program was derived from Johnson’s development of EFT. It is an experiential education program that allows couples to experience their relationship differently by forming new ways to satisfy attachment longings. While EFT has a wide range of research, there has been little research done on the associated workshops based on HMT and CFC (Lynch, 2015). Palmer (2010) stated that “HMT helps partners build strong emotional bonds that provide protection from physical and emotional illness and helps sustain longer, happier lives” (p. 74). HMT initiates seven conversations between couples that are designed to open new avenues to satisfy attachment needs and solidify the relationship.

The first session of HMT is focused on introductions. It begins with all couples and facilitators introducing themselves and sharing what they hope to get out of the program. Then it transitions to a more educational setting. Key concepts are introduced such as attachment and the need for others in relationships. There are also in class exercises and homework is assigned (Johnson, 2010). The purpose of the first session is to introduce the group to concepts and build rapport and safety in the group.
The second session starts with a recap of the last session. Next “demon dialogues” are introduced as a way to conceptualize the cycles couples get stuck in. They are then presented with interactions that might represent a demon dialogue and are asked if they see themselves in those dialogues (Johnson & Sanderfer, 2016). Next, they share the impact of this activity with the bigger group. The major point from this section is, it is the dialogue that gets in the way of the good interactions and attachment longings being fulfilled. This most often looks like “Turning off our attachment feelings and needs…or we turn up our feelings and demand or criticize our partner” (Johnson, 2010, p. 13). Softer or more vulnerable attachment needs get pushed down and the couple ends up fighting over the kids or chore, which feel safer emotionally. This process distorts the relationship and the attachment needs go unmet. These moments are coded as life and death by our brains (Johnson, 2004, 2008, 2010; Johnson & Sanderfer, 2016; Shaver & Mikulincer, 2002). In session two, couples begin to understand how cycles work and may be able to recognize and articulate their own.

In session three, there is a focus on the “raw spots” that are characterized by times when participants have been hurt by attachment figures, characterized by needing a response form a loved one and not getting it (Johnson, 2010). These attachment wounds change the way people reach out in the future. This section informs participants that humans do not choose to have these reactions, the brain automatically responds to possible danger to connection and attempts to keep us safe. This emotion happens in a “nanosecond” (Johnson, 2010, p. 16), and thus slowing down natural reactions is imperative. When a raw spot is hit, people find themselves off balance and disorganized. Emotions shift quickly and often cause confusion in the relationship. This section also discusses the need to validate the brain’s response to raw spots but encourages sharing about the experience, which is the very thing that our raw spots tell us is not safe.
Section four moves to a more aware and adaptive place in the cycle. In this section, there is a discussion of being able to notice the cycle that has the couple trapped as opposed to blaming, distancing, or criticizing. The section discusses the ability to calm one’s own emotions as well as actions that accompany those emotions. This section addresses the power of sharing deeper, more vulnerable emotions in combatting the cycle and creating connection (Johnson, 2010).

Section five focuses on partners being accessible, responsive, and emotionally engaged (A.R.E.). This section can be hard for people that have not experienced this level of trust in other relationships (Johnson, 2010). During this session, is where the partners are encouraged to take a risk and abandon the techniques that have been used and allow the partner to come in and comfort those places of hurt. Individuals in this session are able to drop their distancing or criticism to engage with one another from a softer place (Johnson, 2010). New experiences like this can create the change that is hoped for in this process. The goal in this process is that problems are no longer a barometer of the relationship they are no longer indication of the love and relationship safety that the individual has. These problems feel more manageable from this perspective.

Section six discusses injuries in relationships. It acknowledges the inevitability of being hurt with such high levels of intimacy. Even relatively small injuries to the security of the relationship can cause distance and insecurity in the relationship. The insecurity or mistrust prevents couples from having deeper conversations and sharing needs (Johnson, 2010). “Abandonment or betrayal are relationship traumas” (p. 31), and traumas need to be dealt with from a more emotional and empathic place. Deeper conversations about trauma provide a “new healing emotional connection” (p. 31). This section also covers steps to working through steps to
These conversations are important to the resilience and the confidence in the relationship in moving forward and deepening the bond.

Section seven focuses on sex and being able to engage with one another in a safe way around sex. It dispels some of the myths about sex and tries to help people understand that sex is often varied and different for couples. It discusses different signals that impact attachment in the ways they are sent and received. This section also describes several types of sex and refers to synchronis sex as the most enjoyable and beneficial to the relationship. This section also deals with good sex starting outside the bedroom. This section shares that safe emotional connection is the best recipe for good sexual connection (Johnson, 2010).

Section eight solidifies the gains and creates a pattern of vulnerability and responsiveness to the needs of partners in the relationship. Several keys are listed in this section, including the couple’s ability to ask for connection in raw spots, the necessity of consistently attending to the relationship, and ways to do so. The program is then summarized in the final session and clients have completed the program.

CFC was developed in 2016 and added a faith element to HMT. It has parallel conversations and includes references to biblical scripture (Johnson & Sanderfer, 2016). This change was in response to the Christian communities’ request to make this program tailored to them (Sanderfer, 2017). Kenny Sanderfer collaborated with Sue Johnson to incorporate a Christian perspective to the HMT program. Sanderfer (2017) shared that it is remarkable how well the program lines up with biblical teachings.

Rationale for Incorporating Christian Faith in Marriage Enrichment

According to Pew Research Center (2018), 77% of evangelicals plan to marry. When considering counseling “89.6 percent of Christian clients desired spirituality to be included to
higher degree in their counseling sessions” (Bannister, Park, Taylor, & Bauerle, 2015, p. 71). It would be reasonable to assume this desire would apply to the marriage enrichment setting. “Christian clients are more open to seek secular therapists for individual sessions but for marital issues they prefer Christian therapists due to values and beliefs in the sanctity of marriage they perceived a Christian therapist would exhibit” (Bannister et al., 2015, p. 72). Christian couples want to incorporate their values into their process of change. This incorporation of Christian values has effects on mental health. Research indicates church attendance and marital status mitigate depression throughout life (Law & Sbarra, 2009). Despite the high value the church places on marriage, divorce rates of Christians are comparable to non-Christians, 33% of all Christians have been divorced (Group, 2009). Although the need for Christian counseling is supported, there is a lack of empirical support for marital counseling with Christian faith values (Bannister et al., 2015; Hook & Worthington, 2009). While marriage enrichment programs are abundant, only four were found to be efficacious (Jacobi, 2017). There are interventions that utilize a biblical approach to marriage (Jacobi, 2017; Worthington et al., 2013) by incorporating spiritual principals, such as prayer and biblical text (Jacobi, 2017). These techniques have a more experiential feel since the couple is including other aspects of self, such as spirituality, however they are considered a skills and cognition based process due to the delivery format (Berger & Hannah, 2014). The information is delivered in a lecture format with some role play before they apply the new techniques and skills themselves. Most programs break down to two areas: communication and psychoeducational aspects of marriage, such as commitment (Dixon et al., 2012). The tools given in the programs are often the focus and the process that affects the couple is still not clear (Jacobi, 2017).
The demand for and accessibility of marriage enrichment programs have been increasing in the Christian community over the years (Doss et al., 2009). However, “empirical research on Christian couple counseling is virtually nonexistent” (Hook & Worthington, 2009, p. 169). Another reason for the inclusion of faith is to be more holistic in the approach taken. There is a strong link between inclusion of spirituality and client satisfaction (Bannister et al., 2015) and it is important to align with the clients and population served. Alliance has a large effect on therapeutic outcomes and is something that can be bolstered through the understanding and inclusion of faith (Bannister et al., 2015; Leibert & Dunne-Bryant, 2015).

There are members of the faith community who are reluctant to engage with non-Christian formats of counseling benefitting from marital therapy. This hesitancy limits their ability to gain access to this empirically validated style of therapy and their awareness of the individuals benefitting from marital therapy.

**Christian Faith and Marriage**

The Christian faith has long asserted that faith is a large part of marriage and “The notion that couples enter marriage with active faith is not new; it has its roots in ancient Christian tradition” (Heaney-hunter, 1997, p. 263). The Christian faith has long valued and discussed marriage not only from a religious view but sees marriage as integral to the foundation of the church and relationships.

“Christian married couples have a specific mission to worship, provide hospitality to others in the Christian community, prepare others for marriage, support the married community, and witness to their faith values. Their mission of outreach extends them beyond the boundaries of the immediate or even extended family to the church, where they also reveal Christ through their relationship.” (Heaney-hunter, 1997, p. 265)
Within the context of the Christian faith, marriage is revered because of the deeper understanding it provides into the nature of God.

For the last century, the faith based community has been responding to rising divorce rates through the development of faith based interventions, such as conferences, literature, marriage retreats, and other interventions designed to promote marriage (Plummer, 2015). Faith is an important component in marriage, marriages between people of the same faith background are more stable, satisfying, and less likely to divorce (Perry, 2015). It was also asserted that “God might function as a sort of ideal ‘substitute attachment figure’ for many individuals in need of a vital interpersonal connection” (Knabb & Emerson, 2013, p. 829). In other words, God may serve as a moderator to the effects of distress in Christian couples.

Mikkelson (2015) found that inclusion of Christian values was also highly sought after in faith communities, and there was a strong desire to include those values in the process of couple’s counseling. With such a pressing need, it is essential to develop enrichment programs that effectively meet these needs. “It is problematic that spiritually based marital enrichment programs have not been examined empirically since they are abundant amongst places of worship across the United States” (Jacobi, 2017, p. 1298). This study adds to the literature base of studies on marriage enrichment programs that are aimed at Christian couples. Created for Connection (Johnson & Sanderfer, 2016) meets the expressed need for marriage enrichment programs for Christian couples and is lacking this same empirical support.

**Biblical Portrayal of Marriage**

Since inclusion of faith seems to be important to Christian couples, it is useful to look at why it is so important to them to ensure these elements are effectively incorporated into marriage enrichment programs. By examining some of the most influential biblical passages on marriage,
the values of Christian couples can better be understood. This section hopes to shed some light on the perspective of Christians and also share some of the research on the topic.

One of the most referenced marital passages is found in the book of Ephesians which speaks to how people act in relationships (Mouton, 2014). Specifically, the section from Ephesians 5:21-33 claims “new life under the influence of the Spirit in terms of the three household relationships: husband and wife, children and parents, slaves and master” (Mouton, 2014, p. 170). This, husband wife, relationship is based on submission to one another out of reverence to Christ (Mouton, 2014). There is a patriarchal nature that is also present with submission creating tension in the verse and contrasting from other places earlier in the book that mention equality in Christ. To fully understand this “would thus require careful hermeneutical discernment” (Mouton, 2014, p. 171), which is outside the scope of this paper. However, it can clearly be understood that the writings in Ephesians had strong opinions on the topic and a focus on spouses loving and respecting one another. Below I included the direct quote from Ephesians 5:21-33 in order to let some of the scripture speak for itself.

“21 Submit to one another out of reverence for Christ. 22 Wives, submit yourselves to your own husbands as you do to the Lord. 23 For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Savior. 24 Now as the church submits to Christ, so also wives should submit to their husbands in everything. 25 Husbands, love your wives, just as Christ loved the church and gave himself up for her 26 to make her holy, cleansing[b] her by the washing with water through the word, 27 and to present her to himself as a radiant church, without stain or wrinkle or any other blemish, but holy and blameless. 28 In this same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself. 29 After all, no one ever hated their own body, but they
feed and care for their body, just as Christ does the church—30 for we are members of his body. 31 “For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh.”[c] 32 This is a profound mystery—but I am talking about Christ and the church. 33 However, each one of you also must love his wife as he loves himself, and the wife must respect her husband.” (NIV)

While reading the text there are some controversial things in our cultural context, such as submission to a husband in everything and cleansing her with the word. I chose to only include this portion due to the academic assertion that it is a “Unit in itself” (Marshall, 2015, p. 838). Marshall further confirms the idea that community as a body is the focus, which includes the husband wife relationship. The marital metaphor also describes the relationship with Christ and the church (Mouton, 2014). This scripture also alludes to creation and founds the basis for some assertions such as this “specifically, marriage as the reason for gender differentiation and as created by God in the beginning” (Marshall, 2015, p. 841). Which also connects to the relationship between man and woman along with Christ and the church or followers of Christ. Marriage is an institution precious to Christians because of the way it mirrors the unity of the Trinity in God.

The next passage is First Corinthians 6:12-7:7. The central theme according to Marshall is community as a body and that sexual interactions out of proper context defile the body of Christ or the church (Marshall, 2015). It is further broken down here “But because of cases of πορνεία, each man should have his own wife and each woman her own husband”(Marshall, 2015, p. 842) The translations is “πορνεία, illicit sexual relationships” (Marshall, 2015, p. 842) which Marshall explains is the theme of this passage and a case for marriage. Marshall breaks down the case against illicit sexual relationships into three areas danger for the body, marriage as
the solution and a more general argument against illicit sexual relationships. The purity and commitment of marriage are central to its parallel relationship between the devotion of God’s followers.

Both marriage and faith are compared and used as metaphor throughout the bible (Marshall, 2015; Mouton, 2014). From Genesis to the New Testament, the metaphor around marriage is referred to as being about Christ and the church. The metaphor around family that is included in the text with God being father, and Christians being included as children is in multiple places, “See what great love the Father has lavished on us, that we should be called children of God” (1 John 3:1). Due to the high value that Christianity places on marriage, it is obvious Christians would want a counselor to understand the meaning of the faith application in marriage and family issues (Goodman, Dollahite, Marks, & Layton, 2013). “One of the foundational beliefs described by many of these couples was the idea that marriage is unique among human relationships, as it was created or defined by God” (Goodman et al., 2013, p. 813).

The Bible also has a theme of attachment (Knabb & Emerson, 2013). There is an assertion that “God serving as a secure base and safe haven and believers seeking proximity to God during times of stress” (Knabb & Emerson, 2013, p. 829) which speaks to human attachment needs being met by God. God’s nature as Trinitarian is an example of a self-giving God, “which points to the need for altruistic, selfless love in human attachment bonds” (Knabb & Emerson, 2013, p. 829). This not only speaks to the nature of biblical views of relationship but is supported by research that shows positive outcomes when people are able to respond to one another and have less negative self-protective patterns (Gottman, 2014; Johnson, 2004). “Many of the valuable insights articulated by Bowlby can be integrated with the creation narrative so as to deepen our grasp of the God-given drive to be in relationship with both God and one another”
Knabb and Emerson (2013) further discuss the overarching attachment story in the bible between God and mankind, the describe this through:

“(a) the creation story in Genesis 1–2; (b) the effects of the severing of the attachment in the fall in Genesis 3 and in the subsequent exiles in Israel’s history; and (c) the primary goal of re-attachment in the redemptive promises to Israel and in the restoration begun with Jesus’ life, death, and resurrection, culminating in His return in Revelation 21–22.” (p. 833)

Knabb and Emmerson (2013) demonstrated from a meta perspective the significance of the attachment messages that are present in the larger story of scripture, that according to Johnson (2004), are central to the marital relationship. This speaks to the natural fit that is present between faith and CFC which is based on EFT.

**Conclusion**

This section has laid out the basics of EFT as well as the program which I researched in this study. A brief overview of several marriage enrichment programs is also laid out. I discussed the importance of addressing needs of married peoples and Christian married people in particular who are the population studied in this research. A small study on scriptures which are pivotal in Christian discussion of marriage is also included. This information speaks to the need for further research on the topic of marriage enrichment specifically in Christian communities that are already engaged marriage enrichment, without research support. In the next section I will address the methods that were used to address the need for research on programs offered in the Christian community.
CHAPTER 3 METHODOLOGY

The purpose of this study is to examine the effectiveness of *Created for Connection* (CFC, Johnson & Sanderfer, 2016), a marriage enrichment program designed to help couples be more engaged in their relationships and more securely attached to one another. An analysis of variance was used to understand what effects CFC had on participants in the study. The program presented in *Created for Connections the Hold Me Tight Program for Christian Couples Facilitator’s Guide for Small Groups* (Johnson & Sanderfer, 2016) was followed to ensure treatment fidelity and coherence to the author’s model.

**Research Questions and Hypotheses**

For the purposes of this study, there are three research questions:

1. Did *Created for Connection* affect general adult attachment style of the individuals who participated in the group?

2. Did *Created for Connection* affect relationship satisfaction of individuals that participated in the group?

3. Did *Created for Connection* affect specific marital couple attachment behavior for individuals who participated in the group?

With regard to the research questions, I hypothesized:

1. Participants’ post CFC levels of secure attachment style as measured by the attachment avoidance and anxiety subscales of the Experience in Close Relationship Scale (ECR-S, Wei, Russell, Mallinckrodt, & Vogel, 2007) will be lower than their scores before the group started.
2. Participants’ post CFC relationship satisfaction scores as measured by the Revised Dyadic Adjustment Scale (R-DAS, Busby, Christensen, Crane, & Larson, 1995) will be higher than their scores before the group started.

3. Participants’ post CFC adaptive attachment behavior scores as indicated by the self-report Brief Accessibility and Responsiveness and Engagement scale (BARE, Sandberg, Novak, Davis, & Busby, 2016) will be lower than their scores before the group started.

Sample

Participants for the study were recruited from Christian churches from several towns in a southern medium sized community from varying denominations. Participant eligibility for this study was based on the following criteria:

1. Individual is over 18
2. Individual states a desire to engage in a faith-based marriage enrichment program
3. Individual initially scores over a 32 on the R-DAS
4. Individual is in a committed heterosexual marriage, and both members can attend.

Participant exclusion from this study were based on factors listed below:

1. Ongoing affair
2. Active addiction
3. Current abuse in the relationship
4. Score of 32 or below on R-DAS
5. Both parties are not able to attend
6. Participants do not wish to include Christian Faith in marriage enrichment

Individuals excluded based on the criteria listed above were offered an alternate intervention, and appropriate referrals as needed or requested. There was a decision to exclude
same sex couples, this was based on potential biases associated with the Christian faith, which could skew data collected. However, this was not the case as no same sex couples requested to participate. Only two couples were excluded, this was due to not meeting the minimum requirements on the R-DAS.

**Demographic information**

Demographic information was collected and included in the study in order to enrich data and is show in table format below. 92 participants completed all measures and were included in the study. The demographic information on years married, number of times married, age and number of years as a Christian are shown in Table 1. The income information is shown in Table 2. To assess importance of faith a Likert scale from 1-10 was used, where 1 is not at all important and 10 is the most important, that information is displayed in Table 5. Where education is concerned demographic information is in Table 3. Socioeconomic information is included in Table 2. Of the 122 individuals that registered to be a part of the study and completed the registration and initial surveys, 92 completed all the measures and were included in the final statistical analysis. A G*Power analysis was used to determine the number of participants needed. Based on an effect size of .25 with alpha at .025 and beta at .95 with 4 groups and 3 repetitions, it was determined that a sample of 52 should be used for a repeated measure within factor analysis of variance. Four groups with no more than 15 couples were run at different times. The groups were run at three locations.
### Table 1

*Statistics for years married, number of times married, years as a Christian and age.*

<table>
<thead>
<tr>
<th></th>
<th>Yrs Married</th>
<th># x Married</th>
<th>#yrs Christian</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>92</td>
<td>92</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Mean</td>
<td>14.38</td>
<td>1.10</td>
<td>28.47</td>
<td>40.66</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>11.262</td>
<td>.299</td>
<td>12.024</td>
<td>10.965</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Maximum</td>
<td>37</td>
<td>2</td>
<td>50</td>
<td>64</td>
</tr>
</tbody>
</table>

### Table 2

*Income*

<table>
<thead>
<tr>
<th>Income</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20,000</td>
<td>3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>100,000+</td>
<td>23</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>20,000-40,000</td>
<td>8</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td>40,000-60,000</td>
<td>22</td>
<td>23.9</td>
<td>23.9</td>
</tr>
<tr>
<td>60,000-80,000</td>
<td>26</td>
<td>28.3</td>
<td>28.3</td>
</tr>
<tr>
<td>80,000-100,000</td>
<td>10</td>
<td>10.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 3

*Level of Education*

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; High school</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Associate degree</td>
<td>2</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>48</td>
<td>52.2</td>
<td>52.2</td>
</tr>
<tr>
<td>High school diploma</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Master degree</td>
<td>23</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Post master degree</td>
<td>4</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Some college</td>
<td>13</td>
<td>14.1</td>
<td>14.1</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 4

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Black/African, Caucasian</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Caucasian</td>
<td>85</td>
<td>92.4</td>
<td>92.4</td>
</tr>
<tr>
<td>Caucasian, Hispanic</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Caucasian, Native American</td>
<td>2</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Other/Prefer not to answer</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 5

<table>
<thead>
<tr>
<th>Importance of faith</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>92</td>
</tr>
<tr>
<td>Mean</td>
<td>9.23</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>1.302</td>
</tr>
<tr>
<td>Minimum</td>
<td>2</td>
</tr>
<tr>
<td>Maximum</td>
<td>10</td>
</tr>
</tbody>
</table>

**Facilitator Characteristics**

I facilitated all of the *CFC* groups. I am a licensed marriage and family therapist (LMFT), licensed professional counselor (LPC), and a state approved supervisor for LPC’s and LMFT’s. I am also certified and a supervisor in Emotionally Focused Therapy (EFT), which is the theoretical foundation for the program being implemented. I have completed over 450 hours of EFT training as well as two workshops on facilitating the *Created for Connections* program. I have been leading and running a recovery ministry through a local church for the last seven years and facilitated approximately 1,500 hours of group counseling and workshops. For the past five years, I have worked as a marriage therapist and see approximately 12 couples per week in addition to individual counseling sessions. This totals approximately 3,000 hours of work with couples using EFT. Throughout the duration of the study, I consulted weekly with Dr. Ryan.
Rana, an EFT trainer, and received periodic supervision from Kenny Sanderfer, one of the authors of *Created for Connection* who is also an EFT trainer.

**Measures**

While the program is focused on the couple, the following variables were measured at the individual level: 1) adult attachment anxiety, 2) adult attachment avoidance, 3) relationship satisfaction, 4) couple attachment behavior. Focusing on the individual level provided clarity in changes in the experience of the relationship. I used the anxiety and avoidance subscales of the ECR-S to measure adult attachment (Wei, Russell, Mallinckrodt, & Vogel, 2007). I used the R-DAS to measure relationship satisfaction, (Busby, Christensen, Crane, & Larson, 1995). I used the BARE to measure couple’s attachment behavior (Sandberg, Busby, Johnson, & Yoshida, 2012). These measures were chosen based on a review of literature on *Hold Me Tight* (Johnson, 2008; Kennedy et al., 2018; Lynch, 2015; Morgis, 2018; Sandberg et al., 2016; Stavrianopoulos, 2015). Literature suggests the measures should work well for *CFC*, which is based on the HMT program. Brief versions were utilized to reduce the toll on participants’ time and increase the likelihood of completion of the measures and research. Participants were assessed at the same time points as Morgis’s (2018) work on HMT, one week prior to the group, two weeks after the group, and six weeks after the group. I was granted permission to use each measure by its author and given permission to adapt the wording where needed to fit the current study.

**Experience in Close Relationships Scale (ECR-S)**

The ECR-S is a tool with proven validity and reliability. It was developed in 2007 and is designed to be a shortened version of the ECR (Wei et al., 2007). This self-report measure only has 12 items (Lynch, 2015). “This scale measures maladaptive attachment in adults who are in romantic relationships, using the dimensions of attachment anxiety, and attachment avoidance”
This scale is broken into two parts; the first measures attachment anxiety, and the second measures attachment avoidance. The minimum score for each is seven, and the maximum score is 42. The scores are reported in percentile ranks with higher ranks indicating more difficulty with adult attachment (Lynch, 2015). The ECR has high internal consistency for anxiety (.78) and avoidance (.84) (Wei et al., 2007). Correlation between anxiety and avoidance subscales (r=.19) implies that they are not related and demonstrates construct validity, which was supported through anxious attachment’s correlation to emotional reactivity and avoidance was closely related to cut off (Wei et al., 2007). Convergent validity was based on correlation analyses with other tests (Wei et al., 2007). All individuals included in the study completed this measure three times.

**Revised Dyadic Adjustment Scale (RDAS)**

The RDAS is a brief self-report scale with 14 questions that uses Likert scales to measure relationship satisfaction (Lynch, 2015). The RDAS has three scales measuring consensus, satisfaction, and cohesion. The consensus scale has six questions, which assess level of agreement or disagreement between partners. The satisfaction scale has four questions that assess how often partners experience stress in the relationship. The cohesion scale has four items also assessing shared activities and verbal connection. The range of scores for the whole scale is 0-69, and higher scores indicate higher relationship adjustment. According to Busby, Christensen, Crane, and Larson (1995), couples over 45 are not distressed. 32-45 are moderately distressed and <32 are severely distressed. Both parties in the couple completed this measure at three times. The RDAS has construct, discriminant, and criterion validity with distressed and non-distressed couples (Lynch, 2015). This study only focused on the overall score, which has a reliability
rating of (.82) (Anderson et al., 2014). The scale has a high internal consistency and reliability with a Cronbach’s alpha of .90 for the RDAS.

**Brief Accessibility Responsiveness Engagement Scale (BARE)**

The BARE (Sandberg et al., 2012; Sandberg et al., 2016) evaluates current relationship attachment and bonding behaviors. It is a 12 item self-report assessment that focuses on accessibility and responsiveness in attachment behaviors (Sandberg et al., 2012). “BARE is predictive of relationship satisfaction and stability, key outcomes that are of central concern to both clients and communities because marital disruption, particularly in the presence of children, has long-term personal and societal costs” (Lynch, 2015, p. 113). The BARE has strong construct validity and concurrent validity (Lynch, 2015) with the Cronbach Alphas from .66-.85 and test retest of .6 – .75. This measure was completed three times by all participants who completed this study.

**Procedures**

Approval from the University of Arkansas Institutional Review Board (IRB) was received prior to conducting this study due to the involvement of human participants. All procedures associated with the IRB’s policy concerning informed consent were obtained digitally from all parties in the groups. All documentation is included in the appendix.

To gain consent for participation in the research, consent forms were included in the registration form for the group. The facilitator's, advising faculty’s, and IRB director’s phone number and email were made available for questions regarding use of information or other concerns. Participants were also informed there is no penalty for not completing the program and referrals to other possible groups could be requested. Participants were also informed that they could discontinue participation in the groups at any time without penalty or consequence.
Advertising materials for the CFC group included an email and phone number to call for couples that were interested in registering for the group. It was clearly stated that this group is for research, and there was no cost. Initial contact was made by interested individuals, and they were directed to register and fill out the online measures through Qualtrics. All participants were able to fill out the online registration therefore no paper copies were used. Registration was all done at least one week prior to the group.

Prior to running any group with research participants there was one practice group conducted in order to ensure timing and adherence to the schedule. The group was made up of counselors, friends and others presenters who volunteered to give feedback on the process and flow of the group. This practice group was done two weeks prior to the research groups. The practice group was very insightful and helped keep the research groups on time and on track. Notes were taken to ensure timing and flow worked for the group as well as to allow the facilitator to have practice with words and role play timing.

On the Friday evening of the group, participants checked in and were directed to the seating as well as made aware of logistic items, such as break times and bathrooms. Members of the group were made aware that there was no penalty for discontinuing the group. The group was run in accordance with the timeline, and notes were taken on timing and adherence to the program outline listed in table 1 below. Two weeks following the group, individuals completed the measures again. Then, a follow up was completed six weeks after the group.

**Recruiting Participants**

Local pastors were asked to advertise in bulletins and list-serves for their congregations. Couples were screened for inclusion and exclusion criteria. Groups were held on multiple weekends to maximize participation. Dates were set for June 14th, 21st, 28th and July 20th. Prior
to being included in a group, initial measures were required. Options were made available to fill out the measures in paper or online using Qualtrix. Participants were allowed to self-select group membership.

**Measure Administration**

At the time of registration, participants filled out the three measures and demographic information. Participants were also given the measures two weeks after completion of the group and then at a six week follow up. As previously mentioned, the ECR-S was used to measure adult attachment (Wei et al., 2007). The R-DAS was used to measure relationship satisfaction (Busby, Christensen, Crane, & Larson, 1995). The BARE was used to measure couple’s attachment behaviors (Sandberg et al., 2016). These measures were all scored in compliance with each measure’s process in excel and then scores were transferred to SPSS for analysis.

**Created for Connection Program Description**

The *Created for Connection* program is broken down into eight sections and is focused on seven conversations (Johnson, 2016). The emphasis of the weekend is covering the material in the program. I held the *CFC* marriage enrichment programs in a weekend format utilizing Friday evening and Saturday for three groups and Saturday-Sunday for one group due to participant constraints. The groups were a total of 12 hours over two days. This format has been laid out in Table 6 and Table 7 and is based on *CFC* facilitators’ guide (Johnson & Sanderfer, 2016).
Table 6
*Timeline of events Created for Connection two-day format*

<table>
<thead>
<tr>
<th>Time</th>
<th>Conversation/Activity</th>
<th>Material from Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:15 pm</td>
<td>Registration/Check in</td>
<td>N/A</td>
</tr>
<tr>
<td>5:30 pm</td>
<td>Greet and orient to the program</td>
<td>Session 1</td>
</tr>
<tr>
<td>6:15 pm</td>
<td>Introduce key concepts</td>
<td>Session 1</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Demon dialogue/Cycle recognition</td>
<td>Session 2</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Raw spots/Share experiences</td>
<td>Session 3</td>
</tr>
<tr>
<td>9:00 pm</td>
<td>In class exercises</td>
<td>Sessions 2 &amp; 3</td>
</tr>
<tr>
<td>9:30 pm</td>
<td>Wrap up</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Day 2</strong></td>
<td></td>
</tr>
<tr>
<td>8:15 am</td>
<td>Greeting and Coffee</td>
<td>N/A</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Review and re-engage</td>
<td>N/A</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Cycle awareness Actions &amp; Emotions</td>
<td>Session 4</td>
</tr>
<tr>
<td>10:30 am</td>
<td>A.R.E. Take a risk and receive comfort</td>
<td>Session 5</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch/Process</td>
<td>N/A</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Review and re-engage</td>
<td>N/A</td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Injuries in the relationship</td>
<td>Section 6</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>Engaging with Sex</td>
<td>Section 7</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Solidify Gains</td>
<td>Section 8</td>
</tr>
<tr>
<td>4:30 pm</td>
<td>Thank the group Wrap up and measures</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Note.* Chapter 2 has a more complete description of each section of the program.

Table 7
*Timeline of events Created for Connection two-day format (adjusted for Saturday and Sunday)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Conversation/Activity</th>
<th>Material from Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 am</td>
<td>Registration/Check in</td>
<td>N/A</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Greet and orient to the program</td>
<td>Session 1</td>
</tr>
<tr>
<td>9:15 am</td>
<td>Introduce key concepts</td>
<td>Session 1</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Demon dialogue/Cycle recognition</td>
<td>Session 2</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Raw spots/Share experiences</td>
<td>Session 3</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>In class exercises</td>
<td>Sessions 2 &amp; 3</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Lunch break/process</td>
<td></td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Review and re-engage</td>
<td>N/A</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>Cycle awareness Actions &amp; Emotions</td>
<td>Session 4</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>A.R.E. Take a risk and receive comfort</td>
<td>Session 5</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>End of Day and review</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Day 2</strong></td>
<td></td>
</tr>
<tr>
<td>8:15 am</td>
<td>Greeting and Coffee</td>
<td>N/A</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Review and re-engage</td>
<td>N/A</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Injuries in the relationship</td>
<td>Section 6</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Engaging with Sex</td>
<td>Section 7</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Solidify Gains</td>
<td>Section 8</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Thank the group Wrap up and measures</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Note.* Chapter 2 has a more complete description of each section of the program.
By utilizing the weekend format, the sessions were slightly shortened, and time in each section was more focused. This revised formatting allows the facilitator to take out introductions and reviews in each of the sessions, which are required in a weekly format. The HMT program has been shorted to as little as one day with more focused interventions and studied (Morgis, 2018) which again was the predecessor for CFC.

**Data Analysis Procedures**

I utilized multiple repeated measures ANOVAs to analyze data. The data were first entered into excel for scoring and screening. I scored the measures in Excel and then used SPSS to run all statistical analysis. Data were screened in SPSS to ensure it met all necessary assumptions, such as normal distribution, homogeneity of variance, and sphericity. I conducted four repeated measures ANOVAs using each dependent variable. An alpha value ($\alpha$) of .025 (level of significance) was used for each test in order to protect against type one errors associate with repeated measures.

The treatment condition is CFC, the independent variable is time, and the four scores on the measurements at the three times are the dependent variables. In order to answer research question one, attachment security both anxiety and avoidance were evaluated based on ECR-S subscale scores at the three time intervals. In order to answer research question two, relationship satisfaction was evaluated based on R-DAS scores at the three time intervals. In order to answer research question three, attachment behavior was evaluated based on BARE scores at the three time intervals. This allowed me to ascertain the effects of CFC on participants who went through the program and demonstrate those effects by answering the following research questions:

1. Did *Created for Connection* affect general adult attachment style of the individuals who participated in the group?
2. Did *Created for Connection* affect relationship satisfaction of individuals that participated in the group?

3. Did *Created for Connection* affect specific marital couple attachment behaviors for individuals who participated in the group?

In this chapter I have outlined the research questions that were used to examine the effectiveness of *CFC*. I shared the demographic makeup of the groups that were involved in the study. I addressed facilitator characteristics and I discussed the measures that were used in the analysis and their properties. I discuss how groups were run as well as preparation and fidelity of all groups to the schedule. Finally, I discuss the process of analysis and the statistical tools used to examine the scores. In the next section I share the results of this study.
CHAPTER 4 RESULTS

I present the results of the statistical analysis in this chapter. I utilized four repeated measures Analyses of Variance (ANOVAs) to understand how *Created For Connection* (Johnson & Sanderfer, 2016) affected relationship satisfaction of individuals that participated in the group as well as how it affected attachment behaviors and attachment styles. Over the course of two months I administered measures at the following intervals: two weeks before the weekend marriage enrichment group, two weeks after the group, and at follow-up six weeks after the group ended. I utilized four different groups in order to keep the numbers in each group manageable.

In this chapter, I also explain the data analysis and the results related to each research question. I address the measures and the evaluation of those measures. I will first address how outliers were accounted for, then discuss reliability, and finally discuss the data with regards to all three research questions. I conclude the chapter by addressing each research hypothesis and show the results of the repeated measures ANOVAs.

**Outliers**

To ensure that data met the necessary assumptions for my chosen analyses, I used descriptive statistics to evaluate Skewness and Kurtosis, which were within normal ranges, between +/- 3 for all tests (Glass, Peckham, & Sanders, 1972). I found that all tests were normally distributed except for the ECR-S Avoidance scale scores which were positively skewed and leptokurtic (Pallant, 2016; Tabachnick & Fidell, 2014). This distribution may be attributed to the fact that a group like *CFC* requires participants to not avoid issues they are experiencing in their marriage, but rather acknowledge and deal with them openly. I chose to proceed also based on research from theories of conflict and group development that could explain the skewness
(Trotzer, 2006; Yalom & Leszcz, 2005). Finally, all mean scores were used for the descriptive statistics.

I identified five outliers using the box plots for the scores (Pallant, 2016; Tabachnick & Fidell, 2014). Through initial review, I identified one outlier that was due to data input error. After correcting the error, it was no longer an outlier and thus included in the data. Next, I ran the data with and without the other outliers and determined that they were impacting results so I chose to exclude them from further analyses. Further, two of the individuals whose data were outliers contacted me to explain life circumstances that may have skewed the data. Specifically, one reported an affair that was undisclosed at the outset of research and another reported a death in the family; both further support for removing their data from the analysis.

**Reliability**

I computed the Cronbach’s Alpha for the Experience in Close Relationship Scale subscales (ECR-S), The Revised Dyadic Adjustment Scale (R-DAS), and the Brief Accessibility Responsiveness and Engagement scale (BARE). The Cronbach’s Alpha for all measures at all times were consistent with the literature (Busby et al., 1995; Lynch, 2015; Sandberg et al., 2016; Wei et al., 2007). See Table 3 for a full list of Cronbach’s Alphas.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECR-S AX</td>
<td>.72</td>
<td>.68</td>
<td>.63</td>
</tr>
<tr>
<td>ECR-S AV</td>
<td>.83</td>
<td>.86</td>
<td>.86</td>
</tr>
<tr>
<td>BARE</td>
<td>.84</td>
<td>.87</td>
<td>.91</td>
</tr>
<tr>
<td>R-DAS</td>
<td>.85</td>
<td>.79</td>
<td>.85</td>
</tr>
</tbody>
</table>

**ECR-S Avoidance and Anxiety Scores**

Regarding the first research question I hypothesized that participants’ post CFC levels of secure attachment style as measured by the attachment avoidance and anxiety subscales of the
Experience in Close Relationship Scale (ECR-S, Wei et al., 2007) would be lower than their scores before the group started. The means did decrease, indicating a reduction in the mean score for anxiety in relationship over time. See Figure 1 for the plotted means. I conducted a repeated measures ANOVA on the Anxiety subscale of the ECR-S to compare the scores across the 3 times. The ANOVA table is show below in Table 9. Because the data violated Mauchly’s Test of Sphericity \(p=.036\), I interpreted the Greenhouse-Geisser test of within-subjects effects (Abdi, 2010). There was no statistically significant effect for time on the anxiety subscale of the ECR-S, \(F(1.86, 36.70)=2.78, p=.069\), and a small partial eta squared of .03 (Cohen, 1988; Henson, 2006)

Table 9

<table>
<thead>
<tr>
<th>Tests of Within-Subjects Effects ECR-S Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source</strong></td>
</tr>
<tr>
<td>time</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

![Plotted Means of ECR-S Anxiety](image.png)

*Figure 1.*
To analyze the effects of the groups on the ECR-S Avoidance sub scale, a repeated measures ANOVA was conducted to compare the scores across the 3 times. The ANOVA table is presented below in Table 10. There was a violation of Mauchly’s Test of Sphericity \((p=.000)\), so I used the Greenhouse-Geisser test of within-subjects effects (Abdi, 2010). There was a statistically significant effect for time on the Avoidance subscale of the ECR-S, \(F(1.72, 85.97)=6.681,(p=.003)\), and a moderate partial eta squared =.08. Based on these results, CFC had a statically significant effect on Avoidance in relationship styles as graphically shown in Figures 2. I examined the pairwise comparisons to understand where the significant effects were. There was a statistically significant effect between times one and two and also between times one and three. However, there was no statistical effect between times 2 and 3. This suggests that maximum gains were made by the end of the group and were sustained at follow up this is shown in Table 11.

Table 10
Tests of Within-Subjects Effects ECR-S Avoidance

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Sphericity Assumed</td>
<td>147.413</td>
<td>2</td>
<td>73.707</td>
<td>6.681</td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>Greenhouse-Geisser</td>
<td>147.413</td>
<td>1.715</td>
<td>85.965</td>
<td>6.681</td>
<td>.003</td>
</tr>
<tr>
<td></td>
<td>Huynh-Feldt</td>
<td>147.413</td>
<td>1.745</td>
<td>84.499</td>
<td>6.681</td>
<td>.003</td>
</tr>
<tr>
<td></td>
<td>Lower-bound</td>
<td>147.413</td>
<td>1.000</td>
<td>147.413</td>
<td>6.681</td>
<td>.011</td>
</tr>
</tbody>
</table>
Table 11
Pairwise Comparisons

<table>
<thead>
<tr>
<th>(I) time</th>
<th>(J) time</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig. (^b)</th>
<th>97.5% Confidence Interval for Difference (^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1.511 (^*)</td>
<td>.530</td>
<td>.016</td>
<td>.082 - 2.940</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>1.587 (^*)</td>
<td>.544</td>
<td>.013</td>
<td>-.082 - 3.055</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>-1.511 (^*)</td>
<td>.530</td>
<td>.016</td>
<td>-2.940 - -.082</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>.076</td>
<td>.377</td>
<td>1.000</td>
<td>-.942 - 1.094</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>-1.587 (^*)</td>
<td>.544</td>
<td>.013</td>
<td>-3.055 - -.119</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>-.076</td>
<td>.377</td>
<td>1.000</td>
<td>-1.094 - .942</td>
</tr>
</tbody>
</table>

Based on estimated marginal means
* The mean difference is significant at the .025 level.
\(^b\) Adjustment for multiple comparisons: Bonferroni.

Figure 2.

R-DAS Scores

Regarding the second research question I hypothesized that participants’ post CFC levels of relationship satisfaction would increase as measured by the Revised Dyadic Adjustment Scale (Busby et al., 1995) and scores would be higher than their scores before the group started. The ANOVA table displayed in Table 12. I also graphically display these results in Figure 3. I conducted a repeated measures ANOVA to compare the scores across the 3 times. Because data
met the assumption of sphericity, I interpreted within-subjects sphericity assumed output (Abdi, 2010). There was a statistically significant effect for time $F(2, 58.80) = 5.91, p = .003$, and a moderate partial eta squared .06. These results suggest that CFC had a significant effect on participants’ relationship satisfaction over time. I examined the pairwise comparison to understand the significant effects. There was a statistically significant effect between times one and two. However, there was no statistical effect between times one and three or times two and three. This suggests that at follow up gains were mitigated however they had not returned to pre-group levels and this is shown in Table 13.

Table 12
Tests of Within-Subjects Effects R-DAS

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Sphericity Assumed</td>
<td>117.594</td>
<td>2</td>
<td>58.797</td>
<td>5.913</td>
<td>.003</td>
</tr>
<tr>
<td></td>
<td>Greenhouse-Geisser</td>
<td>117.594</td>
<td>1.924</td>
<td>61.127</td>
<td>5.913</td>
<td>.004</td>
</tr>
<tr>
<td></td>
<td>Huynh-Feldt</td>
<td>117.594</td>
<td>1.964</td>
<td>59.861</td>
<td>5.913</td>
<td>.003</td>
</tr>
<tr>
<td></td>
<td>Lower-bound</td>
<td>117.594</td>
<td>1.000</td>
<td>117.594</td>
<td>5.913</td>
<td>.017</td>
</tr>
</tbody>
</table>

Table 13
Pairwise Comparisons R-DAS

<table>
<thead>
<tr>
<th>(I) Time</th>
<th>(J) Time</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>97.5% Confidence Interval for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>-1.565*</td>
<td>.479</td>
<td>.005</td>
<td>-2.858</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1.565*</td>
<td>.479</td>
<td>.005</td>
<td>.273</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>.500</td>
<td>.417</td>
<td>.701</td>
<td>-1.625</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1.065</td>
<td>.495</td>
<td>.102</td>
<td>-2.69</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>-1.565*</td>
<td>.479</td>
<td>.005</td>
<td>-2.858</td>
</tr>
</tbody>
</table>

Based on estimated marginal means
*. The mean difference is significant at the .025 level.
b. Adjustment for multiple comparisons: Bonferroni.
Regarding the third research question, I hypothesized that participants’ post CFC levels of attachment behavior would improve as measured by the Brief, Accessibility, Responsiveness, and Engagement (Sandberg et al., 2016) and that would be evidenced by improved or lower scores on the measure. The results revealed there was a decrease in mean scores. See Table 14 for the ANOVA table and a graphical description in Figure 4. Because the data did not violate Mauchly’s Test of Sphericity (p=.557), I interpreted the Sphericity Assumed output for within-subjects effects. The one-way repeated measures ANOVA revealed there was not a statistically significant effect for time, $F(2, 11.85)=1.14, p=.322$, and a small partial eta squared=.01. This finding suggests that CFC did not have a significant effect on attachment behaviors over time.

Figure 3.

BARE Scores
Table 14

Tests of Within-Subjects Effects BARE

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Sphericity Assumed</td>
<td>23.703</td>
<td>2</td>
<td>11.851</td>
<td>1.139</td>
<td>.322</td>
</tr>
<tr>
<td></td>
<td>Greenhouse-Geisser</td>
<td>23.703</td>
<td>1.974</td>
<td>12.005</td>
<td>1.139</td>
<td>.322</td>
</tr>
<tr>
<td></td>
<td>Huynh-Feldt</td>
<td>23.703</td>
<td>2.000</td>
<td>11.851</td>
<td>1.139</td>
<td>.322</td>
</tr>
<tr>
<td></td>
<td>Lower-bound</td>
<td>23.703</td>
<td>1.000</td>
<td>23.703</td>
<td>1.139</td>
<td>.289</td>
</tr>
</tbody>
</table>

Figure 4.

The results of this study indicate that while the mean scores decreased on the ECR-S anxiety subscale as hypothesized, the minimal amount of decrease, lack of statistical significance and, small effect size indicate that CFC did not reduce attachment anxiety. Regarding the ECR-S Avoidance subscale, the mean score decreased over time, the statistically significant results, and a medium effect size indicate that CFC does reduce attachment avoidance. Increasing scores, the presence of statistically significant results, and a medium effect size on the R-DAS, indicated that CFC did improve relationship satisfaction. Finally, while the mean scores decreased on the BARE as hypothesized, the lack of statistically significant results and a small effect size indicate
that CFC does not improve attachment behaviors. In the next section I will discuss the implications of these results.
CHAPTER 5 DISCUSSION

In this chapter, I thoroughly review the results regarding the impact of *Created for Connection* (CFC, Johnson & Sanderfer, 2016) on attachment style, relationship satisfaction, and attachment behaviors presented in the previous chapter. First, I discuss the results of the three research questions. Second, I look at the implications for the field of marriage counseling and education. Third, I discuss possible applications to the field of counseling. Fourth, I discuss limitations of the research. Lastly, I share some of the opportunities for future research based on these results.

**Adult Attachment Style**

Regarding the first research question, results indicated individuals who participated in CFC did have a statistically significant decrease in attachment avoidance, but they did not have a statistically significant effect on their attachment anxiety. As hypothesized, participants’ post CFC levels of secure attachment style as measured by the attachment avoidance and anxiety subscales of the Experience in Close Relationship Scale (ECR-S, Wei et al., 2007) were lower than their mean scores before the group started. This change was only statistically significant for the avoidance subscale.

**ECR-S Avoidance**

The ECR-S Avoidance subscale results are similar to other studies of *Hold Me Tight* (HMT, Kennedy et al., 2018). *HMT* does not include religious beliefs while CFC does incorporate religious elements. It can be inferred that an individual attending a marriage workshop indicates a lack of some avoidance, implying avoidant individuals who attend such a group may be more open to change (Sikkema et al., 2013). The results further suggest that the group was effective in helping avoidant individuals engage in the relationship. The group’s
normality was skewed in a positive leptokurtic manner at all three time points, which may also suggest that this group of participants started with lower avoidance scores than other groups might (Bagnato, Punzo, & Zoia, 2017). Kennedy et al. (2018) also found that the HMT weekend groups had lower avoidance scores overall and found similar results using a weekend format. Kennedy et al. (2018) explained that these scores might be lower due to increased focus in this shorter weekend format. The difference in the weekend format and the weekly format might be attributed to the avoidant partner being less distracted by daily life issues and thus gaining more from the focused time as was asserted (Kennedy et al., 2018). The decrease in attachment avoidance suggests there may be some link between the weekend group and less attachment avoidance in relationship.

The weekend format may actually contribute positively to the effectiveness with a withdrawn/avoidant partner suggesting that avoidant behavior can be altered in a short time frame (Kennedy et al., 2018). With the knowledge that “avoidance is more detrimental than anxiety for relationship satisfaction at individual and dyadic levels” (Molero, Shaver, Fernández, & Recio, 2017, p. 345), it can be inferred that this group and the short format may help with the avoidant aspect of the marriage relationship (Hawkins et al., 2013; Kennedy et al., 2018). It is also interesting that this was found in this group where the focus is on the dyad and interactions are largely focused within the couple (Johnson & Sanderfer, 2016).

Avoidance has also been changed in other studies of group work and is well documented in research (Christian, Brown, & Portrie-Bethke, 2019; Sikkema et al., 2013). It stands to reason that being a member of a group is counter to avoidant behavior and reduces avoidant tendencies. Christian et al. (2019) found that members of adventure therapy groups had decreasing levels of avoidant behavior. Trotzer (2006) explained that as groups develop trust and cohesion it is
expected that members of the group will take risks and address difficult situations which allows for engagement in the group and is counter to avoidant behavior. While the findings in group work make sense in a traditional group, it is interesting that these findings were found in this group where interactions were primarily in the dyadic format within the couple.

**Emotionally Focused Therapy Theory.** In Emotionally Focused Therapy (EFT), therapists strive to reduce attachment avoidance in EFT, a phenomenon known in EFT as withdrawer re-engagement (Rheem, 2011). Withdrawer re-engagement is the second key change event in EFT and is foundational to moving forward with deeper work (Johnson, 2004). The three change sequential events in EFT are cycle de-escalation, withdrawer re-engagement, and pursuer softening (Burgess Moser et al., 2016; Johnson, 2004). From an EFT perspective, the results of this study indicate effects on the first two key change events, cycle de-escalation and withdrawer re-engagement, which would be supportive to the start of EFT with a couple in traditional marital therapy.

**ECR-S Anxiety**

While there was a decrease in mean scores over time, indicating less anxious attachment, the change was not statistically significant. This was similar to Kennedy et al.’s (2018) study that found minimal decreases in anxious scores that returned to pretest levels at the end of their study. However, in this study the scores remained low in a six week follow up. As compared to Kennedy et al. (2018), anxiety scores in this study were higher and normally distributed. In the *HMT* study, the scores were lower, leading to a discussion of a floor effect that could have limited the gains. However, this potential floor effect was not applicable to this study. Even in light of the mean scores decreasing, it would be presumptuous to assume that scores might continue to drop over time when so much of relationship education research shows that most
scores go back to pre-intervention levels at a six month follow up (Markman & Rhoades, 2012; Renick et al., 1992).

Group settings do have the potential to reduce attachment anxiety (Marmarosh & Tasca, 2013). Specifically, attachment informed group therapy can reduce the attachment anxiety in more general group settings (Marmarosh & Tasca, 2013). *CFC* is similar in that it is rooted in attachment theory and interventions of this group are aimed at having new experiences creating a more secure base. Marmarosh and Tasca (2013) attributed this change in attachment anxiety to the secure base that the group members provided and the exploration of new relationship strategies which could be explored in a group setting. This is also interesting in the context of this study because they used the long form of the ECR-S which is the measure used in this research. In groups such as *CFC* where the relationship is the primary place interactions are focused and in such a short time frame it may be more difficult to alter attachment anxiety.

**Emotionally Focused Therapy Theory.** While EFT research has demonstrated the ability to create significant change in relationships at both the avoidant and anxious levels, the *HMT* research and current *CFC* research has only demonstrated the ability to change the avoidant partner (Bradley & Furrow, 2007; Dalgleish, 2013; Johnson, 2004; Kennedy et al., 2018; Rheem, 2011). This discrepancy in the research is of interest and possibly due to the absence of the relational structure needed to support such change in the anxious partner in this short weekend format. Extant research indicates that significant improvements in anxious attachment occur in the later stages of EFT and are associated with a softening event, which would not have happened in this short weekend format (Burgess Moser et al., 2016). It was discussed in chapter two that withdrawer/avoidant reengagement typically occurs before the pursuer/anxious partner softening event. These are two of the three key change events in EFT
The lack of change in anxious attachment levels may be related to the lack of perceived support from the avoidant partner to the anxious partner during the group. The anxious/pursuer side may require responsiveness which the avoidant/withdrawer side is not yet able to give in order to realize significant change from a marriage enrichment group. This explanation infers the weekend format of HMT and CFC may not provide a format conducive for anxious attachment styles to change.

**Relationship Satisfaction**

Regarding the second research question, the results suggest CFC participants’ post group relationship satisfaction scores were higher than their pre-group scores. These results indicate that participants in CFC groups experienced increased satisfaction in their relationships. While attachment style and behavior may take more time to change, relationship satisfaction provides an updated view of the current relational experience (Bowlby, 1980; Shaver & Mikulincer, 2002). These scores were only statistically significant at the post group, two week, follow up. Although there was a decrease at the six week follow up, scores did not return all the way to pre-group levels.

These results are consistent with previous research indicating relationship satisfaction is difficult to impact without weekly follow up and support (Pierce, 2016). A weekly format has been shown to be more effective in other programs to support change in relationship satisfaction (Davis, Hovestadt, Piercy, & Cochran, 1982). One study found that “couples participating in either PREP, CARE or the relationship awareness session had relationship satisfaction scores that did not differ across time from those of a no intervention group” (Kennedy et al., 2018, pp. 69-70). Another study suggested that skills-based trainings may have an unintended effect of sensitizing couples’ skill deficits (Rogge, Cobb, Lawrence, Johnson, & Bradbury, 2013). One
government program that focused on relationship satisfaction showed little to no significance (Hawkins et al., 2013). The lack of change in previous studies (Kennedy et al., 2018) suggests CFC is a valuable resource. Other programs have found changes in relationship satisfaction that are comparable to the ones found in this study (Halford et al., 2003; Ledermann, Bodenmann, & Cina, 2007), suggesting this program has current application for marriage enrichment and education groups.

**Emotionally Focused Therapy Theory**

EFT, the theoretical basis for CFC, has been able to improve relationship satisfaction through the course of weekly session often lasting 20 weeks (Cloutier et al., 2002; Dalgleish, 2013; Johnson, 2004; Wiebe & Johnson, 2016). While a marriage enrichment program, such as CFC, might not suffice as the primary mode of therapy, results indicate it may move a couple in the same direction as the model, which would be beneficial to the process. This quick gain realized in a short time may accelerate the work the EFT therapist is doing. Stage one of EFT is focused on de-escalation of the cycle, and couples often report feeling better or having more relationship satisfaction (Dalgleish, 2013). The increase in relational satisfaction associated with CFC may serve as a catalyst for traditional marital therapy.

**Attachment Behavior**

Regarding the third research question, results indicate CFC does not have a statistically significant effect on attachment behaviors. While mean scores did decrease over time, this change was not enough to be deemed statistically significant. These results are consistent with previous research indicating that attachment behaviors and styles are “relatively stable” (Stern et al., 2018, p. 976). The findings are also consistent with Bowlby’s (1980) work and assertions that attachment styles are relatively stable, and therefore attachment behavior would be also. Even
major life events often have little effect on attachment behaviors (Stern et al., 2018). These long standing styles of behaving are formed in childhood in primary caregiving relationships. According to Hughes (1999), “The ability to integrate the need for intimacy with the need for autonomy depends upon how successfully the individual internalizes primary attachments” (p. 547), and these styles of relating are largely out of awareness.

It also stands to reason that if only the avoidant partner’s attachment style was significantly affected by the intervention, then the couple’s attachment behaviors as a whole would not be significantly altered. In other words, if only the avoidant partner in a relationship experienced gains, then perhaps the results would not show a change in the couple, which is what the BARE total score reports. This lack of change is similar to other findings that suggest insight or teaching alone will not alter behavior (Kocovski, Fleming, Hawley, Huta, & Antony, 2013). It may have been ambitious to hope to alter attachment behavior in light of all these factors, but these findings establish a base from which to further explore and are relevant to the study of marriage enrichment programs and the length of time required to produce behavioral change.

**Emotionally Focused Therapy Theory**

While this study did not find a statistically significant impact on attachment behavior, EFT has demonstrated significant changes in this area (Bradley & Furrow, 2004; Dalglish, 2013; Rheem, 2011). In fact, much of the EFT model is geared to actually altering attachment behaviors in session (Johnson, 2004). EFT facilitates the engagement of the avoidant partner and allows them to share feelings that had previously been hidden (Rheem, 2011). It also facilitates a softer approach from the anxious partner. “The previously withdrawn partner’s new accessibility and responsiveness is contrary to the blaming partner’s cognitive belief of being unlovable” (Dalglish, 2013, pp. 70-71), which allows for the underlying needs to be met (Bradley &
In essence, EFT practices safe attachment through the use of enactments and safety provided by the therapist (Dalgleish, 2013) allowing partners to bond in a new way and facilitating new encounters with one another. The scale that was used to measure attachment behavior was based on EFT. The three subscales of the measure are accessibility, responsiveness, and engagement, which are represented as A.R.E. and are also core tenets of CFC, HMT, and also EFT. This scale also includes both self and partner A.R.E. questions.

**Discussion**

The scores on the ECR-S avoidance subscale were significantly different at all post group measurements. This finding is exciting in light of statements from attachment pioneers such as Bowlby (1980), “to dismantle a model which has played and is still playing a major part in our daily life and to replace it by a new one is a slow and arduous task, even when the new situation is in principle welcome” (p. 231). That this group could change a style or model of relating at any level with this brief intervention demonstrates the influence of CFC. The effects on attachment need further research, but the results suggest at this preliminary stage that CFC has some effect on the avoidant attachment style and possibly some on attachment behavior given the shift in mean scores on the BARE even without the shift in anxious partners.

The R-DAS is used to measure relationship satisfaction. In this study, there was a statistically significant change between times one and two based on pair wise comparison. The R-DAS has been used to measure relationship satisfaction in many settings and is trusted to do so (Anderson et al., 2014; Busby et al., 1995). The scores indicate that CFC did have a positive effect on the relationships of individuals in this study. More broadly, this score indicates CFC had an overall positive effect on relationships of the couples who attended. While there is a need
for further research and areas that could be explored (discussed later in the chapter), CFC was effective in increasing relationship satisfaction.

The effects of the CFC on the anxious attachment systems and attachment behaviors were not significant. This lack of change is understandable given the stable nature of attachment style and the relatively short time frame of the intervention (Bowlby, 1980). It was hypothesized the scores would improve; while mean scores increase on the ECR-S anxious sub scale and the BARE they did not improve at a statistically significant level. The lack of significant change is not surprising in light of existing research which had similar results (Kennedy et al., 2018). It is worth noting that even life changing events, such as having a new child, have been shown to have little effect on attachment style over the first two years of parenthood (Stern et al., 2018). Results from this study and existing literature suggest that more extensive experiences of new interactions may be necessary to institute sustained change in anxious attachment and attachment behaviors in a couple.

**Clinical Implications**

CFC is designed as a relationship education course, and the results from this study indicate a positive effect on relationship satisfaction. In light of the sustained changes in avoidant attachment styles, clinicians who are seeing Christian couples who are not highly distressed are encouraged to send a couple to this program in the early stages of EFT. This program has potential to accelerate the process for the withdrawn/avoidant partner and may save clients’ time and money. This group is being offered for a much lower cost than traditional therapy and may have similar effects to those of therapy, especially in early stages. Much of the time spent in therapy setting up ideas and doing psychoeducational work could be done in a group like this one. Having a couple participate in the group might help with investment in the therapeutic
process since avoidant partners do better in a weekend format possibly due to more intentional focus and less interruption (Kennedy et al., 2018).

Another factor worth considering is the cognitive component of this group. In working with couples, avoidant partners often use intellect or reason to handle relationship stress alone (Mikulincer & Shaver, 2018; Robinson, Joel, & Plaks, 2015). By giving the reasons for going into the emotion and laying out the process more clearly, therapists validate the avoidant partner’s defenses that say “I need a reason to do this if it’s going to hurt”. Validation is a key part of EFT (Johnson, 2004). The psychoeducational component of CFC may help avoidant/withdrawn partners have a logical frame for going into emotion. It is noted that individuals with avoidant attachment styles tend to be more utilitarian even over issues such as harm and fairness (Robinson et al., 2015). This logical, or as researchers have noted the utilitarian style, is characterized by increased activation in brain regions associated with reasoning, working memory capacity, and rational or deliberate styles of thinking (Moore, Clark, & Kane, 2008; Paxton, Ungar, & Greene, 2012; Robinson et al., 2015; Suter & Hertwig, 2011).

In order to engage with and validate an avoidant attached individual the EFT therapist can utilize the pathways that are already active and help avoidant individual have clarity around an unfamiliar process. By utilizing the utilitarian path that is already active it may decrease an avoidant individual’s defensiveness/disengagement and allow the avoidant partner to be more receptive to the emotional experiences that were previously dismissed (Rheem, 2011; Robinson et al., 2015). The weekend delivery format appears to be an effective way to create the focus or space needed to process emotion from a cognitively validated place, allowing the avoidant individual to understand as well as engage in emotion and therefore be more engaged in the relationship. This may also be a factor in the higher R-DAS scores.
In *CFC* and *HMT*, there is a large focus on the cycle that maintains the unhealthy pattern of interaction (Johnson, 2008; Johnson & Sanderfer, 2016). De-escalation of the unhealthy pattern is the first change event in EFT. Without the de-escalation change event, it is not possible to do deeper bonding work (Johnson, 2004). If this group could help couples move through the first stage of *EFT* more quickly, a therapist could move to deeper work more quickly and help solidify the gains made in the weekend format of *CFC*. It is worth implementing *CFC* clinically because it may expedite the first stage of EFT. *CFC* is designed to identify and attempts to alter the cycle that characterizes the first stage of EFT (Johnson, 2004; Johnson & Sanderfer, 2016). While it does not serve as a replacement for couples’ therapy, *CFC* provides a frame and opportunity for engaging in bonding moments for couples, which help them enjoy their marriages differently according to the results of this study.

**Future Research Implications**

There are several opportunities for future research that I discuss in this section. The use of EFT along with *CFC* is the first area that warrants further examination. The second area would be a targeted group for the anxious side of the attachment specifically looking at the ECR-S subscale for anxiety. A third area that would be interesting to explore is a weekend group with follow up of some kind. I discuss each of these more fully in this section.

Perhaps the most interesting area for future research would be the use of this program in conjunction with traditional marriage therapy. Other research has demonstrated that group counseling along with traditional counseling can be more effective (Echeburúa, Sarasua, & Zubizarreta, 2014). I speculate *CFC* could accelerate the gains made in the early stages of EFT; however, there should be research done on this topic examining whether or not this is the case. If there could be a mixed model of therapy and group education for couples, there may be more
gains made for both the avoidant and anxious partners in a reduced time frame with less cost to the couples who participate.

Future research should also address the anxious partner and investigate how to improve the scores in order to reduce anxious attachment. Research that includes a follow up group tailored specifically to the anxious partner after the avoidant partner has reengaged may be needed. A more comprehensive study of all scores should be done longitudinally. Specifically, the ECR-S Anxiety scores should be checked at a six month follow up to assess for lasting effects of CFC. Other researchers have included a six month follow up and that would be good to include in future research on CFC also (Conradi et al., 2017; Kennedy et al., 2018).

Another area that would be interesting to explore is conducting follow up groups on a set interval. Follow up groups may help maintain the changes that take place and help keep the material fresh for couples. It would be interesting to see how adding follow-up groups might affect outcomes over time. Even reminder emails or short video segments sent out on a set rotation might help keep material germane for participants and allow for further change. However, this should be studied to ascertain the effects of such practices.

**Limitations**

In this section I present the limitations of the study. The research done on CFC was only the beginning of understanding the effects of CFC on individuals, so there are some factors that could not be addressed in this research. The limitations include sample, statistical design, external factors, and format design. I chose to move forward largely due to the need for research and the lack of any base of research on CFC. Further research should be done to explore the effects of the CFC and specifically addressing the limitations mentioned.
One of the major limitations of this study is the limited diversity of the sample as this group was largely Caucasian. All participants were from one area in a small southern region of the United States. Only a few people traveled from outside the region, and those that were from outside the region did not complete all measures. The socioeconomic demographic was also mostly middle class. This study only included married, heterosexual, Christian couples. Therefore, these results may not be generalized across other populations.

A second challenge was the design. In this study, there was no control group. The choice not to include a control group was made for several reasons. Inclusion of a control group may have prolonged the study and could have yielded higher dropout rates (Conradi et al., 2017). Additionally, it was decided that withholding the treatment from couples in a control group could have been detrimental to those couples, and there were no other viable options available in the near future for the groups to be run again. Measuring the group at more time points instead of just three would also provide more validity to the results. These additional measures could have been done prior to the group to establish a base line, but again this may have yielded high dropout rates. Also, adding a follow up test at six months or even a year or two out would allow CFC results to be analyzed over more time.

A third limitation is external factors. Those factors may have influenced follow-up data through participant matriculation to couple therapy or utilization of additional marriage enrichment materials post intervention. Although I did not collect data regarding these two factors, no one in the study reported on engaging in couple therapy or the use of additional marriage enrichment materials in the comments section of the follow-up questionnaire.

The fourth limitation to this research is that CFC, like HMT, is designed to be held in many formats (Johnson, 2008; Johnson & Sanderfer, 2016). The decision to study the weekend
format was based on the lack of research on weekend enrichment programs and specifically 
*HMT* and *CFC*. This study of *CFC* focused exclusively on the weekend format and looking at 
the effects in a weekly format should also be done in future research. To my knowledge there has 
not been any research published on *CFC* in any other format to this point. It will be vital to look 
at all the formats and discuss possible differences in outcomes as research continues on *CFC*.

**Conclusion**

Research on groups such as *CFC* is important given the many benefits that healthy 
relationships offer (Lynch, 2015). The benefits extend far beyond the marriage and affect 
children and communities (Anderson, 2014). In order to understand the effects of *CFC* a group 
that is being run locally without empirical support, I utilized three scales focusing on relationship 
satisfaction and attachment and examined the results using a repeated measures design. All of the 
groups were held in a short weekend format. This research shows *CFC* in a weekend format has 
a positive effect on both relationship satisfaction and attachment avoidance.

This study confirms much of the work of previous researchers that noted changes in 
relationship satisfaction and attachment avoidance in *HMT* (Conradi et al., 2017; Kennedy et al., 
2018). This study indicates that relationship satisfaction and attachment avoidance can be altered 
by attending *CFC*. The results of this study are similar to results of *HMT*, the group *CFC* is 
based on, as well as EFT, which is the theoretical foundation of the group (Conradi et al., 2017; 
Johnson, 2004; Kennedy et al., 2018). Having similar results as *HMT* both confirms previous 
research on *HMT* and also begins to establish the validity of *CFC*. This allows researchers to 
start to examine the effectiveness of *CFC* and compare alternate formats. This research also 
opens several opportunities for further research. These findings support the use of *CFC* as an 
intervention for couples wishing to improve their relationships.
REFERENCES


Bowlby, J. (1951). Maternal care and mental health. World Health Organization Monograph. (Serial No. 2)


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APPENDIX

Appendix A: Informed Consent

Informed Consent Form for Created for Connection marriage enrichment program

Before agreeing to participate in the Created for Connection marriage enrichment program, it is important that you read and understand the following explanation of the purpose, benefits and risks of the program and how it will be conducted.

Group: This is a marriage enrichment workshop

Lead facilitator: Chad Imhoff LPC LMFT MS

Purpose: You are being asked to participate in a marriage enrichment program. This program is based on emotionally focused therapy and biblical principles. The aim is to help couples grow closer together relationally and learn to identify and alter maladaptive interactions.

Group Procedures: The group will consist of a Friday night and all day Saturday. The time is broken up into eight sections as well as some short times to process with a smaller group of peers. Couples will be asked to discuss relational issues with one another and identify cyclical steps to their process. The groups will be held during the spring of 2019.

University of Arkansas: Throughout the process, data collected from participants will be shared with the University of Arkansas advisor and dissertation chair David Christian, Ph.D. Chad Imhoff is the principal researcher and will have access to data. Chad Imhoff is currently researching the efficacy of Created for Connection in a weekend format. The following information will be provided:

Scores on instruments

Attendance of group

Demographic information

If you have questions or concerns about this study, you may contact Dr. David Christian at or by e-mail at. For questions or concerns about your rights as a research participant, please contact Ro Windwalker, the University’s IRB Coordinator, at or by e-mail at.

ALL INFORMATION will be kept anonymous by using a confidential coding system and will be kept confidential to the extent allowed by law and University policy. All information provided in surveys will be kept private with the exception of the administration in case of an emergency or should we gain knowledge of a safety risk. This may include, but is not limited to, individuals in danger or who is aware of another person in danger or concerning statements including suspicion of abuse/neglect, risk for suicide, or homicide.

Foreseeable Risks: Due to the nature of the activities, relationship distress may occur as with any relationship enrichment program. Although caution will be taken to ensure the safety of all participants, it is possible to experience a wide range of relational distress due to the experiential nature of what occurs in settings similar to this intervention. Activities in this group have been limited to those which will minimize risk to emotional well-being. To further reduce emotional risks, activities will be discussed
before each activity. In addition, psychological risks include experience of and reaction to the typical stressors experienced during group counseling when personal disclosures are shared with group members.

Benefits to group members: We expect the project to benefit participants emotional learning skills, build understanding of systemic nature of relationship, gain practice sharing experiences in relationships, and normalize experiences in intimate relationships. Participants will also have the opportunity to explore and express feelings, implement new behaviors, and practice being accessible responsive and engaged in the relationship. Finally, participating in this group may help your relationship grow and deepen at an emotional and relational level.

Procedures for Maintaining Confidentiality: participants will be completing surveys, intake and feedback forms, but any information shared by participants on said forms will be kept confidential to the extent allowed by law and University policy. Exceptions to confidentiality include all safety concerns in regards to self and others. This may include, but is not limited to, a participant who is in danger or who is aware of another person in danger or concerning statements including suspicion of abuse/neglect, risk for suicide, or homicide.

Participants’ Rights: Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

You understand the possible benefits and the potential risks and/or discomforts of the group.

You understand that you do not have to take part in this group. The facilitator may choose to stop participation at any time.

You understand the logistics in regards to the operation of the group (time, dates, etc.)

You have been told you will receive a copy of this form.

______________________________
Printed Name of Participant

______________________________
Signature of Participant

______________________________
Date
Appendix B: IRB Approval Letter

To: Chad N. Imhoff
From: Douglas James Adams, Chair
IRB Committee
Date: 05/08/2019
Action: Expedited Approval
Action Date: 05/08/2019
Protocol #: 1902177628
Study Title: Created for Connection Pilot Study
Expiration Date: 05/06/2020

Last Approval Date:

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: David D Christian, Investigator
Appendix C: Experience in Close Relationship Scale

Experiences in Close Relationship Scale-Short Form (ECR-S)

**Instruction:** The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Mark your answer using the following rating scale:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Slightly Disagree</td>
<td>Neutral</td>
<td>Slightly Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. **It helps to turn to my romantic partner in times of need.**
2. I need a lot of reassurance that I am loved by my partner.
3. I want to get close to my partner, but I keep pulling back.
4. I find that my partner(s) don’t want to get as close as I would like.
5. **I turn to my partner for many things, including comfort and reassurance.**
6. My desire to be very close sometimes scares people away.
7. I try to avoid getting too close to my partner.
8. **I do not often worry about being abandoned.**
9. **I usually discuss my problems and concerns with my partner.**
10. I get frustrated if romantic partners are not available when I need them.
11. I am nervous when partners get too close to me.
12. I worry that romantic partners won’t care about me as much as I care about them.

**Scoring Information:**

- **Anxiety** = 2, 4, 6, 8 (reverse), 10, 12
- **Avoidance** = 1 (reverse), 3, 5 (reverse), 7, 9 (reverse), 11

Dear Chad,

Yes, I received your email and phone call. I appreciate that you called me again to remind about this. Yes, please feel free to use my scale. Regarding your question, I have no information about how sensitive to change for this scale. Feel free to reword for whatever it fits and I think that you can describe your rationale for your dissertation.

I am not sure about your question #2.

All the best for your study!
Meifen
Appendix D: Revised Dyadic Adjustment Scale

**REVISED DYADIC ADJUSTMENT SCALE (RDAS)**

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

<table>
<thead>
<tr>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Agree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Religious matters</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Demonstrations of affection</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Making major decisions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Sex relations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Conventionality (correct or proper behavior)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Career decisions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All the time</th>
<th>Most of the time</th>
<th>More often than not</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How often do you discuss or have you considered divorce, separation, or terminating your relationship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. How often do you and your partner quarrel?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Do you ever regret that you married (or lived together)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. How often do you and your mate &quot;get on each other’s nerves&quot;?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All the time</th>
<th>Most of the time</th>
<th>More often than not</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Do you and your mate engage in outside interests together?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

(PLEASE TURN PAGE OVER AND COMPLETE BACK SIDE)
How often would you say the following events occur between you and your mate?

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a day</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Have a stimulating exchange of ideas</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Work together on a project</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Calmly discuss something</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

THE FOLLOWING SECTION IS FOR COUNSELOR USE ONLY:

SCORING (Please sum the following items.):

CONSENSUS: SATISFACTION: COHESION:
Decision Making (#3+#6) Stability (#7+#9) Activities (#11+#13)
Values (#1+#5) Conflict (#8+#10) Discussion (#12+#14)
Affection (#2+#4) Sub-Total Sub-Total Sub-Total

GRAND TOTAL ______
Dear Chad,

The RDAS has been published in its entirety in the following article (see the Appendix). Consequently you do not need permission to use it and can adapt it and translate it as needed. The scoring is in the appendix. You are only required to cite this article in any publication you produce with your research.

Sincerely,

Dean M. Busby
Appendix E: Brief Accessibility Responsiveness and Engagement Scale

THE BARE* ITEMS LISTED BY SUBSCALE

Please circle the number that best represents your experiences in your current relationship with your partner.

1 = Never True, 2 = Rarely True, 3 = Sometimes True, 4 = Usually True, 5 = Always True.

Accessibility

1. I am rarely available to my partner. 1 2 3 4 5
2. It is hard for my partner to get my attention. 1 2 3 4 5

Responsiveness

3. I listen when my partner shares her/his deepest feelings. 1 2 3 4 5
4. I am confident I reach out to my partner. 1 2 3 4 5

Engagement

5. It is hard for me to confide in my partner. 1 2 3 4 5
6. I struggle to feel close and engaged in our relationship. 1 2 3 4 5

Partner’s Accessibility

7. My partner is rarely available to me. 1 2 3 4 5
8. It is hard for me to get my partner’s attention. 1 2 3 4 5

Partner’s Responsiveness

9. My partner listens when I share my deepest feelings. 1 2 3 4 5
10. I am confident my partner reaches out to me. 1 2 3 4 5

Partner’s Engagement

11. It is hard for my partner to confide in me. 1 2 3 4 5
12. My partner struggles to feel close and engaged in our relationship. 1 2 3 4 5

*The scale may be used with permission (please contact first author).
Subject: BARE

Hello,

I am a doctoral student at the university of Arkansas and am doing my dissertation on Created for Connection. I would like to use the BARE and noticed that on the article that I read you are the contact person. Is there any way that I could get permission to use the BARE and would you be willing to forward a copy to me? Thanks so much and blessing!

Chad Imhoff

You bet, this article has the best description of scoring and the measure, all we ask is that people share their findings with us.
Appendix F: Demographic Information

Demographic Information
Name: ____________________  Phone # (   ) ______-_______  D.O.B. ___/___/_____  
Gender___  Race _____  Spouses Name: ______________

Income in thousands of dollars (circle one):
<20,000  20,000-40,000  40,000-60,000  60,000-80,000  80,000-100,000  100,000+

Education level (circle one):
< High school  High School Diploma  Some college  Associate’s degree  
Bachelor’s degree  Master’s degree  Post master’s degree.

Relational Questions
Length of current relationship in years _____  Number of times married _____

Are you currently in therapy for relationship issues? (Circle Y / N )
If yes, length of time in months: ______

Have you attended other enrichment programs in the last 6 mo? (Circle Y / N )
If yes, what is the name of the program? ______________________

Are you or your spouse actively engaged in an addiction, affair, or physical abuse? (Circle Y / N )
If you would like to discuss this contact Chad Imhoff at (479) 220-1906 or Imhoff@uark.edu

Religious Questions
How long have you been a Christian? ____________
Level of importance of faith in your life: __________
(1 being not important at all and 10 being the most important)

Any denominational affiliation? ______________
Do you pray as a couple daily? ( Y / N )
Appendix G: Flyer for Advertising

Couples are invited to join a 2-day marriage workshop

(Insert Dates) To (Insert Dates)

(Insert Location ie. Place, City)

Created for Connection

The HOLD ME TIGHT® PROGRAM for CHRISTIAN COUPLES

A Relationship Education & Enhancement Group

Based on the book

Created for Connection: The Hold Me Tight® Guide for Christian Couples

By Dr. Sue Johnson

with Kenneth Sanderfer

www.iceft.com

Contact Information: Chad Imhoff LMFT Certified EFT therapist and supervisor

Registration Fee: Completion of 3 questionnaires before, during, and after program.

(The group will be used for research purposes to collect data for a doctoral dissertation.)

Group is limited to 12 couples per session.
Appendix H: Recruitment Announcement

We are excited to share a marriage enrichment seminar with you! Chad Imhoff (LPC, LMFT) is presenting a marriage enrichment program, Created for Connection, groups such as this one usually have a fee associated with them however this one is FREE to married couples in our community who are willing to be a part of the research being done. Results from the seminar will be used in Chad’s doctoral dissertation. Brief questionnaires will need to be filled out at three different times. Created for Connection is grounded in Emotionally Focused Therapy and provides a faith-based approach to the Hold Me Tight workshops. Created for Connection intentionally includes Scripture and faith as components of healthy marriage and is based on empirically validated principals of therapy. The program is designed to help couples understand and share deep emotions with one another as well as make logical sense of the cycles that many couples get stuck in. If you are interested in being a part of this program and would like more information, please email for more information or call. You can also see Chad at the table in the back/lobby!

(All research will be done in a confidential manner in accordance IRB and legal rules regarding research)
Appendix I: Recruitment Announcement

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