Emotionally Focused Therapy with Lesbian Couples

by

Jenny Hsuan Fang Hsu

A capstone submitted in partial fulfillment

of the requirements for the degree of

Master of Counselling (MC)

City University of Seattle

Vancouver, BC, Canada Site

December 2021

APPROVED BY

Ron Manley, Ph.D., Capstone Supervisor, Master of Counselling Faculty

Bruce Hardy, Ph.D., Capstone Supervisor, Master of Counselling Faculty

School of Health and Social Sciences

Abstract

This capstone highlighted a literature gap in Emotionally focused therapy (EFT) (Johnson & Greenberg, 1985) with lesbian couples. The purpose was to fill the literature gap in EFT work for therapists, who wish to work with lesbian couples. I examined the following questions: Is EFT a suitable model for lesbian couples? What are the clinical implications of lesbian couples? Lastly, how does an EFT therapist attune with lesbian couples culturally? The last chapter included a case study illustrating EFT interventions with a hypothetical lesbian couple followed by clinical and research recommendations. EFT focuses on building trust and secure bonds between couples. Attachment-based EFT is based on a universal need for human survival in times of stress, threat, and ambiguity. Living in a heteronormative world, the impact of homophobia and internal homonegativity may interplay in lesbian couples' negative cycle, affect bonding. Growth-oriented EFT is suitable for lesbian couples. The caveat is that therapists gain knowledge of lesbian partners' cultural dynamics, know how to adapt specific EFT interventions, and attune lesbian couples culturally. The ability to attune with lesbian couples culturally relies on the therapist's ability to recognize when minority stress interplays in their negative interaction cycle and the therapist's ability to be a temporary secure figure. Special content issues are coming out stories, the impact of minority stress, sexual identity formation, and social supports.

Keywords: attachment theory, couple counselling, emotionally focused therapy, queer, lesbian, lesbian couples, minority stress model, relationship therapy, same-sex relationship

Acknowledgements

I sincerely send my highest appreciation to my advisor Dr. Ron Manley, who went above and beyond to help me complete this capstone project. When I almost give up, he provided relentless empathy and supports, staying where I was while having faith in my ability to complete this capstone project. His dedications set a role model for me in becoming a temporarily secure attachment for my future client in my therapeutic work. I would also like to thank Dr. Bruce Hardy for being my second reader and providing valuable suggestions, Dr. Laura Farres for hosting our capstone café meetings and our capstone café buddies for emotional supports. I would also like to thank Dr. Robert Allan and Dr. Sandra Taylor for welcoming me to EFT queer community and for your work in diversity and inclusion in the EFT community.

I am thankful for my family's unconditional support, my dad, my sister, and her family, my 'family of choice' and my white golden-retriever Lucky. Lastly, I want to thank myself for not giving up on myself, and I want to say to her, "Yes, you did it!".

Table of Contents

Abstract 2

Acknowledgements 3

Table of Contents 4

Chapter 1: Introduction 8

Overview of the Topic 9

History 9

Systematic Oppression 11

Minority Stress and Intersectionality 12

Literature Heteronormative Bias and Gaps 13

A Lack of Adequate Training and Resources 14

Impact on Help-Seeking Behaviour 14

Purpose Statements 14

Theoretical Framework 15

Attachment Theory 16

Contributions to the Field 16

Reflectivity and Positionality Statement 18

Summary 18

Outline of Capstone Project Chapters 20

Definition of Terms 20

Chapter 2: Literature Review 23

EFT History 23

Background 23

Theoretical Influence of Earlier EFT 24

The Emergence of Attachment-Based EFT 25

Attachment Theory 26

The Developmental Continuity of Attachment 28

Working Models 29

Theory of Adult Love 29

Attachment and Emotion 31

Literature Gap 32

Attachment-Based EFT 33

Structure of EFT 33

Attachment Theory as The Road Map 35

Significant Process Variables 36

EFT Research 37

Lesbian Couples Special Content Issues 41

More Similar Than Different 41

Lesbian Attachment Style 42

Gender Role Socialization 43

"Fusion" 44

Minority Stress Model 44

Sexual Identity Formation and Attachment 48

Coming Out Experiences 51

Literature Gap and Limitation 52

EFT Working with Lesbian Couples 53

Literature Gap 53

EFT and Diversity Movement 54

EFT Suitability with Lesbian Couples 54

Summary and Synthesis 59

Chapter 3: Case Study, Recommendations, Synthesis and Conclusion 62

A Collaborative Action Plan 62

Clinical Portrait 62

Stage 1: Building Alliance and Assessment 63

Stage 1: Cycle De-Escalation 66

Stage 2: Restructuring Attachment 69

Stage 3: Integration 71

Clinical and Research Recommendations 72

Clinical Recommendations 72

Research Recommendations 74

Research Limitations 75

Review and Synthesis 76

Attachment-Related Research 76

EFT Process and Outcome Research 77

Culturally Sensitive Assessment 78

Key Ingredients of Change 79

The Self of the Therapist 81

Conclusions 82

References 85

Emotionally Focused Therapy with Lesbian Couples

Chapter 1: Introduction

Literature about same-sex couples is sparse for socio-cultural and political reasons. Since the Stonewall Uprising in 1969, the lesbian, gay, bisexual, and transgender (LGBT) social movement began to mobilize in the United States and worldwide. In a heteronormative world, sexual minorities often experience 'minority stress,' which are additional stressors that sexual minorities experience due to prejudice, stigma, discrimination, and concealment of identity (Meyer, 2003). Minority stress can significantly impact both physical and mental health (Meyer, 2003). As the social construct of homosexuality has changed over time and homosexuality is de-pathologized, there is an increasing acceptance of same-sex couples in North American. With reduced stigma, more same-sex partners are willing to seek counselling services.

Empirically validated Emotionally Focused Therapy (EFT) (Johnson & Greenberg, 1985) is effective in relationship repair and in creating lasting change for couples (Beasley & Ager, 2019; Johnson et al., 1999). In one meta-analysis, a review of early EFT outcome studies found that 86%-90% of couples had a significant improvement with a recovery rate of 70 to 73% (Johnson et al., 1999). In addition, the couples, who received EFT counselling services in the research, reported that they had more satisfaction in their relationship and intimacy and had fewer complaints than the couples who received strategic problem-solving-based psychotherapy (Wiebe & Johnson, 2016). Empirically validated EFT has been used widely across different populations, cultures, and applications worldwide. Still, process and outcome studies using EFT, like most couple modalities, "has been conducted almost exclusively on White, middle-class, heterosexual couples" (Greenman & Johnson, 2013, p. 57). This sample bias limits the ability to generalize the result. Clinicians might not know that the same approach used in the research for different-sex couples may work with same-sex couples who live in a heteronormative world.

Counsellors need to understand clients' experiential realities regarding the unique context of their relationships to avoid invalidating a client's experiences and committing a microaggression. Microaggression is defined as "brief and commonplace daily verbal or behavioural indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults that potentially have a harmful or unpleasant psychological impact on the target person or group" (Sue et al., 2007, p. 273). Studies have shown that microaggression could cause alliance rupture and affect therapeutic outcomes (Davis et al., 2016; Spatrisano, 2019).

Nevertheless, novice therapists have few resources to help them improve their awareness, knowledge, and cultural competency skills. Little training is available, but studies regarding sexual minorities are also sparse. For the well-being of marginalized lesbian couples, there is an emergent need for a culturally sensitive, comprehensive treatment modality for lesbian couples to help therapists who wish to work with this population. This chapter will cover the overview of the topic, purpose statements, theoretical framework, contributions to the field, reflectivity and positionality statement, the definition of terms, and an outline of the capstone project chapters.

Overview of the Topic

History

During the 1960s and early 1970s, the literature about lesbian, gay, bisexual, and transgender (LGBT) populations mainly focused on classifying homosexuality as a mental disorder rather than understanding this marginalized population. In 1961, Illinois became the first state in the US to abolish its sodomy laws, which decriminalized gay homosexuality. The public became more aware of and understood the LGBT subculture through the media, news, documentaries, and publications. Nevertheless, same-sex relationships were still illegal except in Illinois. Except for that state, bars and restaurants in the US were prohibited from serving alcohol

to known or suspected LGBT individuals to avoid LGBT social gatherings until 1966. On June 28, 1969, the Stonewall Riots, also called the Stonewall Uprising, lasted about six days at the Stonewall Inn, a private popular gay bar located in New York city's Greenwich Village. Police raided the Stonewall Inn, arrested 13 people, including employees and suspected cross-dressing individuals. A police officer hit a lesbian over the head during the riot as she was forced into the police van. The lesbian shouted to the angry patrons and neighbours gathered around the Stonewall Inn for help. The angry crowd reacted by throwing objects at the police. Shortly, the Stonewall Riots gathered hundreds of people and eventually involved thousands of people who continued in the area for five more days of protests.

After the Stonewall Riots, the activism of LGBT individuals increased. Many public figures, including politicians, came out of the closet and increased the visibility of the LGBT community. The Stonewall Uprising had catalyzed the US gay and lesbian liberation movement in the US and worldwide. The other revolutionary movements of the 1960s were civil rights, antiwar, free speech, the New Left, and women's liberation. Eventually, as the social and political attitudes about homosexuality shifted, homosexuality as a psychiatric disorder was removed from the second edition of the Diagnostic and Statistical Manual of Mental Disorders in 1973. During the 1980s, the AIDS crisis occurred, and the gay men's community became, once again, the target of discrimination and stigma. Unfortunately, the US government did little to address the early epidemic. However, there was street activism by gay and lesbian activists to protest the government's weak response to the AIDS epidemic. Lesbian, gay, bisexual, and transgender (LGBT) liberal movements have advocated for LGBT people to obtain equal rights against discrimination since the Stonewall Uprising. Eventually, in 1992 the International Classification of Diseases (ICD) removed homosexuality as a mental disorder.

As homosexuality was de-pathologized both in the DSM and ICD, the social construct of homosexuality as a mental disorder has changed. In 2001, the Netherlands became the first country to legalize same-sex marriage, followed by Belgium in 2003 and Spain and Canada in 2005. Meanwhile, in Canada, the Federal human rights code protected citizens from discrimination and harassment, including sexual orientation in 1996 and gender identity and gender expression in 2017. Provincial and territorial human rights code protection added sexual orientation from 1977 to 2009 and gender identity from 2002 to 2017. Canada is considered the most gay-friendly country globally, being ranked among the five safest in Forbes magazine since 2019.

Nevertheless, British Columbia (except Vancouver), Alberta (except Calgary and Edmonton), New Brunswick, Newfoundland, Saskatchewan, Northwest Territories, and Nunavut are still practicing conversion therapy minors and adults. 'Conversion therapy' practices are "organized and sustained efforts to avoid the adoption of non-heterosexual sexual orientations and/or of gender identities not assigned at birth" (Salway et al., 2021, p.1). Many experts believe that conversion therapy is a violation of human rights law and is often ineffective, which results in feelings of intense shame, stigma, denial and self-hatred (Wells, 2019). Fortunately, in 2020, a federal ban on conversion therapy bills was introduced. On Nov 29th, 202, the House of Commons unanimously passed a ban on conversion therapy. However, social, religious, and legal contexts continue to discriminate and marginalize sexual and gender minorities (SGM).

Systematic Oppression

Homosexuality is a socially constructed term that has changed across time and is a social category that "should itself be analyzed, and its relative historical, economic and political base be scrutinized" (Nardi & Schneider, 1998; as cited in Gamson & Moon, 2004, p.48). The attitude

toward homosexuality depends on the social-cultural construct at a particular time. Social and political values and systems have made heterosexuality the norm in our society, and people's expectations are often implicitly internalized. When individuals find out their sexual orientation falls outside the norm, they often go through sexual identity formation to explore and accept their sexual identity. However, the process of sexual identity formation is unique for every person.

A therapist's attitudes or stereotypes toward a client's sexual identity often mirror society's biased attitudes or stereotypes toward transgender, lesbian, gay, and bisexual people. Likewise, discriminatory attitudes toward homosexuals have been consistently linked with the prejudiced attitude toward women and racial and ethnic minorities, suggesting that the mechanism driving prejudicial reaction is similar across categories and is more likely a function of the perceiver than the target group. (Kite, 1992; Kite, 2014). The mechanism driving this prejudice reaction is the structural power and system in place that maintains societal inequalities. Sadly, the structural power and system are designed to benefit and provide unearned privileges for the dominant groups based on identity markers such as gender, race, sexual orientation, and social class at the expense of minority target group members.

Minority Stress and Intersectionality

Prejudice, stigma, and marginalization directed toward sexual minorities because of their sexual and gender minority (SGM) status can bring about unique stressors called minority stress, which can cause adverse health outcomes, including mental disorders (Meyer, 2003). Lesbian, gay and bisexual racial/ethnic minorities face more minority stress because of the cumulative effects of heterosexism, sexism, and racism (Dodson et al., 2021). Marginalized lesbian couples have at least two oppressive intersecting identities, female, and lesbian, and they have at least two marginalized sexual identities, which are lesbian identity and lesbian couples.

Literature Heteronormative Bias and Gaps

Previously, researchers focused on comparing similarities and differences between same-sex and different-sex couples and found more similarities than differences in relationship quality and satisfaction and the topics couples argue about (Kousteni & Anagnostopoulos, 2020; Martell & Prince, 2005). Historically, relationship counselling researchers presumed that their participants were heterosexual and cisgender males or females (Hartwell et al., 2017; Spengler et al., 2020). Generalizing results from White, middle-class samples to an entire population is a common research error in the psychological literature (Hartwell et al., 2017; Spengler et al., 2020). The research results on different-sex couples can not be generalized to same-sex couples. Therefore, the efficacy of couple modality on the same-sex couple is uncertain based on previous research. To date, there is no publication of a systematic review focused exclusively on effective psychotherapy for same-sex relationships (Kousteni & Anagnostopoulos, 2020). This common error minimizes the experience of minority groups and can potentially further marginalize clients (Hartwell et al., 2017). Moreover, previous studies have shown that many therapists have better outcomes with Caucasian clients than with racial and ethnic minority clients (Drinane et al., 2016). Soto et al.'s (2018) meta-analysis of 99 studies examined culturally adapted interventions and therapist cultural competencies across 15 studies. They found that outcomes can be more effective if the treatment aligned with the client's culture and when therapists demonstrated multicultural competence. Pepping et al. (2017) found that 87% of their same-sex couple participants, who received relationship counselling, thought it was important to adapt couple interventions for same-sex couples. Unfortunately, research on the effectiveness of using EFT with lesbian couples is absent. Literature explicitly discussing how therapists can tailor therapy to the needs of lesbian couples using EFT is rare as well.

A Lack of Adequate Training and Resources

As there is increasing acceptance of same-sex relationships socio-culturally and politically in North American, there is an increasing need for relationship and family counsellors who are competent in knowledge, skills, and attitudes in working with this marginalized population. Unfortunately, many couple counsellors do not feel competent in treating sexual minorities. Studies have shown that couple and family therapists' knowledge base may not support good queer affirmative and ethical clinical practice (Hartwell et al., 2017). Enthusiastic but untrained therapists who wish to work with sexual and gender minorities might feel very frustrated with the few resources available because there is a lack of culturally competent training and sufficient research and literature.

Impact on Help-Seeking Behaviour

High relationship satisfaction and a secure bond with an intimate partner can dramatically benefit people's physical and emotional health, especially in stressful times (Spengler et al., 2020). Unfortunately, on average, it takes about six years for a distressed couple to ask for help (Notaries & Buongiorno, 1992, as cited in Doherty et al., 2021); couples often wait until the issue becomes hard to manage. Unfortunately, same-sex couples face even more barriers in receiving relationship counselling than different-sex couples. Barriers to help-seeking behaviours include finding queer affirmative mental health providers, fearing microaggression and discrimination, and difficulty accessing health insurance and social support programs (Au et al., 2021; Wilsey, 2020).

Purpose Statements

This capstone aims to help therapists who work with lesbians to attune with lesbian couples culturally using EFT. Recent cultural competency and treatment adaptations studies have

shown positive client experiences and treatment outcomes (Benuto et al., 2021; Soto et al., 2018). Cultural competency requires the self of the therapist's ability to attune empathically to clients based on their knowledge, skill, and attitude. Cultural adaptation of treatments involves systematic modifications for adapting the client's cultural context.

First, I will examine the EFT modality's applicability with lesbian couples. Is EFT a good working model for lesbian couples based on its existing theoretic framework and research? Is there any adaptation in the model required to provide culturally competent counselling services to lesbian couples, such as changing the steps, stages, assessment, and language?

Second, from an attachment-oriented EFT perspective, what are the special context issues of lesbian couples? How does minority stress affect lesbian partner relationships, view of self and others, and affect regulation? Lastly, as the self of the therapist practice, what does an EFT therapist do to reflect their own bias and build a therapeutic alliance with marginalized lesbian couples?

In addition, the purpose of this capstone is to raise the importance of cultural adaptation and inclusion in counselling services to increase overall counselling experience and help-seeking behaviour for marginalized same-sex couples, especially lesbian couples. Barriers to accessing mental health services often create further marginalization in an already marginalized population. In addition, this capstone addresses a gap in the research and literature of using EFT in working with lesbian couples. Similarly, related literature is limited as well. Therefore, this capstone hopes to inspire more research and literature on relationship counselling with lesbian couples.

Theoretical Framework

I will use EFT as a theoretical framework while exploring cultural adaptations in EFT work when working with a lesbian couple. EFT was developed by Dr. Sue Johnson and Les

Greenberg in the 1980s and has become increasingly popular in the past decade. EFT is a short-term eight to 20 sessions structured psychotherapy (Johnson, 2019). EFT is an empirically validated approach initially developed for relationship therapy. EFT has grown into a psychotherapy model that fits all three modalities for individual, couple, and family (Johnson, 2019). EFT integrates the Rogerian experiential approach, which values present process and sees emotion as an agent for change, and systems theory, which focuses on reconstructing the interactions between people (Slootmaeckers & Migerode, 2020). EFT is primarily rooted in empirically validated attachment theory founded by Bowlby (1988) and uses Arnold's (1960) emotion approach. Attachment theory serves as a roadmap for EFT therapists, while emotion is an agent of change that guides the therapist to what matters to each partner and between partners.

Attachment Theory

Attachment Theory is a developmental and interpersonal theory. It values effective dependency in that having a felt sense of relational safety and security is a fundamental survival need for humans (Johnson, 2019). The definition of a healthy relationship is a secure bond that is accessible, responsive, and engaged. Bowlby (1988) stated that humans are biologically hard-wired to seek proximity to attachment figures when feeling threatened. Separation from attachment figures is traumatizing and creates emotion dysregulation. Emotion is the core of attachment theory (Johnson, 2019). The root of relationship distress is emotional disconnection.

Contributions to the Field

This capstone contributes to the field of counselling in the following ways.

1. This capstone aims to help therapists who wish to work with marginalized sexual and gender minority populations, specifically lesbian couples, adapt and attune with lesbian couples using a comprehensive couple modality, EFT.

2. This capstone dismantles popular misconceptions or stereotypes of lesbian couples by using the growth-oriented, non-pathologizing attachment-based EFT as a theoretical framework.

3. This capstone aims to address the importance of providing culturally attuned psychotherapy to foster diversity and inclusion.

4. This capstone addresses a gap in the literature and research about sexuality and gender minorities and inspires future research and literature related to relationship counselling with clients from SGM populations.

Researchers have also shown that cultural competence produces positive experiences and outcomes in counselling (Benuto et al., 2021). Therapists who lack cultural competence risk committing microaggression, leading to early termination (Davis et al., 2016; Spatrisano, 2019). This capstone also helps therapists who work with lesbian couples to provide culturally competent couple counselling for a better counselling experience, therapeutic alliance, and outcome.

As a non-pathologizing and growth-oriented model, EFT sets a good foundation for working with clients from historically marginalized communities. However, when working with culturally diverse clients using a structured therapy model, it is ethical for the therapist to adapt the model and attune to the client culturally by increasing their knowledge regarding the client's context.

Although research about sexual minorities has increased since the 1990s, literature about lesbian couples remains rare (Hartwell et al., 2012; Scott, 2016; Umberson et al., 2015). Studies examined popular; topical categories published *in the Journal of LGBTQ Issues in Counselling* from 2006 to 2019, and found that advocacy/discrimination was the most popular topical category, which accounted for 23.1% of the topical category, followed by mental health/wellness

(13.5%), theory/model (11.7%) and relationship/family (10.0%) (Gayowsky et al., 2021). Thus, it seems there is an increasing trend for social science support and advocacy for sexual minorities through research and publications (Kousteni & Anagnostopoulos, 2020). However, some literature on sexual minorities still shows evidence of heteronormative bias and ignores class, race, and gender issues in the research (Hartwell et al., 2017). Furthermore, up to date, there is no publication of a systematic review focused exclusively on effective psychotherapy for same-sex relationships (Kousteni & Anagnostopoulos, 2020). This capstone hopes to help therapists to attune with their lesbian couples culturally. Moreover, this capstone will address the literature gap in working with SGM partners using EFT, a comprehensive couple modality, and hopefully stimulate more research in this area.

Reflectivity and Positionality Statement

I identify as a cisgender, queer-identified, able-body, and Taiwanese Canadian. I am on my journey to becoming a certified EFT therapist. I had practiced EFT in my internship and witnessed the effectiveness of EFT with my clients. I have completed the EFT externship and EFT for individual-level one and two certificate courses. Currently, I am taking advanced EFT core skill training. In my journey to becoming a certified EFT therapist and as a member of multiple marginalized communities, I am open and curious to learn how to attune to partners from historically oppressed and marginalized communities culturally. This capstone motivates me to enhance my skills, knowledge, and awareness in working with clients from all walks of life.

Summary

Historically, same-sex partners face a lot of oppression and marginalization because of their SGM identity. Sexual orientation is socially and culturally constructed, and subject to

change over time. Having a secure bond is especially important for same-sex couples who face hostile environments. EFT has been shown to improve a couple's ability to co-regulate their neurophysiological stress response (Wiebe & Johnson, 2017). Unfortunately, same-sex couples have lower help-seeking behaviour because of stigma-related factors such as fear of discrimination and difficulty finding trained queer affirmative mental health providers.

Enthusiastic novice therapists often feel incompetent in working with a same-sex couple because there is a lack of adequate literature and culturally competent training available and with no knowledge in the lived experience of sexual minorities (Hartwell et al., 2017). There is a gap in the literature to inform therapists who wish to work with lesbian couples on culturally attune with lesbian couples using a comprehensive couple modality such as EFT.

Given that EFT research is based on White, middle-class, heterosexual couples, I have wondered if we need to tailor EFT to fit the specific needs of lesbian couples. What are the things therapists should look at? EFT is a structured modality and so, is there any change necessary in the structure of the model when working with minorities? When the world is a scary place that constantly invalidates a client's sexual and gender identity, how does an EFT therapist serve as a safe haven for clients when they feel distressed, and how does an EFT therapist serve as a secure base for a client to explore difficult emotions in a therapeutic session?

This capstone aims to help therapists enhance their knowledge, skills, and awareness in working with lesbian couples using EFT by filling the literature gap in this area. The EFT community has made incredible progress in inclusion and diversity in counselling over the years. This capstone hopes to raise the importance of inclusion and diversity in counselling services to improve physical and mental health disparities in SGM groups.

Outline of Capstone Project Chapters

Chapter 2 covers the literature review, which briefly describes the history, theoretical framework, research, minority stress, and special issues in working with lesbian couples. This literature review covers academic research, literature, training audio and video, training workshop notes, and the EFT community news. The final chapter provides clinical recommendations with a fictional case study and recommendations for future research.

Definition of Terms

Research and literature tend to group couples as heterosexual, lesbian, and gay, while same-sex couples often refer to lesbian and gay couples. “Sexual and gender naming conventions are politically and methodically fraught”(Allan & Westhaver, 2018, p.299). An individual can have a sexual orientation, but a relationship does not have a sexual orientation, and bisexuals and other sexual minorities are ignored (Allan & Westhaver, 2018; Hackl et al., 2013). This capstone uses the term gay, lesbian or same-sex couple, different-sex couple for quick index purposes and to be consistent with the academic literature while acknowledging that the usage is problematic.

Conversion therapy practices: “organized and sustained efforts to avoid the adoption of non-heterosexual sexual orientations and/or of gender identities not assigned at birth” (Salway et al., 2021, p.1).

Culture conjecture: a conjecture micro skill offered at the leading edge of client’s experience for expanding client’s awareness of their cultural context while allowing the client to make a correction when it is incorrectly reflected.

Gay couple: two individuals assigned male at birth in a romantic relationship. This definition is only for quick indexing and is consistent with existing literature.

Parts langue: therapist's intervention to validate client's attachment longing and their protective strategy that kept them in a self-perpetuating pattern.

Tango moves EFT therapist intervention to slow down the process for emotion to expand, which consisted of the following five stages: 1. mirroring/reflecting present process, 2. affect assembly & deepening 3. choreographing engaged encounters, 4. processing the encounter, 5. integrating & validating (Johnson, 2020).

Queer: "refer to the range of non-heterosexual and non-cisgender people and provides a convenient shorthand for LGBT. Not all trans people see trans identities as being part of the term queer" (QMUNITY, 2013, p.12).

Lesbian couples: two individuals assigned female at birth in a romantic relationship. This definition is only for quick indexing and is consistent with existing literature.

LGBTTQQIAP+: The acronym for lesbian; gay; bisexual; trans, transgender, and two-spirit; gender-expansive; queer and questioning; intersex; asexual and aromantic; pansexual, pan/polygender and poly relationship systems; and other identities not captured" (Gayowsky et al., 2021, p.3)

Microaggression: "brief and commonplace daily verbal or behavioral indignities, whether intentional or unintentional that communicate hostile, derogatory, or negative slights and insults that potentially have a harmful or unpleasant psychological impact on the target person or group" (Sue et al., 2007, p.273).

Minority stress: is a term that captures the unique stressors from the experience of prejudice, stigma and discrimination that sexual and gender minorities experience and concealment of identity, which can have adverse physical and mental health outcomes (Meyer, 2003).

Same-sex couple refers to gay and lesbian couples.

Sexual and gender minorities (SGM): refers to **LGBTTQQIAP+** lesbian; gay; bisexual; trans, transgender, and two-spirit; gender-expansive; queer and questioning; intersex; asexual aromantic; pansexual, pan/polygender and poly relationship systems; and other identities not captured.

Chapter 2: Literature Review

This literature review covers the current published or unpublished EFT literature, including research, workshops, training manuals, lecture notes, training videos, websites, and the EFT community news. This chapter focuses more on research and theory, not on the details of the stages and steps of EFT and therapeutic techniques and skills.

The purpose is to review the literature above in EFT to understand how EFT therapists work with lesbian couples based on the available training, literature, and research. This chapter will begin with an overview of EFT, including EFT history, EFT research and attachment theory. First, since EFT is a structured modality, we will examine the applicability of using the EFT modality with lesbian couples. Is EFT a good working model for lesbian couples, theoretically speaking? From an EFT therapist's perspective, what are the special context issues of lesbian couples where EFT therapists should have to do due diligence to attune with lesbian couples culturally? How does minority stress affect a lesbian's relationship, view of self and others within an attachment framework? Lastly, as the therapist's self, how does EFT therapist need to provide culturally competent service such as building an affirmative therapeutic alliance and providing a safe space for the therapeutic outcome to historically marginalized lesbian couples. The last part of the chapter offers a summary and a synthesis.

EFT History

Background

Before the 1980s, studies on relationship counselling were rare, and there was a lack of theoretical and research contributions (Gurman & Fraenkel, 2002). EFT was one of three new schools of thought in relationship counselling that emerged in the 1980s. The other two new schools of thought in relationship counselling were behavioural relationship therapy and insight-

oriented relationship therapy (Gurman & Fraenkel, 2002). These two modalities focus more on new behavioural and cognitions or developing insights, whereas EFT views emotion as an agent of change. EFT was initially developed (Johnson & Greenberg, 1985) as a less behavioural and more humanistic and clinically validated approach (Johnson, 2020). EFT started when Johnson and Greenberg (1985) reviewed and observed their session recordings with distressed couples to find the key therapeutic interventions and client processes that moved the couple away from distress to resolution and trust (Brubacher, 2018). EFT's first published outcome study (Johnson & Greenberg, 1985) found EFT to be more effective than other cognitive-behavioural interventions focused on problem-solving skills. The study randomly assigned 45 couples seeking relationship counselling to receive eight counselling sessions provided by six experienced therapists. The results of EFT were not only superior to the results of the cognitive-behavioral intervention, but also at follow-up, where the marital adjustment scores in the EFT group were still significantly higher than those in the comparison group (Johnson & Greenberg, 1985). Earlier EFT researchers focused on comparing the efficacy of EFT relative to popular behavioural approaches.

Theoretical Influence of Earlier EFT

EFT is influenced by the humanistic experiential approach of Carl Rogers (1961) and Fritz Perls (1969), who viewed emotion as an agent of change, and which have the function of meaning-making and leading behaviour (Brubacher, 2017). EFT adopts systems theory (Bertalanffy, 1968; Minuchin & Fishman, 1981), and the context in which the process of emotion occurs is an important consideration (Brubacher, 2017). Separate from systems theory, EFT views emotion as an agent of change and the core of attachment (Johnson, 2019). Therapeutic changes occur when emotion is recognized, regulated, reflected, and transformed in

the present process (Allan, 2017). EFT sees emotion as motivating individuals' behaviour, and it is a leading element that organizes a couple's interactions (Johnson, 1998).

EFT was the first approach to integrate humanistic-experiential theories and systems theory. Earlier EFT (Johnson & Greenberg, 1988) used a systemic view of interactions, and an affect regulation lens to help a distressed couple to move away from negative habitual interactions and emotion regulation patterns. As a process consultant, an EFT therapist considers each couple's relational context and uses empathy to explore the couple's negative interaction patterns and emotional experiences as they occur in the present process. The first process research on EFT (Johnson & Greenberg, 1988) supported the development of EFT. They found that the outcome is better when partners are willing to process their emotions deeply and share. Early EFT researchers were interested in knowing whether building an emotional connection between partners could be an outcome factor in treatment (Wiebe & Johnson, 2016).

The Emergence of Attachment-Based EFT

Over time, the co-developers of the original model of EFT have emerged differences in their theoretical understandings and have expanded their models in different directions. Emotion-focused therapy (Elliott et al., 2004) focuses on the process-experiential approach (Brubacher, 2017) and primarily focuses on the dynamics of emotion and affect regulation as the main forces that organize a couple's dynamics (McKinnon & Meneses, 2018). They see negative emotion as core maladaptive emotion schemes of fear or shame (McKinnon & Meneses, 2018). In contrast, Johnson's EFT (Johnson, 1996) has its roots in attachment theory, the theory of adult love. Emotion is the core of the attachment theory, and that a couple's negative emotions arise due to attachment fear and attachment needs not being met (Johnson, 2019). The attachment framework

helps an EFT therapist normalize and validate the couple's reactive anger and withdrawal during a session.

This capstone focuses on the theoretical and research developments of the EFT model developed by Johnson (1996) and EFT in working with lesbian couples. Emotion focused therapy (Greenberg, 2004) focuses more on intrapsychic individual therapy and targets individual self-regulation before partner co-regulation, while EFT (Johnson, 1996) focuses more on relationship therapy and prioritizes co-regulation before self-regulation (Brubacher, 2017). EFT is the only couple therapy that uses primary attachment theory (Johnson, 2019).

Attachment Theory

Attachment theory is a joint work of John Bowlby (1969, 1973, 1980, 1988) and Mary Ainsworth (Ainsworth, 1985; Ainsworth et al., 1978; Ainsworth & Bowlby, 1991). It came from two main ideas. Longing for a felt sense of security and connection with close others, especially in times of threat, risk, pain, or ambiguity, is hard-wired (Johnson, 2019). The other is that early interactional experience with key caregivers shapes one's attachment style and one's internal working models of self and others (Bowlby, 1969). Early interactional experience with a primary caregiver helps an infant shape their internal working model of self and others, which forms their perceptions and expectations of self and others and guides one's interpersonal responses. Through interaction, infants learn whether they are lovable and whether they can trust others to be accessible, responsive, and engaging in times of threat, stress, and ambiguity. These working models and the infant's felt sense of security are determined by the infant's perceived primary caregiver's accessibility, responsiveness, and engagement. Based on the strange experiment (Ainsworth et al., 1978), three basic attachment styles were identified in children when they responded to separation from their primary caregiver: secure, avoidant and anxious-ambivalent.

A secure attachment style develops when caregivers are warm and responsive to children. Children with a secure attachment style display confidence and calmness. They can view themselves as lovable, entitled to care, and rely on their caregiver. They could explore their surroundings with confidence that their caregivers will be available and responsive when they need them. An avoidant attachment style occurs when children learn that their caregivers are not accessible and responsive to their attachment needs and longings. Children with an avoidant attachment style show very little emotion when their caregiver leaves or returns. They are less likely to rely on their caregiver and withdraw by focusing on toys and objects in the room. An anxious-ambivalent attachment style occurs when children learn that their caregivers are less accessible, responsive, and engaged. Children with an anxious-ambivalent attachment style show separation distress when their caregiver leaves. When their caregiver returns, they tend to cling to their caregiver and are angry or panicking.

Ainsworth's strange situation has high internal validity for a controlled setting but low external validity such that an artificial environment cannot be easily replicated to the real world. There is also a generalization issue as their samples were primarily white middle-class mothers and children. More cross-cultural field studies are required to understand attunement in different cultures. Otto and Kelly (2014) pointed out that Bowlby and Ainsworth were reformers and theorists that emphasized the critical developmental importance of sensitive, warm and responsive childcaring for healthy child development in the western context. In West African farming communities coming from a collective culture, children do not have one primary attachment figure. Mothers may seem less responsive and accessible to the children than mothers of western White middle-class mothers, but the community helps take care of the children (Otto & Kelly, 2014).

The Developmental Continuity of Attachment

Bowlby's (1969, 1982) early hypothesis was that internal working models learned in early life provide essential information on the self, others, and relationships and guide interpersonal relationships throughout the lifespan. The attachment style learned in early experiences can serve as a prototype for friendships and romance throughout our life span (Johnson, 2017). Hazan and Shaver (1987) later translated the three infant attachment styles developed by Ainsworth et al. (1978) into three adult love attachment styles: secure, anxious, and avoidant. Besides childhood attachment patterns, Bowlby (1969, 1982) also proposed that the habitual interaction patterns that develop between adult partners are also fundamental in developing secure bonds. Hazan and Shaver (1993) pointed that childhood attachment patterns can change and be modified in adulthood by new interactions with a loved one. However, Bowlby stated that the attachment pattern learned in the first few years of life has an important influence on peer attachment and romantic love attachment. He also noted that the attachment pattern is not permanent. However, it is relatively stable unless one is open to new experiences and flexible to adapt to their new environment by calibrating their internal working models against early environmental inputs. Researchers claimed that adult attachment styles are strongly correlated with one's internal working models of self and others and early interactional experiences with primary caregivers (Collins & Read, 1990). The samples of their studies were pre-assumed heterosexuals. Therefore, the results obtained from their studies cannot be generalized to the LGBT community. Feeney and Ridge's studies suggested that lesbian and gay parental history does not strongly influence current attachment style. The studies suggested that the quality of close friendship attachment for lesbian couples may play a more significant

influence in forming an adult love attachment style (Feeney & Ridge, 1998). There are literature gaps in lesbian attachment and lesbian's developmental continuity of attachment style.

Working Models

Early experience with primary caregivers often helps children shape their internal working models of self, others, and relationships. According to attachment theory, effective dependency promotes autonomy and is associated with a more coherent articulated and positive view of self (Bowlby, 1988). Johnson (2007a; 2019) argued that individuals with secure attachment often view themselves as trustworthy, dependable, lovable and entitled to care. Individuals with a strong connection with a secure other have better autonomy and self-efficacy and are resilient to stress (Johnson, 2019; Johnson & Williams-Keeler, 1998). Mikulincer (1995) examined the association between attachment style and several aspects of mental representation in adolescents. They found that secure individuals have a more positive, coherent, and well-organized working model of self than insecure individuals. Secure individuals have better self-efficacy and autonomy because knowing that their attachment figure is accessible and responsive when called, they can dedicate their attention and energy to deal with stress and challenges in life. Having a positive internal working model of self and others influences their perceptions and expectations and guides their interpersonal interactions (Bowlby, 1988). They not only believe in themselves as lovable and entitled to care, but they also believe that others are trustworthy and that their attachment figure is accessible and responsive.

Theory of Adult Love

Hazan and Shaver (1987) later extended attachment theory to adult love relationships. They further tested and expanded attachment theory with adults and found that child/caregiver and adult love relationships share fundamental similarities in attachment needs and longing.

Adult attachment combines three independent, interconnected, and innate behaviour systems: caregiving, attachment needs, and the sexual system (Mikulincer & Shaver, 2016). A fully functioning adult attachment system promotes adaptation, reproduction, and survival for humans (Johnson et al., 2015). If secure attachment functions well, partners co-regulate each other in times of threat, stress, and ambiguity, which helps to build resilience. When one faces a threat to their well-being or relationship, their attachment system is activated and triggers their partner's caregiving to help them regulate their nervous system (Johnson et al., 2015). The basic laws of human love are proximity maintenance, safe haven, secure base and separation distress (Brubacher, 2018).

Proximity Maintenance. Attachment theory is based on humans' survival needs for forming bonds with others, especially in times of threat, stress, and ambiguity (Allan & Westhaver, 2018). Having a felt sense of security is when you call your intimate partner "Are you there?" and you will hear their answer as "yes." Longing for close connection for safety, security and comfort is an "ancient wired-in-survival code design to keep us safe" (cited in Johnson, 2020, p. 11). Wiebe and Johnson (2017) argued that having a predictable physical and emotional connection with an attached figure can help individuals calm their nervous system and regulate their affect with each other's nervous system in times of threat (Johnson, 2019). Couples with secure bonds have better resilience to stress, better physical health, more adaptive coping and reduced risk of depression (Johnson & Williams-Keeler, 1998; Wiebe, & Johnson, 2017).

Safe Haven. A secure attachment figure serves as a safe heaven. "Seeking a safe haven is a sign of strength, not enmeshment or weakness" (as cited in Johnson, 2007, p. 5). An individual with a secure attachment bond with their partner can return to their partner for comfort and safety

when facing fear or threat in life because the safe heaven provides a source of strength to reach for and use that secure connection when needed (Johnson, 2007).

Secure Base. Individuals with secure attachment can focus their attention on exploring and adapting to their environment because they know that their attached figure is accessible and responsive in times of stress, uncertainty, and threat. Mikulincer (1997) examined five studies on the association between adult attachment style and information processing. It was found that secure individuals can engage more in information searching and have a higher tolerance of ambiguity. Because they trust that their secure figure will be accessible when they need help, they can allocate their energy to focus on processing information. Having a sense of felt security with others helps individuals learn that autonomy and distance are not in conflict with a close connection and dependency on secure others (Mikulincer & Shaver, 2016).

Separation Distress. Johnson (2007a; 2017) claimed that the couple's distress is due to unresponsiveness, which is like the distress experience of the children in Ainsworth's "still face experiments" (Tronick, 2018). In the still face experiment, when the mother is physically present but emotionally absent, the infant shows the pattern of protest and may exhibit abandonment rage. The mother's still faces did not signal any emotional cue, creating attachment panic. Furthermore, Johnson argued that relationship distress is due to emotional disconnection, which triggers attachment fears. Partners feel separation distress when they sense a threat to their attachment, and their felt sense of secure connection is lost (Johnson, 2019).

Attachment and Emotion

Emotion helps us make sense of our experience of ourselves, others, and the world. Bowlby (1991) argued that the main task of emotion "is to communicate one's needs, motives and priorities to both oneself and others" (as cited in Johnson, 2009, p.413). Emotion focuses on

individuals' needs and wants and motivates us to put those needs and wants into action and communicate accordingly. Bowlby (1973) also claimed that an individual's "inner ring" of emotional processing mirrors the outer ring of patterns of interactions in closed relationships. Similarly influenced by systematic theory, EFT combines intrapsychic and interpersonal dimensions that partners' emotional experiences organize a couple's interaction and their relationship dynamic (Johnson, 2008;, 2019). Emotion signals bring couples together and keep them in their habituated interaction cycles. Emotion signals indicate an attachment relationship between a couple. Bowlby stated that "emotion is the core aspect of attachment relationship" (as cited in Johnson et al., 2015, p. 398). Research (Johnson & Greenberg, 1985) also showed that couples' distress is not due to a lack of communication skills but more likely due to an emotional disconnection between partners. Attachment theory (Bowlby, 1973; Mikulincer & Shaver, 2016) suggests that the problem arises when couples try to regulate their attachment fear but become overwhelmed with their own negative emotions and unable to make their emotion coherent. They are either unaware of or denied awareness to their primary emotion and how their behavior might trigger their partner. They may send conflicting and mixed messages to their partner, such as asking in an attacking way and avoidance to try to get their partner's attention. Couples often get stuck in a restricted and restricting action tendency of attachment orientation such as demand/pursue or defend/withdraw and a resulting negative interaction cycle.

Literature Gap

There is a literature gap in that "attachment theory does not address LGBT specific influence on the SGM youth" (Mills-Koonce et al., 2018, p.638) and "there is no empirical research on this topic to date" (Mills-Koonce et al., 2018, p. 641). Coming out experience can trigger more attachment fear and need during adolescence (Brown & Trevethan, 2010). The

quality of attachment bond between the primary caregiver and child determines the adolescent's psychological, sexual, and gender identity adjustments (Brown & Trevethan, 2010; LaSala, 2000, 2013; McCurdy et al., 2018). For some, their caregiving environment can dramatically change because of eviction or running away from their primary caregivers, who are homophobic and use aggressive parental control (LaSala, 2000; McCurdy et al., 2018). Findings indicate that up to 40% of homeless youth in the USA identify as a member of LGBT, primarily due to the social stigma of youth's LGBT identity (Morton et al., 2018; Page, 2017). Many homeless youths who identify as a member of LGBT ran away or were expelled from home because of domestic physical and emotional abuse received at home due to their sexual orientation.

Based on Bowlby's assumption of the two main pathways that contribute to the stability of the developmental process: stability of the caregiving environment and social-cognitive mechanisms. I hypothesize that childhood attachment style will be challenged and altered during adolescent sexual and gender identity formation. The experience of coming out could change teenagers' view of self and others and relationships (Brown & Trevethan, 2010; Gruenewald et al., 2004) because the adolescent needs to modify their perceptions and expectations to adapt to their newly recognized sexual and/or gender identity. However, no empirical studies are available to date regarding sexual identity formation and attachment theory (Mills-Koonce et al., 2018).

Attachment-Based EFT

Structure of EFT

EFT is a short-term structured relationship therapy between eight to 20 sessions (Johnson, 2020). EFT has the nine-step and three-stage for client's change process roadmap. As a process consultant, an EFT therapist focuses on processing the couple's emotions in sessions (Johnson, 2020). The three stages provide a map for therapists to know what clients need to do at

specific points in their current process for better outcomes. The stages are Stage 1, de-escalation of a negative cycle, including Steps 1 to 4, then Stage 2 restructuring the bond: withdrawer re-engagement and blamer softening, finally Stage 3 consolidation. The details of the steps and stages will be discussed further in Chapter 3. EFT has five EFT moves as the "EFT tango," which includes a series of therapist interventions to use throughout the therapy session with partners. The "EFT Tango" is designed for the therapist to slow the therapeutic conversation down enough to evoke, process and reprocess the partner's emotions.

During the Tango moves, partners work with their therapists collaboratively to identify their triggers and attachment style in their negative interactional cycle. The "EFT Tango moves" goal is to increase accessibility, responsiveness, and engagement (Guillory, 2021). The five moves of the EFT "Tango move" are: Move 1. mirroring present process, Move 2 affect assembly and deepening, Move 3. choreographing engaged encounters, Move 4. processing the encounter and Move 5. integrating and validating. The Tango Move 1 involves many micro-skills such as reflecting, repeating and validating to understand the client's present process and allow the client to slow down enough for their emotion to expand and engage in meaningful therapeutic conversation. The Tango move 2, affect assembly and deepening, requires the therapist to track the partner's emotional experience underlying the partner's negative interactional cycle using Arnold's (1960) process of emotion (as cited in Johnson, 2020). The EFT therapist helps partners make their emotional experience more explicit and helps them understand how experience shapes their current response by constraining their perceptions of self, others, and relationships. In the Tango moves 3 to 4, the main goal is to facilitate a corrective emotional experience during the encounter to create second-order change in the partner's view of self, other and relationship, and attachment style. In the Tango move 5, which is consolidate and validate, the EFT therapist

validates partners for taking the risk of being vulnerable and responsive to each other. The therapist also gives a summary to validate the partners that they are capable of doing something new toward building a secure attachment together. There are six intrapsychic micro-interventions and four interpersonal micro-interventions that EFT therapists use to attune to the client (Johnson, 2020), which will be covered in Chapter 3. All the EFT interventions are operated within an attachment framework and the attuned therapeutic relationship (Allan, 2017). The training for EFT therapists usually requires a lot of repetition practice to master the "EFT Tango moves" and micro-interventions.

Attachment Theory as The Road Map

The primary goal of EFT is to create secure attachment bonds that are accessible, responsive, and engaged. EFT believes that relationship distress is due to emotional disconnection. Attachment fear traps couples into restricted and restricting negative interaction cycles. Attachment theory serves as the roadmap for a therapist to reach the goal of building a secure bond between couples (Johnson, 2007). As a process consultant, an EFT therapist helps couples identify their negative interaction pattern, reprocessing underlying emotions and shifting the interaction pattern (Johnson, 2019). EFT therapists support the client with a secure base to explore their pain. They do diligence to be sensitive and explore clients' content or negative past emotional experiences and how these constrain their view of self, others and relationship and present response. An EFT therapist provides empathy and validation for the partner's present response in the couple's negative interactional cycle. The essence of EFT is the empathic response. Serving as a segregated secure base, the EFT therapist is non-judgmental, curious, and attuned to the client's emotional experience. The EFT therapist sets up enactments for couples to have attachment-significant dialogue that initiates empathic responses between partners, creating

a corrective emotional experience that shifts the couple's interaction pattern and builds a secure bond (Tilley & Palmer, 2013). Dandeneau and Johnson (1994) found that couples free of relationship distress and who sought to enhance their intimacy were randomly assigned to Cognitive marital therapy, Emotionally Therapy, and a control group. The study showed that couples who received EFT reported higher empathy, self-disclosure, and adjustment.

Significant Process Variables

EFT is an evidence-based practice for relationship therapy (Johnson, 2019; Wiebe & Johnson, 2016). EFT therapists are informed by the outcome and process research for effective client processes. Brubacher and Wiebe (2019) stated three main active process factors found across EFT process studies: quality of therapeutic alliance (particularly the task alliance), the depth of experiential experiencing, and affiliative interactions.

Therapeutic Alliance. The therapeutic alliance relates to the relationship dynamic of the client and therapist. It includes a therapeutic bond between therapist and client, agreement to therapeutic goals and perceived relevance of the tasks presented in the therapy session (Brubacher & Wiebe, 2019; Johnson & Talitman, 1997). Partners feel comfortable and believe that the tasks they are being asked to do by their therapist are relevant to their presenting issues and therapy goal, which is the most crucial factor for the outcome (Johnson & Talitman, 1997). Therapists need to attune with the client and be transparent about the treatment plan and tasks required to make sure that clients feel that the tasks are relevant to their concerns. Repairing alliance ruptures is necessary when there is a rupture of trust with the couple or discomfort about the therapeutic tasks (Swank & Wittenborn, 2013).

Depth of Emotional Experiencing. EFT therapists constantly evoke, balance, and transform a partner's emotion because emotion is an agent of change and a roadmap for the

couple's dynamic. EFT therapists aim to bring the client's emotional experiencing to level 4 or above the experiencing scale (Gendlin et al., 1969) for change in the session (Brubacher & Wiebe, 2019).

Affiliative Interactions. Therapists set up enactments for couples to have affiliative interactions characterized by warmth, openness, acceptance and attuned sharing between partners (Brubacher & Wiebe, 2019). Depth of emotional experiencing and the couple's affiliative interactions are associated with a better therapeutic outcome (Greenman & Johnson, 2013). During enactment, couples engage in affirmative dialogue that facilitates new responses and a new view of self, partner, and relationship, shifting their negative interaction cycle. Therapeutic change occurs during enactment, not by bringing up the partner's awareness (Tilley & Palmer, 2013). EFT outcomes include improvement in attachment-based affect regulation, trust, attachment, and relationship satisfaction (Dalgleish et al., 2015) and resolve relationship trauma and betrayals (Dalgleish et al., 2013).

EFT Research

Efficacy Research. EFT conforms to the gold standard set by APA for empirically validated psychotherapy in the relationship therapy field (Sexton et al., 2011). Over the past 30 years, there has been substantial empirical support for its outcome and process of change (Wiebe & Johnson, 2016). A meta-analysis (Johnson et al., 1999) of four early EFT randomized control trials (RCT), which used the Dyadic Adjustment scale, showed a large effect size of 1.3. This is larger than any other couple intervention to date. They found a 70%-73% recovery rate from relationship distress in 10 to 12 sessions of EFT and 86%-90% significant improvement. However, the information regarding their search strategy was not provided, except the studies were restricted to randomized control trials (RCTs) on EFT with couples (Beasley & Ager,

2019). Beasley and Ager (2019) did a systematic review based on nine randomized control trials (RCTs) studies to study EFT effectiveness. They found that marital satisfaction improved post-treatment, which was sustained at follow-up. Some studies have shown that significant numbers of couples continue to improve their relationship satisfaction even after the therapy (Johnson & Talitman, 1997; Wiebe & Johnson, 2016). Wiebe et al. (2017) found an increase in relationship satisfaction, secure base behaviour, and decreased attachment anxiety throughout therapy and through 24 months follow-up in their study of 32 couples.

EFT for Partners with Mood Disorders. EFT researchers have also tested the effect of EFT in treating post-traumatic stress and depression (Denton et al., 2012; Johnson & Williams-Keeler, 1998). EFT's goal is to build a secure bond between couples. Couples with secure attachment can better regulate distress emotions and are more resilient to stress. They are more willing to turn to each other for emotional support and see each other as a secure base. Building secure bonds also help partners who suffer from post-traumatic stress and depression reduce depressive symptoms. Depressive symptoms could increase relationship distress (Wittenborn et al., 2019). Outcome studies have shown EFT efficacy in reducing traumatic stress symptoms (Johnson & Williams-Keeler, 1998) and depression (Alder et al., 2018; Denton et al., 2012; Dessaulles et al., 2003; Wittenborn et al., 2019), while these issues co-occur with relationship distress. The first two studies (Denton et al., 2012; Dessaulles et al., 2003) evaluated the efficacy of EFT compared to pharmacotherapy, and the samples were 12 and 24 women, respectively. Results from both studies suggested that EFT is an effective treatment for reducing depressive symptoms, especially when combined with pharmacotherapy concurrently. In addition, because there are sex differences in etiologic pathways and clinical presentation of major depressive disorder (Wittenborn et al., 2019), the findings for both studies have generalization issues. Later

studies (Wittenborn et al., 2019) included men in their samples. They found that mild to moderate depression in men and women can be treated effectively with EFT relationship therapy compared to other usual care, including behavioural, narrative, Gottman, Bowen, psychodynamics, and eclectic approaches. However, the research is only a start to understanding the mechanisms of therapeutic change in reducing depressive symptoms through EFT.

EFT for Couple Facing Specific Concerns. EFT researchers also tested the efficacy of EFT among couples facing specific concerns such as sexual dissatisfaction (Burgess Moser et al., 2019), medical illness (McLean et al., 2013), childhood trauma (Dalton et al., 2013; Macintosh & Johnson, 2008), and attachment injuries (Halchuk et al., 2010; Makinen & Johnson, 2006). However, there is no research regarding EFT working with same-sex couples for sexual dissatisfaction issues or any other specific concerns.

Predictors of Outcome Research. Several studies to identify therapists' interventions at critical times and client change processes for successful outcomes have been reported (Brubacher, 2018). Process research allows EFT therapists to have a process road map for successful EFT (Brubacher & Wiebe, 2019). In general, three variables influence therapy outcome in session, including client characteristics, therapist interventions and client/therapist interactions, while client variables are the most important identified variable for the outcome (Prochaska & Norcross, 1982). In the EFT process, researchers conducted a task analysis based on their hypotheses of a set of therapist or client tasks that contribute to successful outcomes for a specific couple’s issues (Greenman & Johnson, 2013). Researchers tested their hypotheses about the processes by observing client and therapist actions on the audio recordings of actual therapy sessions (Greenman & Johnson, 2013). Studies (e.g., Couture-Lalande et al., 2007; Johnson & Greenberg, 1988) found that outcomes are better when clients experience higher

levels of emotional experiencing as measured by the *Experiencing Scales* (Gendlin et al., 1969), level four or higher, and a significantly larger number of affiliative statements such as self-disclosure, sharing or understandings which coded by the Structural Analysis of Social Behaviour (Benjamin, 1974). A pitfall of the task-analytic method is the small sample sizes, limiting the generalizability of the results of both studies.

Two studies examined the predictors of outcome and process of change research (Dalgleish et al., 2015; Johnson & Talitman, 1997). Johnson and Talitman (1997) sampled 36 couples to receive 12 weekly sessions of EFT from studying predictors of success in EFT such as attachment, emotional self-disclosure, trust, traditionality to the therapy outcome variables, marital adjustment, intimacy, and therapists' ratings of improvement. They found that therapeutic alliance predicted outcome, task dimension of the alliance predicted couple's satisfaction, and female partner's trust in their partner's caring predicted couple's satisfaction in follow-up (Johnson & Talitman, 1997). In contrast to the traditional view of men that do not do well in talking about emotion in therapy, EFT research found that males, who benefit the most at the end of the therapy, were older and rated as less expressive by their partner (Johnson & Talitman, 1997). Wiebe and Johnson (2016) claimed that older and less expressive male partners benefit the most in EFT because the attachment-oriented EFT therapist focuses on increasing the couple's accessibility, responsiveness, and engagement.

After examining the process of change, EFT researchers have identified that the blamer-softening event, particularly in Stage 2 of EFT, is a crucial change event for the outcome (Bradley & Furrow, 2004; Dalgleish et al., 2015). Dalgleish et al. (2015) examined the best sessions of 32 participating couples, who were provided 21 sessions of EFT by 14 trained therapists. They found that couples who completed a blamer-softening event significantly

increased relationship satisfaction and significantly decreased relationship avoidance after the blamer-softening event. They also found that higher relationship-specific attachment anxiety and higher emotional control at the start of therapy predicted improvements in relationship satisfaction across sessions (Dalgleish et al., 2015; Wiebe & Johnson, 2016).

Research Limitations. EFT has been used widely across different cultural contexts such as cultural, spiritual, religious, sexual and gender orientations and differing forms of families and socio-economic conditions (Johnson, 2019; 2020). However, EFT is missing an important requirement of best evidence-based treatment because there are no randomized control trials on EFT in different cultures (Wiebe & Johnson, 2016). EFT outcome and process research "has been conducted almost exclusively on White, middle-class, heterosexual couples" (Johnson & Greenman, 2013, p. 57). The results of EFT research on outcome and process have generalization issues because results can not represent the larger population of couples in distress (Hartwell et al., 2017; Spengler et al., 2020). Additional limitations of EFT outcome studies are the differences in relationship distress among the participants, difficulty in recruiting participants, small sample sizes, and differences in experiences and training of therapists who provide therapy for participants.

Lesbian Couples Special Content Issues

More Similar Than Different

Research on lesbian couples has been sparse for legal, social, and cultural reasons. Earlier research has focused on comparing differences between same-sex and different-sex couples. Kurdek (1994b) conducted a five-year longitudinal study based on samples of 75 gays, 51 lesbians, 108 married non-parents and 99 married parent couples, examining conflict resolution styles in gay, lesbian, heterosexual nonparent, and heterosexual parent couples. Findings

indicated that dyadic processes regulating same-sex relationships and satisfaction are similar to those regulating different-sex couples. The study (Kurdek, 1994b) also concluded that there was no evidence that same-sex couples experience more significant psychological or relational distress or dysfunction. Karos and Zuccarini (2011) stated that adult love relationships should not be gender-specific because Ainsworth and Bowlby's work (Ainsworth & Bowlby, 1991) indicated the attachment bonding process between caregiver and infant is not gender-specific. Kurdek (1994a) found that heterosexual couples argued more frequently regarding social issues than lesbian couples. In contrast, same-sex couples argued more about the conflict areas of distrust related explicitly to the specific case of previous lovers. The funding suggests that same-sex couples and different-sex couples argue on similar topics in general. Same-sex couples have a relatively high frequency of conflict in distrust because previous lovers most likely remain in the social circle of a same-sex couple, which creates conflicts related to jealousy and distrust (Kurdek, 1994a).

Lesbian Attachment Style

Feeney and Ridge (1998) found that attachment styles are similar in same-sex and different-sex partners. Similarly, they found no significant differences in general attachment styles between lesbian and heterosexual women. In addition, the lesbian participants in their study reported experiencing higher relationship satisfaction than gay men. George (1996) stated that previous attachment research suggested that early caregiver experience profoundly impacts adult attachment narratives. In contrast, Feeney and Ridge (1998) suggested that lesbian and gay parental history does not strongly influence the current attachment style compared to heterosexuals. They also concluded that the quality of close friendship attachment for lesbian

couples might significantly influence forming an adult attachment style. There is a literature gap in lesbian attachment and a lack of empirical studies.

Gender Role Socialization

Gender role socialization is a controversial issue. Earlier EFT studies (Hardtke et al., 2010) suggested that lesbian couples are prone to gender role socialization. Other EFT-related literature argued that lesbian couples have shared power and have no clear gender role (Addison & Coolhart, 2015; Green & Mitchell, 2015). It is also essential to consider the cultural context of lesbian partners. Hardtke et al. (2010) reported that based on North American culture, a female is a gender socialized to be feminine while a male is a gender socialized to be masculine. They indicated that women are socialized to put other's needs before their needs (Clunis & Green, 2000; as cited in Hardtke et al., 2010, p. 317) and are more nurturing and committed to the relationship than heterosexual partners (Ossana, 2000; as cited in Hardtke et al., 2010, p. 316). Therefore, two lesbians in love would have a double effect of gender role socialization (Hardtke et al., 2010). In contrast, many researchers point out that LGBT individuals are less likely to be gender-conforming than heterosexuals (Li et al., 2016; Pollitt et al., 2018). Lesbian couples value equality and have less clear gender roles in their relationship (Addison & Coolhart, 2015; Green & Mitchell, 2015; Pollitt et al., 2018). Addison and Coolhart (2019) indicated that social and gender socialization is shaped by racial, ethnic, religious, generational, and other community norms, and it is inappropriate for a therapist to assume that same-sex partners from various backgrounds would have the same social and gender socialization (as cited in Addison & Coolhart, 2015). Therapists should remain curious and open in getting to know every couple's unique culture without making assumptions or stereotyping to avoid doing harm to lesbian couples.

"Fusion"

Historically, lesbian couples have been pathologized for "fusion" or lack of boundaries. The terms "merger" and "fusion" refer to "a psychological state of intense emotional involvement and interdependence between two individuals" (Pardie & Herb, 1997, p. 52). Bowen argued that healthy relationship functioning is where a person can differentiate between thoughts and feelings from their intimate partner (Bowen & Kerr, 1988). However, research has shown that non-clinical lesbian couples are not more fused than gay or heterosexual couples (Herb & Pardie, 1996). Several authors have claimed that lesbian fusion is both "gender biases, and lack of consideration for sociocultural contexts inherent in concept and models associate with the family" (Goldner, 1985; Hare-Mustin, 1978; as cited in Hardtke et al., 2010, p. 318). Attachment-based EFT prioritizes effective dependency because it fosters a positive view of self and others and autonomy. Hardtke et al. (2010) indicated that the EFT therapist needs to recognize and validate the importance of the lesbian couple's need to establish a secure and intimate attachment in the face of the challenges of living in a homophobic world.

Minority Stress Model

Meyer's (2003) minority stress model is an empirically supported model for understanding the impact of both concealments of identity and experiences of stigmatization and discrimination have on LGB's mental and physical health. SGM face additional stressors due to social discrimination against their marginalized identity, creating physical and mental health disparities. The model proposes three different stressors: general stressors, proximal and distal socially based stressors (Meyer, 2003). SGM adolescents have an even more elevated risk of negative impacts on physical and mental health due to proximal and distal socially based stressors (Meyer, 2003). Sexual orientation was associated with psychological and physical

health disparities for SGM in Canada (Casey, 2019; Chambers et al., 2018). The findings suggest that SGM are more likely than heterosexual people to report having mood or anxiety disorders (Casey, 2019; Chambers et al., 2018). At the same time, bisexual individuals are at greater risk of suffering from a mental health disorder during their lifetime (Casey, 2019). Regarding physical health, studies conducted by the House of Commons of Canada (Casey, 2019) found that although there was difficulty in collecting data, the data showed that the prevalence of asthma was 16% among lesbian and bisexual women, compared with 9% among heterosexual women. Moreover, the American Cancer Society (2021) pointed out that lesbian and bisexual women may have a higher risk for getting breast, colorectal, and cervical cancer because of the social-stigma related barriers for accessing routine health care services such as fear of discrimination, low rates of health insurance, and fear of having a negative experience with a health care provider.

Proximal Stressors. Proximal stressors are subjective personal processes such as anticipation or anxiety about prejudice and discrimination, internalized homonegativity, and identity concealment for fear of harm (Meyer, 2003). Internalized homonegativity, which Weinberg (1972) coined as individuals' internalized stigma about their sexuality, causes them to feel shame, guilt, regret, and fear of sexual minorities. Proximal stressors are correlated to poor physical and mental health (Mereish & Poteat, 2015; Moradi et al., 2010; Scott, 2016). Proximal stressors can also contribute to the barriers of mental health help-seeking behaviour among sexual minorities (Au et al., 2021; Haviland et al., 2021).

Distal Stressors. Distal stressors are defined as objective events and conditions such as prejudice and discrimination (Meyer, 2003). Distal stressors include everyday discriminatory experiences, sexual and physical victimization, microaggression and structural oppression. There

are many ways in which SGM experience distal stressors, including microaggressions, name-calling, intimating looks, internet bullying, discrimination at work, isolation and rejection, sexual assault, or physical attack. Canadian findings indicate that between 30% to 70% of SGM employees have reported experiencing or witnessing some harassment or discrimination in their current job (Ellard-Gray & Sasso, 2016; Mills et al., 2020). Based on the last year of available data in 2018 (Reitman & Rosenthal, 2019), the second-highest level of police-reported hate crimes was recorded since 2009 in Canadian cities, towns and communities, with 15% of these hate crimes based on the victim's sexual orientation and gender identity. Even though Canada has been ranked among the five safest counties in Forbes magazine since 2019, SGMs are still more than twice as likely to be victims of sexual assault than heterosexuals in Canada (Reitman & Rosenthal, 2019). Meyer (2003) found that discrimination was associated with a two to threefold increase in risk for psychological distress among gay and bisexual men. Experiences of discrimination are associated with a high prevalence of depression and anxiety, increased suicidal thoughts and health risk behaviours such as substance use and poor physical health status (Au et al., 2021; Casey, 2019; Guschlbauer et al., 2019; Hatzenbuehler et al., 2010).

Minority Stress and Attachment. The minority stressors that lesbian couples experience may affect their mental and physical health and their view of self, others, and relationships, negatively affecting their ability to form a secure bond. It is important not to assume that minority stress always affects the lesbian couples' relationship because of their marginalized identity markers because, much of the time, it does not (Kaupp, 2014). Johnson (2021) claimed that when LGB is in a committed and secure relationship, a same-sex couple does not differ significantly from different-sex couples because their secure attachment fosters resilience.

View of Self. Frost and Meyer (2009) have found that internalized homonegativity and anticipation of prejudice are negatively linked to same-sex relationships' satisfaction. Findings indicated internalized homonegativity and sexual orientation concealment were negatively related to emotional intimacy, a significant predictor of relationship satisfaction (Guschlbauer et al., 2019).

View of Others (worldview). Studies have indicated that couple-level minority stress is experienced in social, interpersonal, and familial settings, and same-sex couples often found the perceived structural stigma and experienced differential legal and policy treatment very stressful (Frost et al., 2017).

View of Relationship. Lesbians who hold internal homonegativity may internalize the stigmatized view of same-sex relationships, such as that same-sex relationships do not last and/or are a sin.

Affect Regulation. Internalized homophobia implies SGM's direction of negative social attitudes toward self, causing them to feel shame (Gruenewald et al., 2004). Shame is often viewed as an acute threat to the social self (Brown & Trevethan, 2010; Gruenewald et al., 2004). Shame can negatively affect social self-esteem and increase the stress hormone levels in the body, which harms physical and mental health (Gruenewald et al., 2004). Nematy and Oloomi (2016) suggested that individuals with internal homonegativity were less dependent on their partners and showed more attachment-related anxiety. Minority stress can increase withdrawal behaviours (Green & Mitchell, 2002).

Quality of Attachment Bond. A meta-analysis prior to US same-sex legalization (Cao et al., 2017) showed that sexual minority stress is negatively associated with relationship well-being among lesbian couples, but not gay couples. Similarly, findings have indicated that the

minority stress is positively linked to a decrease in satisfaction (Frost & Meyer, 2009; Guschlbauer et al., 2019), commitment and persistence in relationships over time for lesbian couples (Barrantes et al., 2017). Lesbian couples' availability, responsiveness and accessibility may be affected by their efforts to manage their fear of social exclusion from their families and communities (Green & Mitchell, 2015; Karos & Zuccarini, 2011).

Protective Factors. The minority stress model stated that coping skills and social support are protective factors for helping SGM fight against minority stress (Meyer, 2003). From an attachment perspective, social support is co-regulation and has priority over self-regulation. Besides adult love attachment, social support includes a primary caregiver-child attachment, peer attachment (Cook & Calebs, 2016) and SGM identity affirming communities (Meyer, 2003). Ching et al. (2018), based on 84 peer-reviewed empirical, qualitative and review articles from 1970 to 2016, examined intersectional stress and trauma in LGBTQ Asian Americans' mental and physical health. They concluded that LGBTQ Asian Americans, with multiple marginalized intersectionalities, "face unique stressors." Without proper social support and an adaptive coping strategy to face unique stressors, LGBTQ Asian Americans could face adverse physical and mental health (Ching et al., 2018).

Sexual Identity Formation and Attachment

Bowlby claimed that one's developmental pathway becomes increasingly stable and harder to change over time, and so as their working models. Bowlby (1973) and other researchers (Fraley et al., 2013) stated that one's caregiving environment is relatively stable across time. After birth, infants usually stay in the same family and neighbourhood. The stability of one's caregiving environment is one of the two main pathways contributing to the strength of developmental pathways of working models and attachment style. The other ones are social-

cognitive mechanisms that reinforce expectations and norms from one's working models over time and become harder to change (Bowlby, 1973). When one's caregiving environment changes, there is a possibility that the child's existing working models get disconfirmed, and they need to calibrate their internal working models to adapt to a new environment, which Bowlby called *degrees of canalization* (as cited in Fraley & Roisman, 2015, p. 11). Transitions include parental divorce, loss of an attachment figure, and moving to a new city. Moreover, Carlson et al. (2005) stated that the attachment style learned in childhood is not fixed to the first few years of life. The accumulative experience affects one's attachment style rather than the childhood attachment-related experience alone impacts one's subsequent relationship (Carlson et al., 2005). The critical shift in early childhood attachment style could happen during their sexual and gender identity formation period for SGM individuals, usually during adolescence. Sexual identity development is when sexual and gender minority individuals realize their SGM identity and incorporate this new identity as their self-identity (Mohr & Fassinger, 2000). The sexual identity formation during the adolescent stage can be a traumatizing experience (Brown & Trevethan, 2010). Research has reported that up to 40 percent of homeless youth in the USA identify as a member of LGBT because these homeless LGBT youth had received child abuse and discrimination from their homophobic primary caregiver (Dworsky et al., 2018; Page, 2017). Sexual identity development is fundamental for secure attachment bonding (Karos & Zuccarini, 2011).

Primary Caregiver Attachment Influence. The quality of the attachment bond between primary caregiver and child determines the adolescent's psychological and sexual, and gender identity adjustments (Brown & Trevethan, 2010; LaSala, 2000, 2013; Mills-Koonce et al., 2018). A longitudinal study (Starks et al., 2015) based on data collected over 3.5 years with a sample of 219 lesbian, gay and bisexual youth age 16-20, examined the association between parent/peer

attachment and relationship milestones. The findings (Starks et al., 2015) suggested that youth with secure attachment bonds with their primary caregiver delay their exploration of same-sex attraction later than youth with insecure attachment bonds. The study claimed that the result could be that youth with secure attachment bonds with parents delay their engagement with the LGBT community. Youth perceived the cost of coming out as not worth damaging their relationship with parents who have a homophobic view, especially in collective Eastern culture (Tamagawa, 2018). Youth may postpone coming out at home until they are independent if they anticipate their early caregiver's rejection of their sexuality (McCurdy et al., 2018). In contrast, researchers also found that lesbians with secure attachment with their parents are more likely to disclose their sexual identity (Holtzen et al., 1995; Mills-Koonce et al., 2018). Early caregivers' attitudes toward LGBT and the quality of the bond between the youth and the early caregiver are influential factors for youth to decide to come out at home or not.

Peer Attachment Influence. At the same time, research (Starks et al., 2015) reported that youth with secure peer attachment had longer relationship lengths with same-sex partners. It seems that SGM youth with secure peer attachment have a better psychological adjustment for their newly formed SGM identity. Similarly, Ridge and Feeney's studies (1998) suggested that lesbian and gay parental history does not strongly influence current attachment style. Peer attachment can foster resilience and serve as a secure base for SGM exploring their sexuality.

Based on the minority stress model, social support such as primary caregiver, peer attachment, and queer-affirmative community serve as protective factors. Studies have reported a positive association between attachment style and sexual identity development for lesbians, that lesbians with secure attachment tend to be comfortable with their sexual identity (Alessi et al.,

2011). We can assume that both primary caregiver attachment and adolescent peer attachment strongly influence adolescents' sexual identity formation and adult love relationships.

Coming Out Experiences

Primary Caregiver Attachment. During adolescence, teenagers increase their need for autonomy and emerging identity development. When they find out that their newly formed SGM identity is different from others, they may experience rejection, abandonment, emotional and physical abuse because of the social stigma. Primary caregivers often perceive their child's coming out as a crisis that requires them to assert control, such as persuading their child to live a heteronormative life (Apoorva, 2020). The SGM child's view of self might be negatively influenced, especially when no support is available. If the primary giver and child's attachment bond functions well, they can co-regulate each other to emotional balance because the secure attachment buffers the stress in a time of threat, stress, and ambiguity. The primary caregivers' process of dealing with children's coming out is often gradual and involves grief and uncertainty (Apoorva, 2020). Studies (McCurdy et al., 2018) indicated that the parental-child relationship is positively associated with children's sexual identity and psychological adjustment. Similarly, parental disapproval of a child's sexual orientation is positively correlated to a child's perceived negative view of self and concealment of sexual identity (Brown & Trevethan, 2010; LaSala, 2013). Some teenagers hide their sexuality and gender identity from their primary caregivers because of their perceived homophobic attitude. In that case, teenagers will choose not to come out and cannot access support from their parents (McCurdy et al., 2018). Therefore, the quality of the attachment bond between caregivers and teenagers is negatively influenced due to attachment injury from a child's unmet attachment need. They might also develop a survival strategy of "passing" as heterosexual, concealing their sexual and/or gender identity at home,

school, and community (Brown & Trevethan, 2010). Concealment of sexual identity and internal homonegativity negatively impact SGM's physical and mental health (Hardtke et al., 2010; Meyer, 2003; Pakula, 2017). The coming out experience affects one's sense of safety with friends, family, and community (Kaupp, 2014). Coming out is a daily experience to SGM living in a heteronormative world.

"Family of Choice". Lesbian couples' families may consist of a family of origin or members of a family of choice (Burlew & Roland, 2017). Family of choice refers to a close friend whom a lesbian identifies as a family member. A close friendship is often an individual's first extrafamilial context in which issues concerning intimacy, trust, and support are experienced and tested (Hazan & Zeifman, 2008). SGM's narratives of attachment figures might differ from heterosexuals because of rejection or having been expelled from their family of origin due to social stigma. The role of peer social support is especially vital in helping SGM's resilience to minority stress during adolescent SGM identity formation (Balsam et al., 2015; Ehlke et al., 2020). The findings of Feeney and Ridge (1998) suggested that SGM's peer attachment may influence their current attachment style more than earlier childhood attachment-related experience (Allan & Westhaver, 2018; Feeney & Ridge, 1998; Landolt et al., 2004). Peer attachment provides a safe haven for lesbians during SGM identity formation, especially when the primary caregiver-child attachment bond is challenged by social stigma.

Literature Gap and Limitation

There is a gap in the literature about lesbian and lesbian couples. Moreover, "attachment theory does not address LGBT specific influence on the SGM youth" (Mills-Koonce et al., 2018, p.638; Starks et al., 2015). There is a lack of empirical research on attachment and sexual identity formation for lesbian youths.

EFT Working with Lesbian Couples

Literature Gap

There is only one study (Hardtke et al., 2010) focused exclusively on the topic of EFT working with lesbians. The article is based on "explicitly exploring the match between EFCT, the treatment model based largely on attachment theory and the specific needs of lesbian couples" (Hardtke et al., 2010, p. 314). One training video of EFT working with lesbians is available (Johnson, 2012). Johnson sought out couples of diverse sexual orientations who were willing to be filmed for an educational training video demonstrating EFT with LGBTQ+ couples and made a training video with gay and lesbian couples for the EFT community (Johnson, 2012). Literature, research, training materials such as training manuals, certificate courses, workshops, textbooks, and training videos about using EFT working with lesbian couples are relatively rare. There are sections on three different textbooks about EFT with same-sex couples(Jackson & Mohr, 2008; Josephson, 2003; Zuccarini & Karos, 2011) to help therapists who work with minority stress in general. The EFT training manual for the externship participants briefly covers EFT working with same-sex couples (Johnson, 2021). Two EFT-related articles discussed working with queer couples using a relational intersectional lens, examining the implications of working with queer couples with multiple marginalized identities (Addison & Coolhart, 2009; Addison & Coolhart, 2015). Two articles in the therapist toolbox of the EFT community news discussed EFT working with same-sex couples (Karos, 2010; Kaupp, 2014). There is currently no EFT master class training about lesbian couples for EFT therapists. Topics about SGM have been marginalized and have been relatively invisible in the EFT academic and research field.

EFT and Diversity Movement

Over the past year, the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) has included a position statement on diversity and racism on its website. EFT "stands against all forms of prejudice and discrimination and works to create an organizational culture that actively welcomes and supports historically excluded individuals and communities the world over" (ICEEFT, 2021). In addition, ICEEFT has formed a diversity committee. In the ICEEFT community, an EFT queer therapist mailing list platform was created by a group of EFT queer therapists to bring awareness and inclusion issues in the EFT community, such as training, publishing EFT community news, mailing list and referrals. At present, among the 70+ ICEEFT certified trainers, seven identify as LGBTQ. There are increasing numbers of master class workshops about using EFT with diversity available for EFT therapists. Outside of the ICEEFT, over the past years, there has been training provided by enthusiastic EFT therapists who teach EFT therapists how to incorporate EFT work when working with clients with marginalized identities (EFT-lifeline, 2021; Relating.org, 2021). The movement in EFT for cultural diversity and inclusion is young, and it is exciting to see the changes that have happened over the past year within the EFT community.

EFT Suitability with Lesbian Couples

Full-treatment Model. Hardtke et al. (2010), who wrote the only published study of EFT working with lesbian couples, claimed that "the theory-based underpinnings of EFT is particularly well matched to the unique needs of lesbian couples" (Hardtke et al., 2010, p. 314). EFT is an evidence-based treatment (Sexton et al., 2011; Wiebe & Johnson, 2016) that is more effective than using different interventions from various models for relationship distress.

Prioritize Building a Secure Bond. Unlike other modalities focusing on problem-solving and teaching communication skills, EFT prioritizes building a secure bond between partners. Hardtke et al. (2010) claimed that viewing lesbian relationships in an attachment framework serves two primary functions for therapists: "(a) it de-pathologizes the close and intimate connections within lesbian couples and (b) it honours these connections as valued and significant bonds" (p. 321).

Growth and Non-pathologizing Stance. EFT (Johnson, 2004) integrates humanistic, systemic and attachment theory that is non-pathological, believing in people's ability to change and grow when given support and validation (Brubacher, 2018; Johnson, 2007). Bowlby and Rogers stated that all responses are adaptive and reasonable when the client's context is understood (as cited in Johnson, 2007). The therapeutic approach is collaborative and client-centred, focusing on the client's process of growth rather than their symptom per se. Attachment theory provides a non-pathological explanation for a couple's conflict and negative emotions as unmet attachment needs and fear of attachment (Johnson, 2019). It also provides a non-pathological view of dependency because the longing for a sense of "felt security" with a loved one is hard-wired (Johnson, 2019).

Universality. Adult love is conceptualized as an attachment process, and the core of attachment is emotion. Johnson claimed that "key emotional experiences, attachment needs, and behaviours are universal" (2015, p.101). It does not matter to the EFT therapist who is in the therapy room because the therapist adopts a collaborative approach and a curious and open stance to understand each couple's unique culture (Johnson, 2019). An EFT therapist should do their due diligence to increase their knowledge and sensitivity to some of the unique issues that

impact the lives of same-sex couples (Allan & Johnson, 2017; Karos & Zuccarini, 2011; Kaupp, 2014).

Universal Attachment Longing. EFT is built based on Bowlby's attachment theory, the universality of attachment. Longing for a felt sense of security with a close attachment figure is universal and hardwired for human survival(Johnson, 2019). Ainsworth (1985) stated that a same-sex couple's relationship functions similarly to a different-sex couple (as cited in Allan & Westhaver, 2018, p.304). Karos (2010) stated that adult love relationships should not be gender-specific because Ainsworth indicated that the attachment bonding process between caregiver and infant is not gendered specific.

Emotion is Universal. EFT adopts the basic six universal emotions identified Ekman (2007): anger, surprise and joy, sadness, guilt or shame, and fear. Emotion is central and signals their attachment needs and longing (Johnson, 2019). When an individual is experiencing anger, their partner often fails to respond to their attachment calling. Bowlby (1973) stated that anger despair responds to the partner's unresponsiveness to their attachment needs and longing. Individuals experience surprise and joy when their partner is responsive to their attachment needs and longing. One experiences sadness when they feel the other partner's pain or loneliness. Individuals experience shame when their view of self is negative, unlovable, and unworthy. From the EFT perspective, individuals experience fear due to their attachment fear, such as abandonment and rejection from the other partner (Johnson et al., 2015). Fear is also viewed at an existential level concerning death, isolation, loneliness and loss (Bowlby, 1980).

Studies have shown that there are cultural differences in emotion such as emotion recognition (e.g. Elfenbein & Ambady, 2003), emotion suppression (e.g. Hong et al., 2016), and emotional experience (e.g. Boiger et al., 2018). EFT adopts the five basic universal emotions

(Arnold, 1960), but people manage, express or perceive emotion culturally. From the system theory perspective, emotion needs to be understood within the context (Brubacher, 2018). An EFT therapist needs to be sensitive to how emotions are managed and expressed. Rules regarding what kind of emotions and needs can be expressed in various social situations are socially learned and different across cultural contexts (Brubacher, 2018; Ekman, 2007; Greenman et al., 2009). EFT accounts for individual differences such as ways of expressing emotion, cultural norms, and sexuality, and how these might interplay in the couple's negative interaction cycle because EFT focuses on creating safe emotional responses between partners (Greenman et al., 2009).

Honouring Culture. "Every couple relationship is seen, then, as a culture of itself, and the therapist must learn and adapt interventions to this unique culture to formulate effective interventions" (Johnson, 2015, p. 101). Moreover, therapists need to pay special attention to the client's unique culture and sensitivity to sexual-identity stress for same-sex couples (Karos & Zuccarini, 2011). EFT integrates the Rogerian humanistic approach and system approach. As a process consultant, an EFT therapist takes a collaborative approach and a curious and open stance as they get to know each couple's unique culture (Brubacher, 2018; Johnson, 2020).

EFT Culture Adaptation. There is no need to change the theory or the steps and stages of the EFT model (Allan & Johnson, 2017; Hardtke et al., 2010; Johnson, 2021; Josephson, 2003; Karos & Zuccarini, 2011a). Additionally, Hardtke et al. (2010) stated that EFT's theory is "particularly well-suited to the unique needs of lesbian couples" (as cited in p.312).

However, EFT is a structured modality. The therapist's cultural attunement is necessary for providing a safe space for clients from marginalized multicultural backgrounds to discuss difficult emotional experiences directed at their marginalized identity markers. "EFT must be

adapted to specific populations. For example, when working with gay couples (Allen & Johnson, 2016), the therapists expect sensitivity to negative coming out histories and to the impact of exclusion and prejudice in society in general" (as cited in Johnson, 2020, p. 201).

Coming out stories should be addressed during the assessment phase and later throughout the therapy sessions as it comes alive. Currently, there are no specific interview questionnaires that mention "coming out stories" or "sexual identity formation" or "same-sex attraction" in the interview questionnaires that EFT integrated into the assessment phase to assess attachment history and attachment style (Allan & Johnson, 2017). It would be crucial to adapt the EFT assessment to be queer affirmative and friendly because assessing a partner's attachment history and style are vital for the outcome.

Hardtke et al. (2010) stated that the unique issues of lesbian couples are 'fusion", gender role socialization, the impact of homophobia/minority stress, and the issues of "coming out.". Regarding fusion, research has not found that lesbian has fusion issues, and EFT does not pathologize "effective dependency" (Hardtke et al., 2010). Gender role socialization is debated because every couple has their own culture and gender role socialization. Lesbian couples value equality and have a more ambiguous gender-link role than different-sex couples (Addison & Coolhart, 2015; Green & Mitchell, 2015).

The EFT therapist should be curious and open to exploring and understanding partners' narratives of emotional experience regarding their sexual and gender minority stress and coming out stories.

Summary and Synthesis

In conclusion, this chapter highlighted literature gaps in EFT and attachment theory addressing lesbian couples and the lack of related empirical studies. Overall, theoretically speaking, EFT fits the special needs of lesbian couples because EFT focuses on building a secure bond that helps fight minority stress. Moreover, attachment theory provides a framework in understanding how minority stress affects lesbian couples' ability to form bonds, attachment-based affect regulation and their view of self, others, and the world. However, there are pros and cons in using the EFT model in working with lesbian couples. The efficacy of EFT relies on the therapist's ability to serve as a surrogate attachment figure by providing empathic responses and a safe space for clients to discuss difficult emotions. The main process factors found across EFT research studies are the quality of the therapeutic alliance, the depth of experimental experiencing and affiliative interactions (Brubacher & Wiebe, 2019).

The research highlighted in this section has shown that minority stress can affect lesbian partners' ability to form secure bonds, affect regulation capacity, and view of self and others. The minority stress model and research highlighted in this section show that the protective factors for minority stress are coping skills, social supports such as primary caregiver attachment, adult love attachment, peer attachment and queer-affirmative community. A felt sense of secure attachment with others helps to protect lesbian couples from minority stress. However, during adolescence, a lesbian’s attachment figure might not be the primary caregiver, especially when the primary caregiver is the source of threat rather than safety during sexual identity formation. Similarly, the research highlighted in this section suggested that sexual identity formation is relational and inter-influenced by the protective factors outlined above. Therefore, every lesbian's emotional

experience of minority stress and sexual identity formation is unique and needs to be understood and assessed in EFT sessions.

Overall, EFT is a good working model for lesbian couples. Attachment theory is a growth personality developmental model that is non-pathologizing and views all responses as adaptive when the context is understood. Moreover, EFT is based on attachment theory: having a felt sense of security is fundamental for survival in stress, threat, and ambiguity. Minority stress and sexual identity formation suggested that attachment with secure others is a protective factor. EFT helps work with lesbian couples with the caveat that therapists gain knowledge of lesbian partners' cultural dynamics. The content issues that EFT therapists should cover include minority stress and coming out stories.

However, EFT research is based on "western, White middle-class heterosexuals"; thus, the results obtained from these studies cannot be generalized to other populations. The assessments, stages, steps, and therapeutic micro-skills such as "tango moves" and EFT core skills are standardized and formulated based on western middle-class heterosexual samples. It can potentially invalidate lesbian couples' experiences and cause further marginalization based on their sexuality and gender identity markers. Moreover, it is difficult for novice EFT therapists who are learning EFT modality when training primarily focuses on attachment framework, leaving therapists to work with a lack of culturally attuned tools. The current assessments, stages, and steps used in EFT have not been modified to meet the lesbian couple's needs.

As an experiential model, EFT values process over content, it is easy to miss the essential context issues if the therapist focuses on implementing the stages. The training of the EFT externship, the core skill module workshops, and main textbooks have not fully considered minority stress or cultural differences in lesbian relationships. From an ethical standpoint, any

psychotherapy needs to consider cultural diversity and adapt its models to avoid harming clients and invalidating clients' experiences. Therefore, using a structured modality, the therapist's cultural attunement becomes even more critical, requiring the therapist to understand the lesbian partner's cultural dynamic and adapt EFT-specific interventions to fit the lesbian couple's needs.

Chapter 3: Case Study, Recommendations, Synthesis and Conclusion

This chapter aims to fill the literature gap in EFT working with lesbian couples. There are no suggestions of modifications in the stages and steps of the EFT model, but the emphasis is on incorporating culture into the existing EFT attachment framework. This chapter covers a collaborative treatment plan of a hypothetical case study, clinical and research recommendations, review and synthesis and conclusion. However, this is not a one-size-fits-all treatment plan nor a step-by-step manual but comes from a Chinese ethnic Canadian lesbian-centred perspective. As a queer Taiwanese Canadian EFT trained therapist, I present a collaborative action plan with a hypothetical Chinese ethnic Canadian lesbian couple to illustrate how to attune with a lesbian couple by using the following interventions: culturally attuned assessments, locating of the self as the therapist, EFT therapeutic micro-skills, specifically 'Tango moves' and empathic conjecture, and finally use of queer affirmative language. I will also cover how coming out stories and minority stress issues are assessed, processed, and dealt with in the present process in the counselling sessions.

A Collaborative Action Plan

Clinical Portrait

Karen and Kay, both in their late-30s, had been together for more than 10 years when they began therapy. They met through a lesbian online dating website. Their pronouns are she/her/hers. They both are college graduates, middle-class, able-bodied and cisgender. Karen is a Taiwanese Canadian who immigrated to Canada with her family when she was 13. She spoke Mandarin and English fluently and identified as holding a binary culture and worldview. Kay was born in Canada and identified as a Chinese ethnic Canadian who speaks Cantonese and English. Her parents were born in China. Karen and Kay exhibit classic withdrawer/pursuer

interactions. Karen initiated the need for relationship counselling because the couple was stonewalling for a month after a significant conflict triggered by Karen's refusal to attend Kay's family gathering. Kay stated that she could not stand being in an "ambivalent relationship" with Karen any longer. The couple believed that differences in the degree of outness caused their issues. They claimed they were concerned about their family of origin's acceptance of their relationship. Both were living with their parents, which is typical for Chinese children before their marriage. The couple reported that there are no violence, or drug, alcohol, or addiction issues. Karen has been receiving individual counselling for feeling depressed for the past two years. Kay has never been in counselling before. This is their first relationship counselling.

Stage 1: Building Alliance and Assessment

Joint Sessions. Typically, there are four sessions in the assessment phase, one joint session, two individual sessions and an additional session. I aimed to be affirmative, open, and transparent as a therapist for building a therapeutic alliance. I informed my experience working with same-sex couples and briefly explained the EFT process. I took a genuine, curious, and collaborative approach. I let them know that they can correct me anytime they feel their experience as a lesbian couple was being improperly reflected because repairing rupture is an important process of building an attuned therapeutic relationship (Swank & Wittenborn, 2013). I introduced myself as the therapist and located myself as a queer-identified Taiwanese Canadian, using she/her/hers as my pronouns. I asked how each identified and their pronouns. I told them that although we both have Chinese ethnicity and are queer-identified, I acknowledged that there might be differences within the cultural group than differences between different cultural groups. We shared and exchanged our experiences of being a lesbian. Due to the nature of the small Chinese lesbian community, there is a high chance that we have mutual friends, and we might

coincidently see each other in a public space. I let them know that I would not acknowledge them first when I saw them outside of the therapy room but that they were welcome to say “hi” to me and that their confidentiality is my top priority. In addition, I asked them questions like: “How is it to have a therapist like me? and “What can I do to make you feel safe in the therapy room?” I opened a dialogue on intersectionality to discuss how contextual factors such as race, sexuality, gender, and class might interplay in their relationship. The unique challenges that Karen and Kay face regarding their identity markers are genderism, heterosexism, homophobia, racism, and sexism. Karen and Kay also have identity integration challenges in conservative Chinese Canadian and Christian communities. In some situations, they might be forced to choose their sexual identity over their ethnic, cultural, racial, and religious identities, or vice versa. Their attachment bonding might be affected by their efforts to manage fears of social exclusion from their families and social communities, impacting their sexual identity formation and working models of self and others. I did not assume that the couple’s distress was due to the impact of minority stress. However, brief psychoeducation could help the couple become aware of minority stress interplays in their cycle and let them know it is safe to discuss minority stress with me. I adjusted the assessment to fit Karen and Kay’s cultural, sexual orientational norms. In pre-interview assessments, I used the gay and lesbian relationship satisfaction scale (Belous & Wampler, 2016) and the LGBT people of colour microaggression scale (Balsam et al., 2011). I wanted to get a sense of how they coped with minority stress individually and as a couple and their sense of safety with their family, friends, colleagues, neighbourhood, and their queer and Chinese ethnic community. Karen and Kay were invited to talk about what they hoped to get from relationship counselling. They hoped they could argue less, and to be able to come to a mutual understanding and agreement in dealing with their differences in outness.

Individual Assessment Sessions. During the individual sessions, I met with Karen and Kay each individually for assessment. Positive sexual identity formation is often supported by positive social context and secure relationships (Karos & Zuccarini, 2011) because the stigma of same-sex relationships are socially constructed. Therefore, it is essential to consider their cultural context and attachment history with their primary caregiver, peers, past intimate relationships, and their community. I used attachment and culture race-related interview questions such as "Do you strongly identify with a cultural/racial group(s)? and "Has there been any way your race/culture has been a challenge to your view of yourself? Or has it been a challenge to your view of others in your culture/race?" (as cited in Guillory, 2021, p. 205). I evaluated their feelings of safety with their family, peers, school, and community as they grew up. I repeatedly used the micro-therapeutic skills of refection, empathic attunement, and validation (REV) to create a safe space for them to unfold their narratives of attachment history, coming out stories, and sexual identity formation milestones. Questions about coming out stories that the I might ask include, "What did that transition look like? How did key others respond? How did you cope and/or celebrate?" (Johnson & Campbell, 2021, p. 110). "How did you learn that you were not safe because of your same-sex attraction? Who did you go to for comfort about your same-sex attractions?" What did you learn about comfort and connection in same-sex attraction?" (Allan & Johnson, 2017, p. 289). I explored their affect regulation strategies adopted to manage their difficult emotional and attachment distress during their sexual identity formation, which could predict their current attachment style (Karos & Zuccarini, 2011). I assessed the impact of the coming out experiences on their sense of self and emotional engagement in their current relationship. I monitored their window of tolerance and comfort level of disclosure as we discussed sensitive and vulnerable issues in their coming out stories. It was helpful to check-in

with them by asking questions such as, “As you share this, what is happening inside you?” (Johnson & Campbell, 2021, p.111). I was especially sensitive to a poignant moment or event that caused attachment injury or relational trauma in their life. Karen mentioned that she had been bullied in school for giving a rose to her best friend in high school. Karen stated that it was not safe to be out and decided to “pass” as a heterosexual at work and in public spaces for fear of discrimination. Karen is the youngest daughter in her family and, she has two older brothers who are married. Karen is not emotionally close with her parents, especially with her mother. On the other hand, Kay’s coming out experience was more positive because some of her high school best friends are also lesbians. Kay’s parents are conservative but showed acceptance of Kay’s sexuality. Kay is out as a lesbian at her workplace and social life. However, they both feel comfortable in their small Chinese Canadian lesbian community, but they are not active members of the queer community dominated by gay White males. They have their own family of choice, consisting of a few Chinese ethnic lesbian couples. They are not out as a couple in the Chinese Canadian community due to fear of discrimination. Karen identifies as a Taiwanese Canadian. Kay identifies as a Canadian while embracing Chinese heritage and festivals with family. They both indicated that they do not feel safe walking in downtown late at night as a Chinese ethnic lesbian couple, especially after the pandemic started. They are each other’s first relationship. With Karen’s permission, I connected with Karen’s individual therapist to work collaboratively and develop a safety plan for buffering difficult emotions triggered in sessions.

Stage 1: Cycle De-Escalation

Establishing safety was my primary task. Early on, I assessed the couple’s attachment process and tried to recognize to what extent the couple’s distress was related to the challenges of dealing with minority stress versus other issues common across all couples. Without proper

social supports and coping strategies, minority stress can affect one's view of self, others and relationships, affect regulation capacity and ability to form a secure bond. We discussed current life stressors related to sexual identity. The impact of minority stress can make their negative interaction cycle and escalation seem stronger. The "pursuer" might escalate and focus on complaining about the other person. Therefore, I asked permission to focus on Karen, the "withdrawer," first and let them know I focus on one partner at a time. Pacing is particularly critical, and I slowed the process down by focusing on "Tango Move 1", reflecting and mirroring the present process of their within/between stories. I tracked their inner emotional words (within) and how that impacts their relationship ('between') with the other partner. Can they send out a clear attachment signal to others during times of need? I used extensive REVE micro-skills (reflection, evocative responding, validation, exploring) to provide a safe space for tracking their negative interaction pattern in the context of their attachment history and cultural contexts. Karen and Kay often had a conflict when discussing when, where, and whom to disclose their sexual identities. Karen was more concerned about showing public intimacy, such as holding hands in public, especially in Richmond, where there are a lot of Chinese. At first, Kay showed understanding, but over time the disconnection made Kay think that their relationship was less valuable than a heterosexual one and therefore needed to be kept secret. Kay would get angry at Karen when Karen could not meet her needs and expectations due to Karen's fear of discrimination. Because of their differences in their degree of outness, they constantly needed to mitigate the issues of relational ambiguity and insecurity in their relationship. When Karen was triggered in the session as their negative cycle came alive, I tracked her emotion by reflecting, validating, and reframing it in attachment and cultural relevance while monitoring her window of tolerance. I validated her protective strategy as "withdrawer," which was influenced by her

traumatic experiences of coming out. It was important for task alliance to check-in to see how my intervention landed for them, such as asking her, “Am I getting it right?” and, “What is happening to you right now?”. Therapist (I): “When Kay holds your hand in public, you said that there is a voice in your head saying that “Oh no, I will be in trouble if someone I know sees us together,” What do you feel in your body as you said this?” (heightening). Karen: “I feel a tightness in my stomach as there is a knot.” Therapist (I): “You feel tightness in your stomach when you said to yourself that “oh no, I will be in trouble if someone I know saw us together (emotional handle)” that is a lot of fear, right?” (conjecture). Karen: “Yes…I don’t feel safe, and I wish Kay could understand how I feel, but it seems there is always a communication issue between us”. Therapist (I): “Of course you don’t feel safe, your previous negative experience of giving a rose to the girl you liked reminds you that it is not safe to be out in public, am I getting it right?” (Validating protective strategy). Karen: “Yeah, that is right. I just don’t feel safe to show PDA” (public displays of affection). Therapist (I): “That’s a hard place to be, part of you saying to yourself that I just can’t show PDA, I will be in trouble, part of you telling yourself I love her I want to respond to her. Am I getting it right?” ‘Parts language’ can also be used to validate the client’s protective strategy and attachment longing. Karen: Looking down and saying, “Yeah, that’s right, it makes me feel lonely and helpless.” Therapist: “How do you let Kay know that you feel lonely and helpless because you want to reach out, but you cannot?” (Assessing accessibility). Karen: “No, I don’t, I just shut down, not to feel anything” (Action tendency). Therapist: “When you shut down, underneath you, feel lonely and helpless because you want to reach out to Karen, but the tightness in your stomach reminds you that it is not safe to make the connection, I imagine that’s a painful place to be, right?” Karen: Took a deep breath, said “yeah, it is…”. Therapist: “Karen, would you be able to turn to Kay now and tell her that

you feel lonely and helpless because you want to reach out, but you can't because of fear of discrimination?" Setting up a mini enactment helped them engage in affirmative dialogues and have a corrective emotional experience, which builds a more secure bond. I used REV (reflect, explore, and validate) to track Karen and Kay's emotional experience until they understood and owned their habitual response, position in the cycle and the impact of minority stress in their negative interaction cycle. Therapist: "Kay, when you are hoping for Karen to hold your hand in public and attend your family gatherings, and that does not happen, you then feel you are not important to her, and then you get angry and criticize her for getting her attention" (reflect and summarize action tendency). I made sure that I used validation of Move 5, which is integration and validation such as saying "Wow, did you notice what you just did?" whenever I see the love and affirmative interaction between them because minority stress heightens attachment needs, and validating affirmative interactions strengthens attachment bonds for combating minority stress. Stage 1 work would take 70% to 80 % of the couple's work. The therapist's ability to track, evoke, balance, and reprocess the negative emotion slowly and safely relies on an empathic response and therapeutic alliance, which requires understanding each partner's attachment history and cultural context.

Stage 2: Restructuring Attachment

During Stage 2, Karen and Kay are more aware of their position and habitual responses in their negative cycle, and therefore they can be more accessible and responsive with each other. There will be more reframing of reactive anger and numbness in attachment significance and cultural meaning than in Stage 1 to validate their dilemma of protective strategy and attachment longing. They realized that their reactivity could trigger the other's vulnerability and how minority stress interplays in their cycle. Karen realized that she learned to block herself from

reaching out to Kay due to her fear of discrimination and internal homonegativity. Her disconnections triggered Kay's vulnerability of fear of abandonment. Kay then tried to get through to Karen by pursuing and criticizing, making Karen withdraw more due to fear of rejection. The couple was aware of their positions and negative cycle and could externalize minority stress and negative cycle as the enemy. Stage 2 involved each partner taking risks to express vulnerable emotions and needs in enactments, first with the "withdrawer" and then with the "pursuer." Commonly, there will be impasses in the late phases of Stage 2, and the stages are not linear and can go back and forth. Some of the self of therapist considerations that may block therapeutic processes are the therapist's unchecked bias and assumption, trying to change or fix, perfectionism, getting dysregulated by reactivity, being direct, outcome-focused, and overestimating partner's window of tolerance. Suppose the therapist validates each partner's difficulty of learning to trust and remains hopeful and attuned with clients when there is a recurrence of distress or distrust. In that case, the couple will progress (Johnson, 2002). The therapist can set up an individual session with each partner to explore their impasses if necessary (Johnson, 2002). Karen and Kay's insecure attachments were associated with internalized homophobia, shame and guilt, which consisted of the research (Sherry, 2007). Shame is "a sense of unworthiness to be in connection, an absence of hope that empathic response will be forthcoming from another person" (Jordan, 2004, p. 122). In EFT, shame is not externalized but is one of the primary emotions that need to be evoked and processed with the loved one to make the frightening, alien, and unacceptable emotion more coherent and acceptable and to view the self as more competent and worthy of love. Therapist (I): "Karen, you tried so hard to keep yourself safe in this heterosexist world because your family and your past experience have taught you that being a lesbian is not socially acceptable, and not lovable, therefore you think you can't

reach out to Kay for comfort when needed." I validated, reflected, and tracked Karen's protective strategy that she learned in the past and her attachment longing. The REV micro skill was used extensively to provide safety. I challenged Karen's negative internal model of self by helping her to engage in an affirmative dialogue with Kay for a corrective emotional experience to occur that had a second-order change in her working model of self and others, and attachment style. Using Tango Move 5 (integrating & validating), I celebrated every micro-improvement and affirmative interaction that came alive in the session.

Stage 3: Integration

In the final stage of EFT, Karen and Kay were more accessible, engaged, and responsive to each other. They could engage in more empathic dialogues. Therefore, they could now communicate better and discuss the issues of differences in outness. As a queer therapist, I did not provide suggestions about coming out because coming out involves mitigating the risks of personal safety, and potential benefit and consideration of the family of origin's acceptance of sexual orientation. Karen and Kay could now be more resourceful in solving issues and combat minority stress together. According to the minority stress model (Meyer, 2003), personal coping strategy, peer, romantic and queer-affirmative community attachments help build resilience for minority stress. I frequently tracked and amplified their positive interaction cycles to reinforce their positive changes. I helped Karen and Kay to develop and expand their social network with local communities of their choice.

Clinical and Research Recommendations

Clinical Recommendations

EFT can be a highly effective approach for lesbian couples, given that therapists increase their knowledge and sensitivity of unique issues such as culture, attachment-related research, the impact of minority stress, and client's coming out stories.

Assessing a partner's attachment style is an essential practice in EFT. Lesbian's current attachment style is not predicted by early parenting as in heterosexuals (Feeney & Ridge, 1998). For lesbian couples, positive peer, romantic or community attachment can foster a secure attachment style. The protective strategy used to combat minority stress during sexual identity formation often predicts the protective strategy that the lesbian uses in current relationships (Karos & Zuccarini, 2011). Therefore, the assessment for lesbian couples needs to be culturally adapted to include peer, romantic and community attachment history, their coming out stories and assessing current life stressor-related sexual identity formation.

Therapists should consider the impact of internalized homophobia on the stress level of both partners (Otis et al., 2006). An EFT therapist should recognize when a partner's internal homonegativity is triggered and how it might interplay in the couple's negative interaction cycle. When a partner's internal homonegativity gets triggered, possible responses include displacing frustration onto the partner, self-hate, sexual desire, performance difficulties caused by guilt, and self-protective attachment strategies because of feeling unworthy (Allan & Johnson, 2017).

Building a safe and secure therapeutic alliance, which accounts for 20% of positive therapeutic outcomes, is the primary task for EFT therapists who wish to work with lesbian couples (Hardtke et al., 2010; Karos & Zuccarini, 2011; Kaupp, 2014). Pacing the therapy session slowly by using the 'Tango moves' and micro-skills such as REV and 'parts language'

helps to provide safe space and feeling of being heard and understood. Everyone is affected by a systematic lens. EFT therapists should attend supervision and training. Therapists who hold an unchecked heterosexist view would risk retraumatizing lesbians. If the therapist cannot provide a safe base for lesbian partners to do enactment due to their unchecked biased heterosexist views, then the opportunity for a corrective emotional experience with the therapist has vanished (Karos & Zuccarini, 2011). EFT therapists should always keep in mind to view the couple through an attachment lens such as "How are they able to turn to one another and provide comfort and support? What are the specific experiences and triggers of their positive and negative interactions?" (Kaupp, 2014, p. 5). One of the pitfalls for therapists who work with same-sex couples is that they often assume that minority stress may impact the partner's interaction and ability to bond, but this may not be the case (Kaupp, 2014) It is essential to understand lesbians' narrative of minority stress by taking a curious, open, and collaborative stance. It would be helpful to celebrate and amplify the loving connections of the lesbian couple whenever it comes alive in sessions, not only because it helps to strengthen a secure bond, but it also helps to elicit hope and build resilience for lesbian couples.

As Kaupp (2014) indicated, therapists must be trauma-informed when working with historically marginalized LGBT, who experiences a high incidence of trauma than the heterosexual population. EFT therapists should actively affirm lesbian couples' SGM identities by supporting and validating their struggle to live in this heterosexual world (Hardtke et al., 2010; Karos & Zuccarini, 2011). Seeing the resilience and loving connection of lesbian couples by understanding their own stories and culture would help the EFT therapist be more attuned and move away from giving a diagnosis or responding with sympathy and pity.

Research Recommendations

There is a literature gap in EFT outcome and process research in working with lesbian couples due to sample bias which creates generalization issues. Even though EFT is used widely with lesbian couples, its effectiveness is understudied. Although EFT would center the argument of the universality of attachment and emotions for EFT's effectiveness in working across different cultures, the work of Bowlby and Ainsworth (Ainsworth & Bowlby, 1991) on attachment theory, which is the foundation of EFT, also lacks cross-cultural field studies. In addition, attachment theory does not address LGBT-specific influence on SGM youth, and there is a literature gap in lesbian attachment research (Mills-Koonce et al., 2018; Starks et al., 2015). Moreover, previous research stated that there are cultural differences in emotion such as emotion recognition (e.g. Elfenbein & Ambady, 2003), emotion suppression (e.g. Hong et al., 2016), and emotional experience (e.g. Boiger et al., 2018). The literature gaps in EFT research and attachment-related research would spark genuine concern for ethical EFT practitioners who aim to provide evidence-based practice for marginalized lesbian couples.

Examples of future studies and future research questions in EFT include the following: What is the efficacy rate for using EFT in lesbian couples compared to heterosexual couples? What are the effective client factors and therapeutic interventions for successful EFT outcomes when working with lesbian couples? What are the appropriate culturally sensitive assessments for lesbian couples? How to deal with lesbian shame in EFT? What are the clinical implications when working with lesbian couples when one partner has strong internalized homonegativity? How to incorporate cultural and queer affirmative language in the EFT model? What is the impact of the self of the therapist in the therapeutic process when working with historically

marginalized lesbian couples? What are the techniques to build a therapeutic relationship with lesbian couples?

Recommendations for future studies and research questions in attachment theory include research on attachment style continuity and attachment style for lesbians. What is the impact of minority stress on lesbian relationships, working models, emotion regulation capacity, and attachment style? When the impact of minority stress interplay in a partner's negative interactional cycle, what does the interaction look like in different attachment styles such as anxious/avoidance, disorganized /disorganized or fearful avoidance/anxious?

Studies could examine the correlation between the attachment style adopted during the sexual identity formation stage and the current attachment style for lesbians, including the impact of the coming out experience in lesbian adolescents' attachment system, working model of self, others and affect regulation.

Research Limitations

Besides EFT research's generalizability issue due to sampling bias, the definition of various sampling methods, such as "lesbian relationship," can cause research error. Not all women in a same-sex relationship consider themselves lesbian, and there are transexual male to female, bisexual and other sexualities. Lesbians who have internal negativity would not self-identify themselves as lesbian due to stigma, and therefore they would not voluntarily participate in a lesbian study. Another major difficulty in the research design is the differences in the expertise of EFT training, knowledge, and attitudes in working with lesbian couples, which would significantly impact an outcome study. There is a lack of standardization of EFT culturally sensitive assessment for assessing the effectiveness of EFT in lesbian couples. Without a proper assessment instrument, it is hard to compare the effectiveness of EFT before and after treatment.

The current EFT assessment instrument does not consider same-sex relationships (Allan & Johnson, 2017). Other possible EFT research limitations are differences in relationship distress or impact of homophobia and minority stress among the participants, small sample sizes, and lack of research funding.

Review and Synthesis

Attachment-Related Research

Unlike their heterosexual counterparts, some lesbians' attachment style learned in early childhood might not predict their current attachment style, especially when their early caregiver does not support their sexuality. The studies suggest that the quality of close friendship attachment for lesbian couples may play a more significant influence in forming an adult love attachment style (Feeney & Ridge, 1998). This finding confirms that attachment style can be modified in new relationships. Caregivers, peers and affirmative community are important social supports during the lesbian's sexual identity formation stage (Meyer, 2003). Many lesbians are in their adolescence when they first find out that their sexual orientation is different from their early caregiver and social support system while still relying heavily on their early primary caregiver. Therefore, the coming out experience can be more traumatic during adolescence and activate the attachment system. Secure attachment was negatively correlated with internalized homophobia, shame and guilt (Sherry, 2007). When they cannot reach out for supports from their early caregivers due to attachment fear, lesbians would use their self-protective strategies to deal with their difficult emotional experience related to minority stress, such as an anxious or avoidant attachment style, which will impede their relationship bonding (Karos & Zuccarini, 2011). Lesbian's insecure attachment style learned from the early caregiver relationship can shift to

more secure when secure attachment from peer, romantic or community relationship is strong enough to update the attachment style (Sherry, 2007).

On the other hand, if the coming out experience is traumatic, the insecure attachment style adopted during sexual identity formation can become generalized, non-adaptive, and harder to revise, especially when there is a lack of proper social support and coping strategies. It would profoundly impact lesbians' interpersonal relationships, bond-forming, and their working model of self, others, and affect regulation capacity. Bowlby (1980) indicated that "…clinical conditions are best understood as disordered versions of what is otherwise a healthy response" (as cited in Johnson, 2019, p. 77).

EFT Process and Outcome Research

Previous EFT studies identify therapists' interventions and clients' change processes for successful outcomes at critical times. The challenges they face include unique minority stress that can impede secure bonds, working models of self and affect regulation. Also, the high prevalence of depression and trauma found in SGM is due to minority stress, social exclusion and marginalization of resources, health care, and employment and study opportunities. From an attachment perspective, attachment insecurity increases vulnerability to depression and anxiety (Johnson, 2019), which is associated with affect regulation. When working with lesbian couples using EFT, the clinical implications, client factors, and therapeutic interventions need to fit the needs of lesbian couples. For example, building an affirmative and trusting therapeutic alliance and safe therapeutic environment should be prioritized in the early phase of counselling therapy. Because of living in a heteronormative environment, lesbian couples might constantly feel hypervigilance and be afraid of being judged, discrimination and social exclusion. The therapist may need to provide necessary support in helping lesbian couples to connect to a queer

affirmative community of their choice. Therapists can work with lesbian couples to work on the current stressors related to sexual identity formation and minority stress. Future research and studies are needed to find effective therapeutic interventions that fit lesbian couples' need for successful outcomes in EFT.

Culturally Sensitive Assessment

EFT assessments on attachment history primarily focus on early childhood attachment history with the primary caregiver and romantic attachment history to predict the partner's current attachment style. It would be helpful to include an assessment of peer and community relationship history to better assess a lesbian couple's protective factors, affect regulation, attachment style, and working models. Examples of culturally sensitive assessment instruments include the following: Gay and lesbian relationship satisfaction scale (Belous & Wampler, 2016), the LGBT people of colour microaggression scale (Balsam et al., 2011), Lesbian internalized homophobia scale (Szymanski & Chung, 2001), Briere's Trauma Symptom Inventory (Briere, 2011), and various depression rating scales such as the Hamilton depression rating scale (Williams, 1988). Using culturally sensitive assessment would help the therapist explicitly discuss implicit bias and discrimination with their marginalized clients. Using culturally sensitive assessments, therapists can understand the context of lesbian couples, such as protective and risk factors, and provide the necessary support. The assessments can also serve as a bridge for an open dialogue about the current stressors related to minority stress. The therapist can also use assessment to evaluate and monitor their therapeutic progress and effectiveness. Thereby, I recommend future research and studies to include assessing the effectiveness of using specific assessments when working with lesbian couples using EFT and developing a standardized assessment that fits a lesbian couple's specific needs.

Key Ingredients of Change

Client Factors. There are three clients factors, task alliance, emotional depth, and affirmative sharing, for predicting outcome success (Brubacher, 2018). From an attachment perspective, an individual with a secure attachment style can trust that their secure attachment figure is accessible, responsive, and engaged in times of threat, ambiguity, and stress. Research has shown that higher trust is associated with lower attachment insecurity and vice versa (Fitzpatrick & Lafontaine, 2017; Simpson, 1990). Therefore, trust is an essential element in a secure relationship. I hypothesize that working with lesbian couples requires a trust alliance, that is trusting their therapist as a temporary secure base and safe haven. They can feel safe discussing their negative residual emotional experiences related to coming out, sexual identity formation, and the current stressors related to minority stress without fearing being judged. They would be more willing to risk being vulnerable, such as engaging in the enactment as requested or processing their primary emotions, particularly shame, which has an action tendency of hiding. Shame is to be responded to with an empathic response by either the therapist, part of self, or the partner to create a second-order change in self, others, and attachment style. Trust alliance would also help the lesbian partner to be able to reach out to their therapist to repair ruptures when it occurs. Connection, rupture and repair are all fundamental processes of building a secure bond (Swank & Wittenborn, 2013). From an EFT perspective, trust is facilitated in open communication about negative emotions, and greater trust reduces avoidance of protective attachment strategies (Dalgleish et al., 2017). Processing negative emotions related to minority stress explicitly can benefit building trust in the therapeutic alliance. A future recommendation is for future research to examine the trust alliance as a client factor.

Therapist Interventions. There are two sets of EFT interventions for building secure bonds: micro-skills for processing emotion as an agent of change and interventions for tracking cycles of interaction and creating new interactions (Brubacher, 2018). Interventions using micro-skills are empathic reflections, validations, evocative responses and questions, heightening and conjectures (Brubacher, 2018). I recommend that EFT therapists use 'parts language' to validate the protective strategy that the lesbian partner learned to survive during sexual identity formation and their attachment longing. This would require that the therapist understand the lesbian partner's protective strategy, coming out stories and sexual identity formation. Cultural conjecture would be helpful for therapists to check in with their lesbian couples to see if there is any misstatement or incorrectly reflecting the lesbian couple's cultural context. Pacing slowly is critical in working with lesbian couples, and REV can be used to slow down the pace of the therapeutic process and provide a safe space for emotion to expand.

Interventions for tracking cycles of interaction and creating new interactions are tracking and reflecting interactions, reframing, and creating new interactions with enactment (Brubacher, 2018). I would recommend the therapist to track and reflect not only within (view of self and view of other) and between (the cycle) but also to track the cultural context where the negative emotions occur. The cultural context is the social context and attachment relationships from the early primary caregiver, peers and community (Karos & Zuccarini, 2011). The social context includes society's attitudes toward same-sex relationships, and the lesbian couple's social support system. Understanding the cultural context, the therapist can then understand the couple's emotional experience better by understanding the origin of their self-perpetuating protective strategy. The therapist can identify when the minority stress gets caught in the couple's negative interaction cycle and help them externalize the minority stress and the negative cycle as the

enemy. When tracking the negative emotion, it is helpful to see it in the attachment significance and cultural relevance.

The Self of the Therapist

EFT is not a modality that a therapist can master by reading and studying research. Empathic reflection, validation, empathic inference and collaborative problem solving are the interventions for creating a safe context within-session (Johnson, 2002). An empathic response calms the nervous system by co-regulation. EFT therapists need to reflect on their own bias and assumptions caused by their cultural lens while seeing lesbian partners' frames of reference and transcribe their empathy by verbal communication. Johnson (2019) has indicated that "…change is inherently interpersonal sculpted by the emotional messages that occur in dialogue with another" (p. 25). These interventions rely on the self of the therapist as the essential intervention (Johnson, 2002). "Who you are and your willingness to engage with client is the basic "intervention," especially with clients who struggle with existential vulnerabilities on a daily basis" (Johnson, 2002, p.89). Guillory (2021) stated that EFT therapists' ability to attune to a person's experience and become their temporary attachment figure has everything to do with being able to see the person in front of us accurately. Especially when working with historically marginalized lesbian couples, tracking their difficult emotions and attachment significance and cultural relevance relies on the therapist's self which requires the therapist to reflect on their own bias and assumptions caused by their cultural lens, and by knowing their triggers and self-protective strategies. When lesbian partners and EFT therapists can genuinely talk about lesbian partners' difficult emotions related to minority stress, and coming out stories, trust and a corrective emotional experience can occur. With the help of the therapist's attunement and empathic response, a lesbian partner is able to make their "fighting, alien and/or unacceptable"

emotions that kept them in a self-perpetrating pattern, more coherent and more tolerable and develop a sense of competence and self-worth. From Bowlby (1980): the "…best protective factor is a sense of competence and self-worth" (in Johnson, 2019, p. 77).

Conclusions

Theoretically speaking, the EFT modality is suitable for lesbian couples because EFT and lesbians both value secure and egalitarian relationships. Moreover, EFT does not pathologize effective interdependency. EFT's affirmative, collaborative and growth-oriented approach is suitable for working with historically marginalized lesbian couples. However, the EFT therapist needs to be aware of the unique challenges and cultural context of lesbian couples and know how to adapt the intervention to lesbian couples' unique culture.

Unfortunately, there is a literature gap in EFT outcome and process research in working with lesbian couples, and there is limited attachment-related research on lesbian and lesbian relationships. Therefore, effective interventions and client factors that determine the successful outcome when working with lesbians are understudied. This capstone aims to fill the literature gap, and it comes from a queer therapist perspective. I recommend future research on the effectiveness of EFT working with lesbian couples and process and outcome studies on EFT in working with lesbian couples. I recommend future research based on the culturally attuned interventions mentioned in this capstone. Examples include the following: using culturally adaptive assessments, trauma-informed practice, trust alliance as a client factor, and therapeutic interventions such as slow pacing, REV and parts language and locating self of the therapist. I also recommend using queer affirmative language and reframing emotion in its attachment and cultural relevance and use of the self of the therapist as the basic interventions such as reflecting one's own bias and cultural lens and obtaining training and supervision.

Coming out can be overwhelming and traumatizing, especially when lesbians are adolescents. The attachment system is for sure constantly activated during sexual identity formation. They might adopt self-protective behaviours to regulate their emotions when their attachment needs and fears are high. The self-protective attachment strategy learned during coming out might become a self-maintaining pattern that affects bonding, working models and emotional regulation capacity. Secure attachments of early caregiver, peer and community are correlated negatively to the impact of minority stress (Meyer, 2003). Therefore, EFT therapists should understand lesbian couples' sexual identity formation, attachment history of early caregiver, peer, and community, coming out stories and the current stressors of sexual identity formation.

EFT is a growth-oriented modality where changes occur in dialogue with an attuned and secure other. The EFT therapist is a process consultant (Johnson, 2020) who tracks and reflects a partner's difficult emotional experience. I recommend three elements crucial in processing emotions in the present process, including attachment significance, cultural relevance, and the therapist's self. Attachment is as relevant as culture. Finally, the self of the therapist's practice requires the therapist to reflect their own bias and assumptions from their cultural lens, knowing their own triggers and attachment style. The self of the therapist practice can increase the therapist's ability to be a temporary secure figure and a holding environment in which partners can explore difficult emotions and learn an alternative way of engagement through corrective emotional experiences.

While completing this capstone, I had attended several EFT training sessions and met many EFT therapists, supervisors, and trainers. I really appreciate that the EFT community responded empathically to the racial trauma in the USA last year with increasing awareness of

diversity and diversity training over the past year. With this capstone, I hope to open a dialogue to discuss the importance of cultural attunement and fill the literature gap in EFT work with lesbian couples. As a queer EFT therapist, I hope the message I send out in this capstone is a clear attachment longing message to all the EFT therapists who wish to work with lesbian couples to join in solidarity and be an ally of SGM. Because only when we can see the loving connections between lesbian couples by listening to their stories and attending to their vulnerability and hurts with an empathic response, does the healing begin.

References

Addison, S. M. & Coolhart, D. (2009). Integrating socially segregated identities: Queer couples and the question of race. *Multicultural Couple Therapy*, 51–76. https://doi.org/10.4135/9781452275000.n4

Addison, S. M., & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: A relational intersectional lens. *Family Process, 54*(3), 435–453. https://doi.org/10.1111/famp.12171

Ainsworth, M. D. (1985). Attachment across the lifespan. *Bulletin of the New York Academy of Medicine, 61*(9), 792. https://doi.org/10.4324/9780203782972

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (1978). Patterns of attachment: A psychological study of the strange situation. In *Patterns of Attachment: A Psychological Study of the Strange Situation*. https://doi.org/10.4324/9780203758045

Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist, 46*(4), 333–341. https://doi.org/10.1037/0003-066X.46.4.333

Alder, M. C., Dyer, W. J., Sandberg, J. G., Davis, S. Y., & Holt-Lunstad, J. (2018). Emotionally-focused therapy and treatment as usual comparison groups in decreasing depression: A clinical pilot study. *American Journal of Family Therapy, 46*(5), 541–555. https://doi.org/10.1080/01926187.2019.1572478

Alessi, H., Ahn, B., Kulkin, H., & Ballard, M. (2011). *An exploratory study : Lesbian identity development and Attachment Style*. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.466.6471&rep=rep1&type=pdf

Allan, R. (2017). A full primer in emotionally focused therapy. *PsycCRITIQUES*, *62*(44). https://doi.org/10.1037/a0041111

Allan, R., & Johnson, S. M. (2017). Conceptual and application issues: Emotionally focused therapy with gay male couples. *Journal of Couple and Relationship Therapy*, *16*(4), 286–305. https://doi.org/10.1080/15332691.2016.1238800

Allan, R., & Westhaver, A. (2018). Attachment theory and gay male relationships: A scoping review. *Journal of GLBT Family Studies*, *14*(4), 295–316. https://doi.org/10.1080/1550428X.2017.1347076

American Cancer Society. (2021). *Cancer facts for lesbians and bisexual women*. Amercian Cancer Society. https://www.cancer.org/healthy/cancer-facts/cancer-facts-for-lesbian-and-bisexual-women.html

Apoorva, G. (2020). After coming out: Parental acceptance of young lesbian and gay people. *Sociology Compass*, *14*(1), 1–20. https://doi.org/https://doi.org/10.1111/soc4.12740

Arnold, M. (1960). *Emotion and personality*. Columbia University Press.

Au, S. Y., Hta, K. Z., Tam, C. L., Tan, M. M., & Yeoh, G. (2021). Barriers and facilitators to professional mental health help-seeking behavior: perspective of Malaysian LGBT individuals. *Journal of LGBT Issues in Counseling*, *15*(1), 38–58. https://doi.org/10.1080/15538605.2021.1868373

Balsam, K., Bockting, W., Habarth, J., Testa, R. J., & Jayme, P. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, *2*(1), 65–77. https://doi.org/10.1037/sgd0000081

Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology*, *17*(2), 163–174. https://doi.org/10.1037/a0023244

Barrantes, R. J., Eaton, A. A., Veldhuis, C. B., & Hughes, T. L. (2017). The role of minority stressors in lesbian relationship commitment and persistence over time. *Psychology of Sexual Orientation and Gender Diversity*, *4*(2), 205–217. https://doi.org/10.1037/sgd0000221

Beasley, C. C., & Ager, R. (2019). Emotionally focused couples therapy: A systematic review of its effectiveness over the past 19 years. *Journal of Evidence-Informed Social Work*, *8066*. https://doi.org/10.1080/23761407.2018.1563013

Belous, C. K., & Wampler, R. S. (2016). Development of the gay and lesbian relationship satisfaction scale. *Journal of Marital and Family Therapy*, *42*(3), 451–465. https://doi.org/10.1111/jmft.12158

Benjamin, L. S. (1974). Structural analysis of social behavior. *Psychological Review*, *81*(5), 392–425. https://doi.org/10.1037/h0037024

Benuto, L. T., Newlands, R., Singer, J., Casas, J., & Cummings, C. (2021). Culturally sensitive clinical practices: A mixed methods study. *Psychological Services*, *18*, 632–642. https://doi.org/http://dx.doi.org/10.1037/ser0000493

Bertalanffy, L. (1968). *General system theory: Foundations, development, applications*. George Braziller.

Boiger, M., Ceulemans, E., De Leersnyder, J., Uchida, Y., Norasakkunkit, V., & Mesquita, B.

(2018). Beyond essentialism: Cultural differences in emotions revisited. *Emotion*, *18*(8), 1142–1162. https://doi.org/10.1037/emo0000390

Bowen, M., & Kerr, M. E. (1988). *Family evaluation: An approach based on Bowen theory* (1st ed.). W. W. Norton & Company.

Bowlby, J. (1969). *Attachment and Loss: Attachment* (Vol. 1). Basic Books.

Bowlby, J. (1973). *Attachment and loss: Separation, anxiety and anger* (Vol. 2). Hogarth press and the institute of psycho-analysis.

Bowlby, J. (1980). *Attachment and loss: Sadness and Depression* (Vol. 3). The Hogarth press and the institute of psycho-analysis.

Bowlby, J. (1988). *A secure base*. Basic Books.

Bradley, B., & Furrow, J. L. (2004). Toward a mini-theory of the blamer softening event: Tracking the moment-by-moment process. *Journal of Marital and Family Therapy*, *30*(2), 233–246. https://doi.org/10.1111/j.1752-0606.2004.tb01236.x

Brassard, A., & Johnson, S. M. (2008). Couple and family therapy: An attachment perspective. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment* (pp. 811–832).

Brewster, M. E., DeBlaere, C., Goodman, M. B., Huang, Y.-., Moradi, B., Sarkees, A., & Wiseman, M. C. (2010). LGB of color and white individuals' perceptions of heterosexist stigma, internalized homophobia, and outness: Comparisons of levels and links. *The Counseling Psychologist*, *38*(3), 397–424. https://doi.org/10.1177/0011000009335263

Briere, J. (2011). *Trauma symptom inventory-2: Professional manual*. Psychological Assessment Resources.

Brown, J., & Trevethan, R. (2010). Shame, internalized homophobia, identity formation, attachment style, and the connection to relationship status in gay men. *American Journal of Men's Health*, *4*(3), 267–276. https://doi.org/10.1177/1557988309342002

Brubacher, L. (2017). Distinguishing emotionally focused therapy from emotion-focused therapy. [Unpublished manuscript]. https://www.lbrubacher.com/wp/wp-content/uploads/Distinguishing-Emotionally-Focused-from-Emotion-focused.pdf

Brubacher, L. (2018). *Stepping into emotionally focused couple therapy: Key ingredients of change*. Routledge Taylor & Francis Group.

Brubacher, L. L., & Wiebe, S. A. (2019). Process-research to practice in emotionally focused couple therapy: A map for reflective practice. *Journal of Family Psychotherapy*, *30*(4), 292–313. https://doi.org/10.1080/08975353.2019.1679608

Burgess Moser, M., Dalgleish, T. L., Elliott, C., Johnson, S. M., Lafontaine, M. F., Tasca, G. A., & Wiebe, S. A. (2019). Attachment change in emotionally focused couple therapy and sexual satisfaction outcomes in a two-year follow-up study. *Journal of Couple and Relationship Therapy*, *18*(1), 1–21. https://doi.org/10.1080/15332691.2018.1481799

Burlew, L. D., & Roland, C. B. (2017). *Counseling LGBTQ throughout the life span*. http://www.counseling.org/knowledge-center/lgbtq-resources

Cao, H., Zhou, N., Fine, M., Liang, Y., Li, J., & Mills-Koonce, W. R. (2017). Sexual minority stress and same-sex relationship well-being: A meta-analysis of research prior to the U.S. nationwide legalization of same-sex marriage. *Journal of Marriage and Family*, *79*(5), 1258–1277. https://doi.org/10.1111/jomf.12415

Carlson, E. A., Collins, W. A., Egeland, B., & Sroufe, L. A. (2005). *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood*. Guilford Press.

Casey, B. (2019). *The health of LGBTQIA2 communities in Canada: Report of the standing committee on health*. http://www.cgshe.ca/app/uploads/2019/11/Health_LGBTQIA2_Communities.pdf

Chambers, L., Stinchcombe, A., Kortes-Miller, K., & Wilson, K. (2018). Physical and mental health inequalities among aging lesbian, gay, and bisexual Canadians: Cross-sectional results from the Canadian Longitudinal Study on Aging (CLSA). *Canadian Journal of Public Health*, *109*(5–6), 833–844. https://doi.org/10.17269/s41997-018-0100-3

Ching, T. H. W., Lee, S. Y., Chen, J., So, R. P., & Williams, M. T. (2018). A model of intersectional stress and trauma in Asian American sexual and gender minorities. *Psychology of Violence*, *8*(6), 657–668. https://doi.org/10.1037/vio0000204

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, *58*(4), 644–663. https://doi.org/10.1037/0022-3514.58.4.644

Cook, S. H., & Calebs, B. J. (2016). The integrated attachment and sexual minority stress model: Understanding the role of adult attachment in the health and well-being of sexual minority men. *Behavioral Medicine*, *42*(3), 164–173. https://doi.org/10.1080/08964289.2016.1165173

Couture-Lalande, M. È., Greenman, P. S., Naaman, S., & Johnson, S. M. (2007). Emotionally focused therapy (EFT) for couples with a female partner who suffers from breast cancer: An exploratory study. *Psycho-Oncologie*, *1*(4), 257–264. https://doi.org/10.1007/s11839-007-

0048-7

Dalgleish, L. T., Johnson, S. M., Moser, B. M., Tasca, A. G., & Wiebe, S. A. (2017). Predicting follow-up outcomes in emotionally focused couple therapy: The role of change in trust, relationship-specific attachment, and emotional engagement. *Journal of Marital and Family Therapy*, *43*(2), 213–226. https://doi.org/10.1111/jmft.12199

Dalgleish, T. L., Johnson, S. M., & Lafontaine, M, F. (2015). Attachment: A guide to a new era of couple interventions. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes* (pp. 393–421). The Guilford Press.

Dalgleish, Tracy L., Johnson, S. M., Burgess Moser, M., Wiebe, S. A., & Tasca, G. A. (2015). Predicting key change events in emotionally focused couple therapy. *Journal of Marital and Family Therapy*, *41*(3), 260–275. https://doi.org/10.1111/jmft.12101

Dalgleish, Tracy L., Johnson, S. M., Makinen, J. A., & Zuccarini, D. (2013). Forgiveness and reconciliation in emotionally focused therapy for couples: The client change process and therapist interventions. *Journal of Marital and Family Therapy*, *39*(2), 148–162. https://doi.org/10.1111/j.1752-0606.2012.00287.x

Dalton, E. J., Greenman, P. S., Classen, C. C., & Johnson, S. M. (2013). Nurturing connections in the aftermath of childhood trauma: A randomized controlled trial of emotionally focused couple therapy for female survivors of childhood abuse. *Couple and Family Psychology: Research and Practice*, *2*(3), 209–221. https://doi.org/10.1037/a0032772

Dandeneau, M. L., & Johnson, S. M. (1994). Facilitating intimacy: Interventions and effects. *Journal of Marital and Family Therapy*, *20*(1), 17–33. https://doi.org/10.1111/j.1752-0606.1994.tb01008.x

Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan, T. A., Hook, J. N., & Van Tongeren, D. R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling and Development*, *94*(4), 483–493. https://doi.org/10.1002/jcad.12107

Denton, W. H., Wittenborn, A. K., & Golden, R. N. (2012). Augmenting antidepressant medication treatment of depressed women with emotionally focused therapy for couples: A randomized pilot study. *Journal of Marital and Family Therapy*, *38*, 23–38. https://doi.org/https://doi.org/10.1111/j.1752-0606.2012.00291.x

Dessaulles, A., Johnson, S. M., & Denton, W. H. (2003). Emotion-focused therapy for couples in the treatment of depression: A pilot study. *American Journal of Family Therapy*, *31*(5), 345–353. https://doi.org/10.1080/01926180390232266

Dodson, S., Fehling, K. B., Selby, E. A., Pantalone, D. W., & Panza, E. (2021). Multiply marginalized: Linking minority stress due to sexual orientation, gender, and weight to dysregulated eating among sexual minority women of higher body weight. *Psychology of Sexual Orientation and Gender Diversity*, *8*(4), 420–428. https://doi.org/10.1037/sgd0000431

Doherty, W. J., Harris, S. M., Hall, E. L., & Hubbard, A. K. (2021). How long do people wait before seeking couples therapy? a research note. *Journal of Marital and Family Therapy,* 12479. https://doi.org/10.1111/jmft.12479

Drinane, J. M., Owen, J., & Kopta, S. M. (2016). Racial/ethnic disparities in psychotherapy: Does the outcome matter? *TPM - Testing, Psychometrics, Methodology in Applied Psychology*, *23*(4), 531–544. https://doi.org/10.4473/TPM23.4.7

Dworsky, A., Morton, M. H., & Samuels, G. M. (2018). *Missed opportunities: LGBTQ youth*

homelessness in America. https://voicesofyouthcount.org/wp-content/uploads/2018/05/VoYC-LGBTQ-Brief-Chapin-Hall-2018.pdf

EFT-lifeline. (2021). *EFT-lifeline*. https://eft-lifeline.com/

Ehlke, S. J., Braitman, A. L., Dawson, C. A., Heron, K. E., & Lewis, R. J. (2020). Sexual minority stress and social support explain the association between sexual identity with physical and mental health problems among young lesbian and bisexual women. *Sex Roles, 83*(5–6), 370–381. https://doi.org/10.1007/s11199-019-01117-w

Ekman, P. (2007). *Emotions revealed: Recognizing faces and feelings to improve communication and emotional life*. Henry Holt and Company.

Elfenbein, H. A., & Ambady, N. (2003). Cultural similarity's consequences: A distance perspective on cross-cultural differences in emotion recognition. *Journal of Cross-Cultural Psychology*, *34*(1), 92–110. https://doi.org/10.1177/0022022102239157

Ellard-Gray, A., & Sasso, T. (2016). *In & out: Diverging perspectives on LGBT+ inclusion in the workplace*. https://ccdi.ca/media/1070/20150528-report-lgbt-inclusion-in-the-workplace-en.pdf

Elliott, R., Goldman, R. N., Greenberg, L. S., & Watson, J. C. (2004). *Learning emotion-focused therapy: The process-experiential approach to change.* American Psychological Association.

Feeney, J. A., & Ridge, S. R. (1998). Relationship history and relationship attitudes in gay males and lesbians: Attachment style and gender differences. *Australian and New Zealand Journal of Psychiatry*, *32*(6), 848–859. https://doi.org/10.3109/00048679809073875

Fitzpatrick, J., & Lafontaine, M. F. (2017). Attachment, trust, and satisfaction in relationships: Investigating actor, partner, and mediating effects. *Personal Relationships, 24*(3), 640–662. https://doi.org/10.1111/pere.12203

Fraley, R. C., & Roisman, G. I. (2015). Early attachment experiences and romantic functioning. In J. A. Simpson & S. W. Rholes (Eds.), *Attachment theory and research: New directions and emerging themes* (pp. 9–38). The Guilford Press.

Fraley, R. C., Roisman, G. I., & Haltigan, J. D. (2013). The legacy of early experiences in development: formalizing alternative models of how early experiences are carried forward over time. *Developmental Psychology, 49*(1), 109–126. https://doi.org/10.1037/a0027852

Frost, D. M., LeBlanc, A. J., de Vries, B., Alston-Stepnitz, E., Stephenson, R., & Woodyatt, C. (2017). Couple-level minority stress: An examination of same-sex couples' unique experiences. *Journal of Health and Social Behavior, 58*(4), 455–472. https://doi.org/10.1177/0022146517736754

Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, *56*(1), 97–109. https://doi.org/10.1037/a0012844

Gamson, J., & Moon, D. (2004). The sociology of sexualities: Queer and beyond. *Annual Review of Sociology, 30,* 47–64. https://doi.org/10.1146/annurev.soc.30.012703.110522

Gayowsky, J., Choi, J., & Erford, B. T. (2021). Meta-study of journal of LGBTQ issues in counseling publication patterns from 2006–2019. *Journal of LGBT Issues in Counseling, 15*(1), 2–15. https://doi.org/10.1080/15538605.2021.1868379

Gendlin, E., Mathieu, P., Keisler, K., & Klein, M. (1969). *The experiencing scale*. Wisconsin Psychiatric Institute.

George, C. (1996). Adult attachment interview. In *Department of Psychology University of California* (Vol. 3). https://doi.org/10.5860/choice.34-2456

Green, R.-J., & Mitchell, V. (2002). Gay and lesbian couples in therapy: Homophobia, relational ambiguity, and social support. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy (3rd ed.).* (pp. 546–568). The Guilford Press.

Green, R.-J., & Mitchell, V. (2015). Gay, lesbian, and bisexual issues in couple therapy. In A. S. Gurman, J. L. Lebow, & D. K. Snyder (Eds.), *Clinical handbook of couple therapy* (pp. 489–511). The Guilford Press.

Greenberg, L. S. (2004). Emotion–focused therapy. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *11*(1), 3–16.

Greenman, P. S., & Johnson, S. M. (2013). Process research on emotionally focused therapy (EFT) for couples: linking theory to practice. *Family Process*, *52*(1), 46–61. https://doi.org/10.1111/famp.12015

Greenman, P. S., Young, M. Y., & Johnson, S. M. (2009). Emotionally focused couple therapy with intercultural couples. *Multicultural Couple Therapy*, 143–166. https://doi.org/10.4135/9781452275000.n8

Gruenewald, T. L., Kemeny, M. E., Aziz, N., & Fahey, J. L. (2004). Acute threat to the social self: Shame, social self-esteem, and cortisol activity. *Psychosomatic Medicine*, *66*(6), 915–924. https://doi.org/10.1097/01.psy.0000143639.61693.ef

Guillory, P. T. (2021). *Emotionally focused therapy with African American couples: Love heals*. Routledge Taylor & Francis Group.

Gurman, Alan S., & Fraenkel, P. (2002). The history of couple therapy: A millennial review. *Family Process*, *41*(2), 199–260. https://doi.org/10.1111/j.1545-5300.2002.41204.x

Guschlbauer, A., Smith, N. G., DeStefano, J., & Soltis, D. E. (2019). Minority stress and emotional intimacy among individuals in lesbian and gay couples: Implications for relationship satisfaction and health. *Journal of Social and Personal Relationships*, *36*(3), 855–878. https://doi.org/10.1177/0265407517746787

Hackl, A. M., Boyer, C. R., & Galupo, M. P. (2013). From "gay marriage controversy" (2004) to "endorsement of same-sex marriage" (2012): Framing bisexuality in the marriage equality discourse. *Sexuality and Culture*, *17*(3), 512–524. https://doi.org/10.1007/s12119-012-9159-9

Halchuk, R. E., Makinen, J. A., & Johnson, S. M. (2010). Resolving attachment injuries in couples using emotionally focused therapy: A three-year follow-up. *Journal of Couple and Relationship Therapy*, *9*(1), 31–47. https://doi.org/10.1080/15332690903473069

Hardtke, K. K., Armstrong, M. S., & Johnson, S. (2010). Emotionally focused couple therapy: A full-treatment model well-suited to the specific needs of lesbian couples. *Journal of Couple and Relationship Therapy*, *9*(4), 312–326. https://doi.org/10.1080/15332691.2010.515532

Hartwell, E. E., Serovich, J. M., Grafsky, E. L., & Kerr, Z. Y. (2012). Coming out of the dark: Content analysis of articles pertaining to gay, lesbian, and bisexual issues in couple and family therapy journals. *Journal of Marital and Family Therapy*, *38*(SUPPL.1), 227–243. https://doi.org/10.1111/j.1752-0606.2011.00274.x

Hartwell, E. E., Serovich, J. M., Reed, S. J., Boisvert, D., & Falbo, T. (2017). A Systematic review of gay, lesbian, and bisexual research samples in couple and family therapy journals. *Journal of Marital and Family Therapy, 43*(3), 482–501. https://doi.org/10.1111/jmft.12220

Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health*, *100*(3), 452–459. https://doi.org/10.2105/AJPH.2009.168815

Haviland, K., Newman, S., & Walters, C. B. (2021). Barriers to palliative care in sexual and gender minority patients with cancer: A scoping review of the literature. *Health & Social Care in the Community, 29*, 305–318. https://doi.org/10.1111/hsc.13126

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511–524. https://doi.org/https://doi.org/10.1037/0022-3514.52.3.511

Hazan, C., & Shaver, P. (1993). Adult romantic attachment: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in personal relationships* (pp. 29–70). Jessica Kingsley.

Hazan, C., & Zeifman, D. (2008). Pair bonds as attachments: Reevaluating the evidence. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 436–455). The Guilford Press.

Herb, C. R., & Pardie, L. (1996). Vulnerability to merger among lesbian and heterosexual women: A comparative study. In *Unpublished manuscript*.

Hong, Y., Huang, N., Burtch, G., & Li, C. (2016). Culture, conformity, and emotional

suppression in online reviews. *Journal of the Association for Information Systems*, *17*(11), 737–758. https://doi.org/10.17705/1jais.00443

ICEEFT. (2021). *ICEEFT Diversity Timeline: A model of attachment, a culture of belonging*. https://members.iceeft.com/diversity/ 2021

Jackson, D, S. & Mohr, J. J. (2008). Same-sex romantic attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 482–502). The Guilford Press.

Johnson, S, M. (2009). Attachment theory and emotionally focused therapy for individuals and couples: Perfect partners. In E. Berant & J. H. Obegi (Eds.), *Attachment theory and research in clinical work with adults* (pp. 410–433). The Guilford Press.

Johnson, S. (2020). *The practice of emotionally focused couple therapy: Creating connection* (Third). Routledge Taylor & Francis Group.

Johnson, S. M. (1996). *The Practice of Emotionally Focused Couple Therapy: Creating connection* (1st ed.). Brunner/Mazel.

Johnson, S. M. (1998). Listening to the music: Emotion as a natural part of systems theory. *Journal of Systemic Therapies*, *17*(2), 1–17. https://doi.org/10.1521/jsyt.1998.17.2.1

Johnson, S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthing attachment bonds*. The Guilford Press.

Johnson, S. M. (2007a). A new era for couple therapy: Theory, research, and practice in concert. *Journal of Systemic Therapies*, *26*(4), 5–16. https://doi.org/. https://doi.org/10.1521/jsyt.2007.26.4.5

Johnson, S. M. (2007b). The contribution of emotionally focused couples therapy. *Journal of Contemporary Psychotherapy*, *37*(1), 47–52. https://doi.org/10.1007/s10879-006-9034-9

Johnson, S. M. (2012). *Working successfully with same sex couples: The EFT path to secure connection* [DVD]. The International Center for Excellence in EFT. https://iceeft.com/product/emotionally-focused-therapy-with-same-sex-couples-institutional-version/

Johnson, S. M. (2015). Emotionally focused therapy. In A. S. Gurman, J. L. Lebow, & D. K. Snyder (Eds.), *Clinical handbook of couple therapy* (5th ed., pp. 97–128). The Guilford Press. https://doi.org/10.1016/s1155-1704(07)89716-3

Johnson, S. M. (2017). Deciphering the language of love. *Scientific American Mind*, *28*(4), 35–43. https://doi.org/10.1038/scientificamericanmind0717-35

Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused Therapy (EFT) with individuals, couples, and families*. The Guilford Press.

Johnson, S. M. (2020). *The practice of emotionally focused couple therapy: Creating connections* (3rd ed.). Routledge Taylor & Francis Group.

Johnson, S. M. (2021). *Emotionally focused therapy externship participant's manual*. 68–69.

Johnson, S. M., & Campbell, T. L. (2021). *A primer for emotionally focused individual Therapy (EFIT): Cultivating fitness and growth in every client*. Routledge Taylor & Francis Group.

Johnson, S. M., & Greenberg, L. S. (1985). Differential effects of experiential and problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, *53*(2), 175–184. https://doi.org/10.1037/0022-006X.53.2.175

Johnson, S. M., & Greenberg, L. S. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy*, *14*(2), 175–183. https://doi.org/https://doi.org/10.1111/j.1752-0606.1988.tb00733.x

Johnson, S. M., Hunsley, J., Greenberg, L., & Schindler, D. (1999). Emotionally focused couples therapy: Status and challenges. *Clinical Psychology: Science and Practice*, *6*(1), 67–79. https://doi.org/10.1093/clipsy.6.1.67

Johnson, S. M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy*, *23*(2), 135–152. https://doi.org/10.1111/j.1752-0606.1997.tb00239.x

Johnson, S. M., & Williams-Keeler, L. (1998). Creating healing relationships for couples dealing with trauma: The use of emotionally focused marital therapy. *Journal of Marital and Family Therapy*, *24*(1), 25–40. https://doi.org/10.1111/j.1752-0606.1998.tb01061.x

Jordan, J. V. (2004). Shame and humiliation: From isolation to relational transformation. In J. V. Jordan, L. M. Hartling, & M. Walker (Eds.), *The complexity of connection*. Wellesley College. http://www.humiliationstudies.org/documents/hartling/HartlingShameHumiliation.pdf

Josephson, G. J. (2003). Using an attachment-based intervention with same-sex couples. In M. S. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 300–317). Guilford Press.

Karos, L. (2010). Strong identities, strong bonds - EFT with gay & lesbian couples. *The EFT Community News, Spring*, 12.

Karos, L., & Zuccarini, D. (2011). Emotionally focused therapy for gay and lesbian couples strong identities, strong bonds. In B. A. Bradley, J. L. Furrow, & S. M. Johnson (Eds.), *The emotionally focused casebook: New directions in treating couples* (pp. 317–342). Routledge Taylor & Francis Group. https://doi.org/10.16309/j.cnki.issn.1007-1776.2003.03.004

Kaupp, M. (2014). EFT with same-sex couples attachment is attachment but context matters too! *The EFT Community News*, *Spring*, 5–6.

Kite, M. E. (1992). Individual differences in males' reactions to gay males and lesbians. *Journal of Applied Social Psychology*, *22*(15), 1222–1239. https://doi.org/10.1111/j.1559-1816.1992.tb02362.x

Kite, M. E. (1994). When Perceptions Meet Reality: Individual Differences in Reactions to Lesbians and Gay Men. In B. Greene & G. M. Herek (Eds.), *Lesbian and Gay Psychology: Theory, Research, and Clinical Applications* (pp. 25–53). SAGE Publications, Inc. https://doi.org/10.4135/9781483326757.n2

Kousteni, I., & Anagnostopoulos, F. (2020). Same-sex coupes' psychological interventions: A systematic review. *Journal of Couple and Relationship Therapy*, *19*(2), 136–174. https://doi.org/10.1080/15332691.2019.1667937

Kurdek, L. A. (1994a). Areas of conflict for gay, lesbian, and heterosexual couples: What couples argue about influences relationship satisfaction. *Journal of Marriage and the Family*, *56*(4), 923. https://doi.org/10.2307/353603

Kurdek, L. A. (1994b). Conflict resolution styles in gay, lesbian, heterosexual nonparent, and heterosexual parent couples. *Journal of Marriage and the Family*, *56*(3), 705. https://doi.org/10.2307/352880

Landolt, M. A., Bartholomew, K., Saffrey, C., Oram, D., & Perlman, D. (2004). Gender nonconformity, childhood rejection, and adult attachment: A study of gay men. *Archives of Sexual Behavior*, *33*(2), 117–128. https://doi.org/10.1023/B:ASEB.0000014326.64934.50

LaSala, M. C. (2000). Lesbians, gay men, and their parents: Family therapy for the coming-out crisis. *Family Process*, *39*(1), 67–81. https://doi.org/10.1111/j.1545-5300.2000.39108.x

LaSala, M. C. (2013). Out of the darkness: three waves of family research and the emergence of family therapy for lesbian and gay people. *Clinical Social Work Journal*, *41*(3), 267–276. https://doi.org/10.1007/s10615-012-0434-x

Li, G., Pollitt, A. M., & Russell, S. T. (2016). Depression and sexual orientation during young adulthood: Diversity among sexual minority subgroups and the role of gender nonconformity. *Archives of Sexual Behavior*, *45*(3), 697–711. https://doi.org/10.1007/s10508-015-0515-3

Macintosh, H. B., & Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy*, *34*(3), 298–315. https://doi.org/10.1111/j.1752-0606.2008.00074.x

Makinen, J. A., & Johnson, S. M. (2006). Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology*, *74*(6), 1055–1064. https://doi.org/10.1037/0022-006X.74.6.1055

Martell, C. R., & Prince, S. E. (2005). Treating infidelity in same-sex couples. *Journal of Clinical Psychology*, *61*(11), 1429–1438. https://doi.org/10.1002/jclp.20192

McCurdy, A. L., Mills-Koonce, W. R., & Rehder, P. D. (2018). The significance of parenting and parent–child relationships for sexual and gender minority adolescents. *Journal of Research on Adolescence*, *28*(3), 637–649. https://doi.org/10.1111/jora.12404

McKinnon, J. M., & Meneses, C. W. (2018). Emotion-focused therapy for couples. In R. N. Goldman & L. S. Greenberg (Eds.), *Clinical handbook of emotion-focused therapy.* American Psychological Association. https://doi.org/10.1037/0000112-020

McLean, L. M., Walton, T., Rodin, G., Esplen, M. J., & Jones, J. M. (2013). A couple-based intervention for patients and caregivers facing end-stage cancer: Outcomes of a randomized controlled trial. *Psycho-Oncology*, *22*(1), 28–38. https://doi.org/10.1002/pon.2046

Mereish, E. H., & Paul Poteat, V. (2015). The conditions under which growth-fostering relationships promote resilience and alleviate psychological distress among sexual minorities: Applications of relational cultural theory. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 339–344. https://doi.org/10.1037/sgd0000121

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Mikulincer, M. (1995). Attachment style and the mental representation of the self. *Journal of Personality and Social Psychology*, *69*(6), 1203–1215. https://doi.org/10.1037//0022-3514.69.6.1203

Mikulincer, M. (1997). Adult attachment style and information processing: Individual differences in curiosity and cognitive closure. *Journal of Personality and Social Psychology*, *72*(5), 1217–1230. https://doi.org/10.1037/0022-3514.72.5.1217

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). Guilford Press.

Mills, S., Owen, B., Guta, A., Lewis, N., & Oswin, N. (2020). *Work and inclusion and 2SLGBTQ+ people in sudbury and Windsor*. https://lgbtqworkandinclusion.mcmaster.ca/labour-studies/news/work-inclusion-and-2slgbtq- people-in-sudbury-and-windsor

Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Harvard University Press.

Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, *33*(2), 66–90. https://doi.org/10.1080/07481756.2000.12068999

Nematy, A., & Oloomi, M. (2016). The comparison of attachment styles among Iranian lesbian, gay, and bisexual and heterosexual people. *Journal of Gay and Lesbian Social Services*, *28*(4), 369–378. https://doi.org/10.1080/10538720.2016.1225545

Otis, M. D., Rostosky, S. S., Riggle, E. D. B., & Hamrin, R. (2006). Stress and relationship quality in same-sex couples. *Journal of Social and Personal Relationships*, *23*(1), 81–99. https://doi.org/10.1177/0265407506060179

Otto, H., & Keller, H. (2014). *Different faces of attachment: Cultural variations on a universal human need*. Cambridge University Press.

Page, M. (2017). Forgotten youth: Homeless LGBT youth of color and the runaway and homeless youth act. *Northwestern Journal of Law and Social Policy*, *12*(2), 17. http://scholarlycommons.law.northwestern.edu/njlsp/vol12/iss2/2

Pakula, B. (2017). *Sexual identity, minority stress, and the mental health of lesbian, gay, bisexual, and heterosexual Canadians* [Doctoral dissertation, The University of British Columbia]. https://doi.org/https://dx.doi.org/10.14288/1.0355875

Pardie, L., & Herb, C. R. (1997). Merger and fusion in lesbian relationships: A problem of diagnosing what's wrong in terms of what's right. *Women and Therapy, 20*(3), 51–61. https://doi.org/10.1300/J015v20n03_04

Pepping, C. A., Lyons, A., Halford, K. K., Cronin, T. J., & Pachankis, J. E. (2017). Couple interventions for same-sex couples: A consumer survey. *Couple and Family Psychology: Research and Practice, 6*(4), 258–273. https://doi.org/10.1037/cfp0000092

Perls, F. S. (1969). *Gestalt Therapy Verbatim*. Real People Press.

Pollitt, A. M., Robinson, B. A., & Umberson, D. (2018). Gender conformity, perceptions of shared power, and marital quality in same- and different-sex marriages. *Gender and Society, 32*(1), 109–131. https://doi.org/10.1177/0891243217742110

Prochaska, J. O., & Norcross, J. C. (1982). The future of psychotherapy: A Delphi poll. *Professional Psychology: Research and Practice, 13*(5), 620–627. https://doi.org/10.1037//0735-7028.13.5.620

QMUNITY. (2013). *Queer terminology - from A to Q* (p. 20). Centre, QMUNITY BC'S Queer Resource. http://qmunity.ca/wp-content/uploads/2015/03/Queer_Terminology_Web_Version__Sept_2013__Cover_and_pages_.pdf

Reitman, J., & Rosenthal, J. L. (2019). *Press release: Hate-crime analysis by statistics Canada*

highlights urgent need to combat antisemitism. https://cija.ca/press-release-hate- crime-analysis-by-statistics-canada/

Relating.org, J. (2021). *Just relating*. https://www.justrelating.org/

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Constable.

Salway, T., Juwono, S., Klassen, B., Ferlatte, O., Ablona, A., Pruden, H., Morgan, J., Kwag, M., Card, K., Knight, R., & Lachowsky, N. J. (2021). Experiences with sexual orientation and gender identity conversion therapy practices among sexual minority men in Canada, 2019–2020. *Plos One*, *16*(6), e0252539. https://doi.org/10.1371/journal.pone.0252539

Scott, S. B. (2016). *Lesbian couple dynamics and heterosexist stressors: Building a foundation for culturally competent relationship interventions* [Doctoral dissertation, University of Denver]. Electronic Theses and Dissertations. https://digitalcommons.du.edu/etd/1183

Sexton, T., Gordon, K. C., Gurman, A., Lebow, J., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence-based treatments in couple and family therapy. *Family Process*, *50*(3), 377–392. https://doi.org/10.1111/j.1545-5300.2011.01363.x

Sherry, A. (2007). Internalized homophobia and adult attachment: Implications for clinical practice. *Psychotherapy*, *44*(2), 219–225. https://doi.org/10.1037/0033-3204.44.2.219

Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology*, *59*(5), 971–980. https://doi.org/10.1037//0022-3514.59.5.971

Slootmaeckers, J., & Migerode, L. (2020). EFT and intimate partner violence: A roadmap to de-escalating violent patterns. *Family Process*, *59*(2), 328–345.

https://doi.org/10.1111/famp.12468

Soto, A., Smith, T. B., Griner, D., Domenech Rodríguez, M., & Bernal, G. (2018). Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of Clinical Psychology, 74*(11), 1907–1923. https://doi.org/10.1002/jclp.22679

Spatrisano, J. (2019). *Microaggressions towards gender diverse therapy clients and the mediating effects of repair attempts on the therapeutic process* (Publication No. 2296699912) [Doctoral dissertation, University of Alaska Anchorage]. ProQuest Dissertation & Theses Global.

Spengler, E. S., DeVore, E. N., Spengler, P. M., & Lee, N. A. (2020). What does "Couple" mean in couple therapy outcome research? a systematic review of the implicit and explicit, inclusion and exclusion of gender and sexual minority individuals and identities. *Journal of Marital and Family Therapy, 46*(2), 240–255. https://doi.org/10.1111/jmft.12415

Starks, T. J., Newcomb, M. E., & Mustanski, B. (2015). A Longitudinal study of interpersonal relationships among lesbian, gay, and bisexual adolescents and young adults: Mediational pathways from attachment to romantic relationship quality. *Archives of Sexual Behavior, 44*(7), 1821–1831. https://doi.org/10.1007/s10508-015-0492-6

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Swank, L. E., & Wittenborn, A. K. (2013). Repairing alliance ruptures in emotionally focused couple therapy: A preliminary task analysis. *American Journal of Family Therapy, 41*(5),

389–402. https://doi.org/10.1080/01926187.2012.726595

Szymanski, D. M., & Chung, Y. B. (2001). The lesbian internalized homophobia scale: A rational/theoretical approach. *Thinking and Reasoning*, *41*(2), 37–52.

Tamagawa, M. (2018). Coming out to parents in Japan: A sociocultural analysis of lived experiences. *Sexuality and Culture*, *22*(2), 497–520. https://doi.org/10.1007/s12119-017-9481-3

Tilley, D., & Palmer, G. (2013). Enactments in emotionally focused couple therapy: Shaping moments of contact and change. *Journal of Marital and Family Therapy*, *39*(3), 299–313. https://doi.org/10.1111/j.1752-0606.2012.00305.x

Umberson, D., Thomeer, M. B., Kroeger, R. A., Lodge, A. C., & Xu, M. (2015). Challenges and opportunities for research on same-sex relationships. *Journal of Marriage and Family*, *77*(1), 96–111. https://doi.org/10.1111/jomf.12155

Weinberg, G. H. (1972). *Society and the healthy homosexual*. Martin's Press.

Wells, K. (2019). *Yes, Canada should ban conversion therapy: The effects of this practice can result in feelings of intense shame, stigma and denial, all too often leading to lifelong experiences of self-hatred.* The Globe and Mail. https://www.theglobeandmail.com/opinion/article-yes-canada-should-ban-conversion-therapy/

Wiebe, S. A., & Johnson, S. M. (2017). Creating relationships that foster resilience in emotionally focused therapy. *Current Opinion in Psychology*, *13*, 65–69.

Wiebe, S. A., & Johnson, S. M. (2016). A review of the research in emotionally focused therapy

for couples. *Family Process*, *55*(3), 390–407. https://doi.org/10.1111/famp.12229

Wiebe, S. A., Johnson, S. M., Lafontaine, M. F., Burgess Moser, M., Dalgleish, T. L., & Tasca, G. A. (2017). Two-year follow-up outcomes in emotionally focused couple therapy: An investigation of relationship satisfaction and attachment trajectories. *Journal of Marital and Family Therapy*, *43*(2), 227–244. https://doi.org/10.1111/jmft.12206

Williams, J. b. (1988). A structured interview guide for the Hamilton depression rating scale. *Archives of General Psychiatry*, *45*(8), 742–747.

Wilsey, C. N. (2020). *A three article study examing sexual and gender minority competency of health service providers*. (Publication No. 28001516) [Doctoral dissertation, Widener University]. ProQuest Dissertation & Theses Global.

Wittenborn, A. K., Liu, T., Ridenour, T. A., Lachmar, E. M., Mitchell, E. A., & Seedall, R. B. (2019). Randomized controlled trial of emotionally focused couple therapy compared to treatment as usual for depression: Outcomes and mechanisms of change. *Journal of Marital and Family Therapy*, *45*(3), 395–409. https://doi.org/10.1111/jmft.12350